

ANNEXURE G

HOME CARE EMPLOYEE

1. HOME CARE EMPLOYEES: INTRODUCTION

1.1 In these proceedings, the Commission heard evidence from 25 witnesses that meet the classification of “*home care employee*” under the *SCHADS Award*. Those employees included the following job titles:

- (a) “*personal care worker*” or “*care worker*” (in-home care);¹
- (b) “*personal support worker*”, “*home support worker*”, “*home service worker*” or “*support worker*” (in-home care);²
- (c) “*home support team member*”;³
- (d) “*personal care assistant*”;⁴
- (e) “*care worker coach*”;⁵
- (f) “*team leader*”;⁶
- (g) “*coordinator*”.⁷

(The job titles listed at (a)-(d) will be considered collectively under the heading “*in-home care worker*” below).

1.2 During the course of proceedings, the witnesses of Antoinette Schmidt (Specialised Dementia Care Worker at HammondCare) and Lyn Cowan (Personal Care Worker in residential aged care) also spoke to their experience in providing in-home care.

1.3 For each witness, their evidence with respect to the following topics will be summarised:

- (a) Period of Service in Role;
- (b) Period of Service in Industry;
- (c) Qualifications and Training;
- (d) Submissions as to Weight;

¹ Camilla Sedgman, Personal Support Worker, RSL LifeCare; Julie Kupke, Carer, Absolute Care and Health; Lyndelle Anne Parke, Community Personal Care Worker Australian Regional and Remote Community Services; Michael Purdon, Community Care Worker, South Eastern Community Care; Paula Wheatley, Personal Carer; Sandra Kim Hafnagel, Personal Care Worker, PresCare.

² Jennifer Wood, Support Worker, Uniting Home and Community Care Nepean; Catherine Evans, Home Service Worker, Regis Home Care; Maree Phillips, Community Support Worker, South East Community Care in Tasmania; Susanne Wagner, Support Worker, Community Based Support; Theresa Heenan, Home Care Employee, Warramunda Village; Veronique Vincent, Home Support Worker, Regis Home Care.

³ Karen Roe, Home Support Team Member for the Benevolent Society.

⁴ Bridget Payton, Personal Care Assistant, SAI Home Care.

⁵ Lillian Grogan, Care Worker Coach.

⁶ Lorri Seifert, Team Leader, Illawarra Retirement Trust.

⁷ Peter Doherty, Coordinator, St Andrews Community Care at Ballina.

- (e) The Nature of the Work Performed;
- (f) Supervision;
- (g) The Level of Responsibility or Skill Involved in doing the Work; and
- (h) Environment - Conditions under which Work is Done.

1.4 The evidence of each witness will be reviewed in turn.

2. HOME CARE EMPLOYEES: IN-HOME CARE WORKER

2.1 The following witnesses gave evidence as to their experience providing in-home care work:

- (a) Bridget Payton, Personal Care Assistant, SAI Home Care (**SAI**);
- (b) Camilla Sedgman, Personal Support Worker, RSL LifeCare (**RSL**);
- (c) Catherine Evans, Home Service Worker, Regis Home Care (**Regis**);
- (d) Veronique Vincent, Home Support Worker, Regis;
- (e) Catherine Goh, Community Support Worker, Brightwater Care Group (**Brightwater**);
- (f) Jennifer Wood, Support Worker, Uniting Home and Community Care (**Uniting**);
- (g) Julie Kupke, Carer, Absolute Care and Health (**Absolute**);
- (h) Karen Roe, Home Support Team Member, Benevolent Society;
- (i) Lyndelle Parke, Community Personal Care Worker, Australian Regional and Remote Community Services (**ARRCS**);
- (j) Maree Phillips, Community Support Worker, South East Community Care (**SECC**);
- (k) Michael Purdon, Community Care Worker, SECC;
- (l) Maria Moffat, Personal Carer, Australian Unity;
- (m) Susan Morton, Advanced Care Worker, Australian Unity;
- (n) Teresa Hetherington, Personal Care Assistant, Australian Unity;
- (o) Ngari Inglis, Home Support Worker, Resthaven Community Services (**Resthaven**);
- (p) Paula Wheatley, Personal Carer, Blue Care;
- (q) Sandra Kim Hafnagel, Personal Care Worker, PresCare.
- (r) Susan Digney, Support Worker, Integrated Living Australia (**ILA**);
- (s) Susan Toner, Home Care Worker, Anglicare;
- (t) Susanne Wagner, Support Community Based Support (**CBS**);
- (u) Theresa Heenan, Home Care Employee, Warramunda Village;
- (v) Lillian Grogan, Care Coach, Australian Unity.

2.2 Each witness was required for cross-examination, save for Ms Sally Fox and Ms Susan Toner.

2.3 We now turn to that evidence.

(a) Bridget Payton -- Personal Care Assistant -- SAI

(i) Period of Service in Role

2.4 **3 years.** Ms Payton is employed by SAI in Victoria. She works as a Personal Care Assistant.⁸ She is covered under the SCHADS Award and classified as a Level 3 Pay Point 1 Home Care Worker.⁹ Ms Payton is employed on a casual basis and works around 17 hours per week.¹⁰ She has worked with SAI for around 3 years.¹¹

(ii) Period of Service in Industry

2.5 **3 years.** Ms Payton has worked in aged care for around 3 years.

(iii) Qualifications and Training

2.6 **Certificate IV.** Ms Payton has the following qualifications:

- (a) Certificate IV in Ageing Support; and
- (b) Certificate IV in Leisure and Health.¹²

2.7 SAI requires its *“personal care assistants”* to have *“at least”* a Certificate III as a minimum qualification.¹³ During cross-examination, Ms Payton explained that whilst she is not aware of particular roles requiring higher qualifications (for example, Certificate IV), she is aware of roles that do not require a Certificate III. For example, a support worker providing *“a social visit”* (i.e. not personal care, for example *“showering”*).¹⁴

2.8 **Mandatory Internal Training.** SAI required Ms Payton to complete monthly questionnaires which covered topics such as manual handling, infection control, privacy, OHS, etc.¹⁵ The questionnaires took around **45 minutes** to complete.¹⁶

2.9 SAI has been acquired by another company *“General Homecare”*. Following that event, Ms Payton is now required to complete modules via an online portal *“Centro Assist”* (instead of questionnaires). There are around 8 modules to complete, each around **30 minutes** in

⁸ Statement of Bridget Payton dated 26 October 2021 [2].

⁹ Statement of Bridget Payton dated 26 October 2021 [22].

¹⁰ Statement of Bridget Payton dated 26 October 2021 [19], [26].

¹¹ Statement of Bridget Payton dated 26 October 2021 [2]; Transcript, 5 May 2022, PN6390.

¹² Statement of Bridget Payton dated 26 October 2021 [5].

¹³ Statement of Bridget Payton dated 26 October 2021 [23].

¹⁴ Transcript, 5 May 2022, PN408.

¹⁵ Statement of Bridget Payton dated 26 October 2021 [10].

¹⁶ Statement of Bridget Payton dated 26 October 2021 [10].

duration.¹⁷ During cross-examination she noted that since completing those 8 modules, she has not been required to complete “anything else, so I guess that was it” (i.e. not monthly).¹⁸

2.10 **Medication Training.** Ms Payton said the modules covered content she was already trained in (through Certificate IV qualification) or were not relevant to her role. She gave an example of the latter:

“one of the modules was to do with medication. Now, I’m not qualified or allowed to give medication to clients, so it was - I was asked to complete it but it was irrelevant to my position.”¹⁹

2.11 Ms Payton confirmed she is medication competent, such that she is able to give “medication prompts”.²⁰

2.12 **First Aid and CPR.** She is required to have up to date first aid training, which include a requirement to renew her first aid accreditation and CPR every two years.²¹

2.13 **Additional Training.** She has completed free online courses through University of Tasmania (described as “Massive Open Online Course[s]”).²² Ms Payton completed two courses: “Understanding Dementia” and “Preventing Dementia”.²³

(iv) *Submissions as to Weight*

2.14 The following aspects of Ms Payton’s evidence should attract little (if any) weight:

- (a) **Disability.** To the extent Ms Payton’s evidence addresses NDIS training and screening,²⁴ that evidence falls outside the scope of the applications before the Commission as it relates to disability care. It is not relevant to the work she performs in aged care as a home care worker.
- (b) **COVID-19.** To the extent Ms Payton’s evidence addresses the pandemic, we rely upon the submissions at Section 5.²⁵
- (c) **Financial Pressure.** Ms Payton’s evidence as to the “Financial Pressures and Staying in the Job”,²⁶ refers to the following:

¹⁷ Statement of Bridget Payton dated 26 October 2021 [12].

¹⁸ Transcript, 5 May 2022, PN6396.

¹⁹ Transcript, 5 May 2022, PN6400 (emphasis added).

²⁰ Transcript, 5 May 2022, PN6401.

²¹ Statement of Bridget Payton dated 26 October 2021 [17].

²² Statement of Bridget Payton dated 26 October 2021 [9]. It may be noted a number of witnesses referred to completing this free online course.

²³ Statement of Bridget Payton dated 26 October 2021 [9].

²⁴ See Statement of Bridget Payton dated 26 October 2021 [14]-[16].

²⁵ See eg, Statement of Bridget Payton dated 26 October 2021 [13], [86]-[93].

²⁶ Statement of Bridget Payton dated 26 October 2021 [94]-[105].

- (i) “low pay” despite “substantial study” and “significant responsibility”;
- (ii) undervaluation based on the workforce being “mainly made up by women”;
- (iii) issues connected to using her personal car and phone; and
- (iv) the attraction of staff requires “a decent wage” to be offered.

Respectfully, these statements are not supported by evidence. As such, each statement should be read as information based on Ms Payton’s belief (i.e. Ms Payton’s opinion). Absent corroboration, the evidence in that form should attract little weight.

- (d) **Other Pressure.** Ms Payton’s reference to feeling “pressure” to pick up urgent shifts for clients that require assistance with activities of daily living (and are not her clients).²⁷ Her evidence does not refer to a requirement that she pick up additional shifts nor does she suggest it is an expectation. Her evidence simply identifies what motivates her decision to accept additional work that is offered to her.

(v) *The Nature of the Work Performed*

- 2.15 Noting Ms Payton’s relatively short time in the industry, her evidence does not address observations as to changes in the nature of the work performed. It does, however, indicate that Ms Payton has clients who have dementia and frailty (by reference to the use of mobility aids, see below). Additionally, whilst not expressly addressing the impact of regulatory change to the industry, Ms Payton provides examples of a client-centred approach. For example, respecting a client’s request not to be showered:

“the first time I saw this client, I was supposed to give her a shower. However, she told me she was too puffed to have a shower and just wanted me to sit and talk with her. Since that first visit, this client has never been too puffed for a shower again, so I think on the first occasion she just wanted to get to know me a little before being comfortable with my providing her that level of care”²⁸

(vi) *Supervision*

- 2.16 During cross-examination Ms Payton confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Bruising on Client.** Ms Payton explained that the procedure followed “depends” on the circumstances. For example, if the client lived alone, she would inform SAI. However, if a client lived with her husband (her primary carer) and informed her that

²⁷ Statement of Bridget Payton dated 26 October 2021 [77]-[78].

²⁸ See eg, Statement of Bridget Payton dated 26 October 2021 [37].

she had fallen earlier in the week and the bruise had been seen by her local GP, Ms Payton would not report that bruising to SAI.²⁹

- (b) **Cut on Client:** Ms Payton explained that the procedure followed is informed by whether or not the client has a primary carer at the home (for example, a husband/wife). If there is a primary carer, Ms Payton would notify them. However, if the client lived alone, *“I would need to advise SAI about it”*.³⁰
- (c) **Issue out of ordinary / Exception.** The protocol is ring the office and send a written report via email. She *“would normally send it to the rosters team because I’m never exactly clear who is the case manager for each particular client”*.³¹ However, *“if I know who the case manager is then I would send it to them and cc rosters”*.³²
- (d) **Difficulty Breathing.** Ms Payton confirmed that the procedure is she is to *“ring the paramedics”*.³³ She then takes the following steps, which she was unable to confirm is part of an SAI procedure:
 - (i) *“ring the client’s relative first and tell them what’s going on”*; and
 - (ii) *“ring SAI”*.³⁴
- (e) **Unsafe.** Ms Payton confirmed SAI has a protocol in place for when support workers feel unsafe. She explained *“we’ve actually got a code word where we can ring the office and say we’ve forgotten our red book and then they understand that means that we’re in trouble”*.³⁵

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.17 Ms Payton gave the following evidence as to her level of responsibility:

- (a) **Initial Assessment of Clients.** No role in the initial assessment of potential clients.³⁶ Ms Payton gave evidence that that is the responsibility of *“someone”* at SAI Home Care. However, she is not sure as to who and identified the case manager as a possibility.³⁷

²⁹ Transcript, 5 May 2022, PN6412-PN6413

³⁰ Transcript, 5 May 2022, PN6414-6415

³¹ Transcript, 5 May 2022, PN6416- PN6417; see also Statement of Bridget Payton dated 26 October 2021 [46].

³² Transcript, 5 May 2022, PN6418.

³³ Transcript, 5 May 2022, PN6429-PN6430.

³⁴ Transcript, 5 May 2022, PN6431- PN6433.

³⁵ Transcript, 5 May 2022, PN6436.

³⁶ Transcript, 5 May 2022, PN6387.

³⁷ Transcript, 5 May 2022, PN6388.

- (b) **Appointments.** Ms Payton refers to having regular clientele, as well as others. She works around 17 hours per week.³⁸
- (c) **Duties.** Ms Payton gave the following description of her duties:³⁹
- (i) personal care (including toileting and showering);
 - (ii) domestic assistance (including cleaning, cooking, gardening and ironing);
 - (iii) transportation (including to and from appointments and shopping);
 - (iv) social support and companionship;
 - (v) liaise with family members; and
 - (vi) monitor for changes in client behaviour or health (for example, skin tear⁴⁰).⁴¹
- (d) **Contact.** During cross-examination, Ms Payton qualified her statement “*I am required to be always contactable*” as limited to her work hours (i.e. not 24/7).⁴²
- (e) **Medication Prompts.** Ms Payton explained this service:
- “Normally it's just a verbal prompt to say have you taken your medication. Occasionally you have to use common sense. I've got one client who is so shaky they can't physically open their pill pack or Webster-pak, but they know what medications they should be taking. So they instruct me what to, yes, open for them.”⁴³*
- For clients that need her to pop the pills out, she puts them into a cup for them.⁴⁴
- (f) **Progress Notes.** Ms Payton gave evidence that she is not required to make regular progress notes. She will “*only send through a progress note if something has changed in their situation*”. For example, if she had concerns about “*skin integrity or their mental health or if anything has changed at all, then I would write a report.*”⁴⁵
- (g) **Care Plan via App.** Ms Payton explained that “when you first attend a client you receive a care plan, care notes of what needs to be covered in your shift. So once you've read that it pretty much should stay the same each week, of course it doesn't because the work that we do, the situation constantly changes but the basics of

³⁸ Statement of Bridget Payton dated 26 October 2021 [25]-[26].

³⁹ Statement of Bridget Payton dated 26 October 2021 [32].

⁴⁰ Statement of Bridget Payton dated 26 October 2021 [38].

⁴¹ Statement of Bridget Payton dated 26 October 2021 [32].

⁴² Transcript, 5 May 2022, PN6438.

⁴³ Transcript, 5 May 2022, PN6402.

⁴⁴ Transcript, 5 May 2022, PN6403.

⁴⁵ Transcript, 5 May 2022, PN6410.

what you do are the same.”⁴⁶ She also confirmed that the care plans remain accessible via the app.⁴⁷

(h) During cross-examination, Ms Payton clarified her evidence at [80], namely:

*“80. While it was **outside the scope of the support I was meant to provide this client**, I took it on myself to call her doctor and make an appointment, went to the appointment with her, accompanied her to specialists, made notes for her and chased up the hospital to try and get test results for her because if I didn’t do it, I knew no one would.”⁴⁸*

She explained “I didn't work with her outside of work. I send emails and things on her behalf outside of my shift hours.” She stated she would never do work for a client outside of work hours “because I don’t think I’m covered by insurance”.⁴⁹

(i) **Not a Counsellor.** Further, accepting she is not a qualified counsellor, she explained what she meant by “*taking on a counsellor-type role*” (see at [82]):

“I'm absolutely not a trained counsellor but part of my job it to look out for a client's emotional and physical wellbeing and a lot of my clients, especially ones who live on their own, suffer from anxiety to various degrees. I have to be very cognisant of that when I'm visiting them, how their mental state is on any particular day and just to tread very carefully with them. So no, not sitting down and counselling them about their personal lives or anything - what I mean more is - well, I had one client for example, she gets very stressed out, especially in the summer. She's had a stroke and she can't regulate her body temperature and when it gets hot she gets really overwrought. One night she was so overwrought when my shift finished I didn't feel like I could leave her because she just wasn't - I wasn't happy about leaving her on her own.”⁵⁰

⁴⁶ Transcript, 5 May 2022, PN6411.

⁴⁷ Transcript, 5 May 2022, PN6441

⁴⁸ Statement of Bridget Payton dated 26 October 2021 [80] (emphasis added).

⁴⁹ Transcript, 5 May 2022, PN6419-PN6421.

⁵⁰ Transcript, 5 May 2022, PN6423.

(viii) *Environment - Conditions under which Work is Done*

2.18 As to the conditions under which work is performed, Ms Payton's evidence appears below.

2.19 **Risk Assessment.** During cross-examination, Ms Payton did not dispute the occurrence of an initial risk assessment at a client's home. However, she confirmed she is not involved in the initial risk assessment at clients' homes.⁵¹

2.20 **Mobility Aids.** In Ms Payton's statement she gave evidence about doing work with mobility aids on her own (for example, a standing machine and/or wheelchair⁵²). She suggested that in a residential home "*these tasks would be done with two carers*".⁵³ She said the "*whole process is quite slow given this client requires help at every stage to get up and down and in and out of her wheelchair*".⁵⁴

2.21 During cross-examination, Ms Payton qualified her statement that "*wheelchairs can increase the physical demand on the work*":

MR WARD: It's not the case, is it, that the work would be easier if they didn't have a wheelchair?

MS PAYTON: No, no, it's not, no.

MR WARD: No, no?

MS PAYTON: Certainly if they had an electric wheelchair that would make my life a lot easier.

MR WARD: ... I'm assuming that if they didn't have wheelchairs you would have to try in some way to physically move them?

*MS PAYTON: No, they have to have wheelchairs, yes.*⁵⁵

2.22 During cross-examination, Ms Payton explained what is a "*QuickMove*":

"Okay, well, this is a piece of equipment that a client of mine has.

...

"...once she is in the seated position on the side of the bed you can put the QuickMove under her feet and she's able to pull herself into a standing position"

...

"Then the QuickMove has seats that you put in behind her, she can sit back down and you put a sort of safety belt around her and then you can move her to her wheelchair. So it

⁵¹ Transcript, 5 May 2022, PN6393.

⁵² See eg, Statement of Bridget Payton dated 26 October 2021 [50]-[54], [57]-[58], [60]-[63].

⁵³ Statement of Bridget Payton dated 26 October 2021 [51] (referring to the standing machine).

⁵⁴ Statement of Bridget Payton dated 26 October 2021 [58].

⁵⁵ Transcript, 5 May 2022, PN6449-PN6451

*actually makes her a life a lot easier because there is much less twisting and turning for the client, but it doesn't make it necessarily much easier for us.”*⁵⁶

2.23 Ms Payton provided a detailed explanation about using the device.⁵⁷ She accepted that using a QuickMove is a “longer process” but less stressful. She explained:

*“Well, it's a longer process and - I'm just trying to think, because, like I said, I don't do the getting her out of bed any more. When we take her, for example, to the toilet, we would have to still - the machine is quite heavy. I mean, I guess it's heavy if your client is heavy. If your client is a little frail old person it wouldn't be, but if it's a larger person the machine is heavy to move around in a restricted space. You have to really brace your body to move it to get it in the correct position, so I would say actually - because we used to take her into the toilet in her wheelchair. She would then pull herself up to a stand on a pole and twist herself, so it has actually made less twisting and strain for her but actually probably a bit more for us, but it is safer for her.”*⁵⁸

2.24 She confirmed it is safer for the client and it is safe for her to use.⁵⁹

⁵⁶ Transcript, 5 May 2022, PN6453 - PN6455.

⁵⁷ Transcript, 5 May 2022, PN6453-PN6455

⁵⁸ Transcript, 5 May 2022, PN6456

⁵⁹ Transcript, 5 May 2022, PN6457-PN6458.

(b) Camilla Sedgman -- Personal Support Worker -- RSL

(i) Period of Service in Role

2.25 **2 years.** Ms Sedgman is employed by RSL in Far North NSW.⁶⁰ Her employment is covered by an enterprise agreement. Under that agreement she is classified as a “*Home Care Employee, Grade 3*”.⁶¹ Ms Sedgman works 5 days per week.⁶² Her contract is permanent part time and specified 40 hours per fortnight.⁶³ She has worked in that position for around 2 years.⁶⁴

(ii) Period of Service in Industry

2.26 **11 years.** Ms Sedgman has worked around 11 years in the aged care sector.⁶⁵

(iii) Qualifications and Training

2.27 **Certificate III.** Ms Sedgman has a Certificate III in Aged Care Work.⁶⁶

2.28 **Mandatory Internal Training.** At RSL, she is required to undertake mandatory “*annual ongoing training and development*”. This training is provided online via the “*AKUNA*” platform (RSL’s learning management system).⁶⁷ There are around 9-10 modules to complete each year,⁶⁸ which take on average around **30 minutes**.⁶⁹ The topics include manual handling, WHS, hand washing, medication refresher, etc.⁷⁰ During cross-examination, Ms Sedgman provided the following explanation of AKUNA:

“So Acuna is a training model that we use with RSL so all of the workers are required to do - it's like an annual thing that we have to do. So over the 12 months' period we have 11 to 12 modules that we have to do to keep up with our, you know, training for what we do with our work. So I'd put in there, for example, you know, wearing the PPE, manual handling and all those sorts of things. That's all paid through RSL for the time that it takes for us to do those modules.”⁷¹

⁶⁰ Statement of Camilla Sedgman dated 5 October 2021 [2].

⁶¹ Statement of Camilla Sedgman dated 5 October 2021 [15]-[16].

⁶² Statement of Camilla Sedgman dated 5 October 2021 [27].

⁶³ Statement of Camilla Sedgman dated 5 October 2021 [25].

⁶⁴ Statement of Camilla Sedgman dated 5 October 2021 [2].

⁶⁵ Statement of Camilla Sedgman dated 5 October 2021 [5].

⁶⁶ Statement of Camilla Sedgman dated 5 October 2021 [10].

⁶⁷ Statement of Camilla Sedgman dated 5 October 2021 [11].

⁶⁸ Statement of Camilla Sedgman dated 5 October 2021 [11].

⁶⁹ Transcript, 4 May 2022, PN5171.

⁷⁰ Statement of Camilla Sedgman dated 5 October 2021 [11].

⁷¹ Transcript, 4 May 2022, PN5167.

2.29 Ms Sedgman provided the following explanation of the “*manual handling*” module:

“Basically just talking about correct ways of lifting and bending over, things like that and with our work, with the health, we have a lot of, like, chair lifting and hoists and that sort of thing. So besides doing the theory side of it, we also do a manual handling, like hands on, to make sure that all of the staff are aware that they are doing correct manual handling and lifting and all of that sort of thing so we don’t have an injury.”⁷²

2.30 That module was also supplemented with a face-to-face component, of **around 1 hour**, organised by RSL⁷³

2.31 **First Aid and CPR.** Ms Sedgman is also required to complete annual CPR training and first aid training every 3 years.⁷⁴

(iv) *Submission as to Weight*

2.32 The following aspects of Ms Sedgman’s evidence should attract little (if any) weight:

(a) **COVID-19.** To the extent Ms Sedgman’s evidence addresses the pandemic, we rely upon the submissions at Section 5.⁷⁵

(b) **Financial Pressure.** Ms Sedgman’s evidence as to the “*Financial Pressures and Staying in the Job*”,⁷⁶ refers to the following:

- (i) reasons she loves the work and finds it rewarding;
- (ii) “*long, stressful shifts*”;
- (iii) the opinion of “*friends and family*”;
- (iv) “*I don’t understand why my work is worth less than a disability support worker, sales assistant, or office administration worker*”;
- (v) “*all wear and tear is on me*”; and
- (vi) a desire for “*a fairer rate that is more reflective of what we do*”.

Whilst accepting each statement reflects the opinion held by Ms Sedgman. None of those statements are supported by evidence. As such, each statement should be read as information based on Ms Sedgman’s belief (i.e. Ms Sedgman’s opinion). Absent corroboration, the evidence in that form should attract little weight.

⁷² Transcript, 4 May 2022, PN5173.

⁷³ Transcript, 4 May 2022, PN5175, PN5177.

⁷⁴ Statement of Camilla Sedgman dated 5 October 2021 [14].

⁷⁵ See eg, Statement of Camilla Sedgman dated 5 October 2021 [41]-[43].

⁷⁶ Statement of Camilla Sedgman dated 5 October 2021 [44]-[52].

(v) *The Nature of the Work Performed*

2.33 Ms Sedgman's evidence is that most of her clients are "low care" and the majority of her clients are aged between 80 and 100.⁷⁷ She also noted some clients have dementia.⁷⁸

(vi) *Supervision*

2.34 During cross-examination, Ms Sedgman explained the reporting structure at RSL:

- (a) Regional Managers;
- (b) Client Service Manager; and
- (c) Team Leaders.⁷⁹

2.35 Ms Sedgman primarily reports to the Client Service Manager and Team Leader.⁸⁰ Ms Sedgman gave evidence that she "*think[s]*" the Client Service Manager is an RN.⁸¹

2.36 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Medication Issue.** If the pills in the Webster Pak did not match with what was written on the Pak, the protocol is to call the client service manager or a supervisor "*and let them know, and then they would either get an RN to come out or they'd be in contact with the chemist who are doing the Webster-pak, just to make sure that there hasn't been a change with the medication and making sure that everything's correct.*"⁸² The supervisor/manager would then explain what Ms Sedgman is to do.⁸³
- (b) **Observe something of concern.** Ms Sedgman confirmed the procedure is to contact the client service manager.⁸⁴ It is then the responsibility of the client service manager to "*get in contact with our RN, our nurses, to go out there and observe themselves, or have a talk to them, or talk to family members, or - you know, if there's any changes.*"⁸⁵

⁷⁷ Statement of Camilla Sedgman dated 5 October 2021 [31].

⁷⁸ See eg, Statement of Camilla Sedgman dated 5 October 2021 [33(h)].

⁷⁹ Transcript, 4 May 2022, PN5178- PN5181.

⁸⁰ Transcript, 4 May 2022, PN5182.

⁸¹ Transcript, 4 May 2022, PN5184 -PN5185.

⁸² Transcript, 4 May 2022, PN5205.

⁸³ Transcript, 4 May 2022, PN5206.

⁸⁴ Transcript, 4 May 2022, PN5211

⁸⁵ Transcript, 4 May 2022, PN5212

- (c) **Change to Services (i.e. more care required).** Ms Sedgman explained she would “contact my office or their case manager... or registered nurse... to go out and assessment to see if they can get more hours of care”. The person contacted depends on the type of client (i.e. private client, HCP client or DVA client).⁸⁶
- (d) **Brusing.** Ms Sedgman explained how she would respond to observing a “↓” on a client during a showering appointment:
- (i) “first I'd ask the client, you know, how they got that bruise and all that, because, you know, they may have had a fall and it wasn't documented in the folder or something like that. So I'd speak to them first and, you know – and then again I would make notes in the ... book”.⁸⁷
- (ii) “And then we also have what we call TCM [Test Communication Message]⁸⁸, which we can send through messages to the office and they can – the RN then can follow up with anything like that.”⁸⁹
- (e) **Medical Emergency.** Ms Sedgman explained that if there was a medical emergency, for example a client having breathing difficulties, the procedure is to “call 000” and “stay [with] the client until such time the ambulance has come, and ... notify the office. You know, we would stay with them until further instructed”.⁹⁰ That notification may be to the client service manager or the main office line, which would then patch the call through.⁹¹ The office would also follow up with family of the client.⁹²
- (f) **Unsafe.** Ms Sedgman explained that the protocol to be followed if she feels unsafe during an appointment is “leave”.⁹³ She then explained the procedure that is followed upon leaving, which is to call the office and follow up with manager. They will contact third parties as required.⁹⁴

⁸⁶ Statement of Camilla Sedgman dated 5 October 2021 [40].

⁸⁷ Transcript, 4 May 2022, PN5213- PN5214

⁸⁸ “TCM” is a number that Ms Sedgman would “send a message through for the TCM, and then that gets dispersed out to the right people that need to address that situation, whether it be a nurse or a manager, or so on”: Transcript, 4 May 2022, PN5216.

⁸⁹ Transcript, 4 May 2022, PN5215

⁹⁰ Transcript, 4 May 2022, PN5219- PN5220.

⁹¹ Transcript, 4 May 2022, PN5221.

⁹² Transcript, 4 May 2022, PN5224.

⁹³ Transcript, 4 May 2022, PN5229.

⁹⁴ Transcript, 4 May 2022, PN5233.

2.37 As to preparation of the initial care plan, due to RSL LifeCare having many defence veterans, the process is managed via DVA.⁹⁵ Ms Sedgman is not involved in that process.

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.38 Ms Sedgman gave the following evidence about her duties:

- (a) **Roster.** Ms Sedgman described her roster as “fairly regular” and noted that she “generally see[s] the same clients week to week”.⁹⁶
- (b) **Appointments.** During cross-examination, Ms Sedgman gave the following evidence as to the types of appointments she attends:
 - (i) **Domestic service appointment (cleaning).** In that time she “*clean[s] the bedroom, office, two lounge rooms, dining room, kitchen and two bathrooms*”. Cleaning involves “*cleaning all surfaces and disinfecting the toilets and sinks in the bathrooms, and dusting, vacuuming and mopping throughout*”.⁹⁷ This appointment may be 2 hours.⁹⁸
 - (ii) **Social Support and Community Access.** She explained she takes the client for a “*a drive down along the beach, and to get a coffee or some morning tea. We usually stop off at the shops and have a wander around*”. This appointment may be 2 hours.⁹⁹
 - (iii) **Medication prompt:** Ms Sedgman confirmed she is not allowed to “*administer medication*” but “*can take it out of the blister packet*” and “*put it in front of them*”. She said “*that’s what a medication prompt is*”.¹⁰⁰ She explained the steps:

“So, we - most of them have, like Webster-paks, so we just put them in a cup or on a plate or in their hand and then they take the medication themselves.”¹⁰¹

“So, yes, so what we do is we have like there’s seven rights, so it’s usually we should always - and that’s also in the training... So, there’s always - you know, you always check the right name, date,

⁹⁵ Transcript, 4 May 2022, PN5217- PN5218.

⁹⁶ Statement of Camilla Sedgman dated 5 October 2021 [29].

⁹⁷ Statement of Camilla Sedgman dated 5 October 2021 [33(b)].

⁹⁸ Statement of Camilla Sedgman dated 5 October 2021 [33(e)].

⁹⁹ Statement of Camilla Sedgman dated 5 October 2021 [33(e)].

¹⁰⁰ Transcript, 4 May 2022, PN5197.

¹⁰¹ Transcript, 4 May 2022, PN5198.

medication, all those things before we, you know, do a medication prompt."¹⁰²

Ms Sedgman also explained that *"on the Webster-paks, they - there is a list of what tablets are in each individual, you know, blister so what we usually do is like, if there's a list of, say for example, five tablets, we'll just make sure that there's five tablets in that little blister"*.¹⁰³

- (c) **Progress Notes.** During cross-examination, Ms Sedgman gave the following evidence as to progress notes:

"MR WARD: When you're with a client, I assume that you write observation notes after you've been with a client?"

*MS SEDGMAN: So with RSL, they have a folder in their home. So when we go to each client we sign in the book to say the time that – well basically it's date, time, and then we'll put there whatever it is that we have done or if there's something that's, you know, out of the ordinary, so then the next person that comes into the home can follow up with that. So usually it's just – like, for a normal – like, we'd write in there the date, the time, and then we'd just put 'AM personal care, welfare check', or whatever it might be, and then we just sign our name"*¹⁰⁴

- 2.39 **Unsafe.** During cross-examination, Ms Sedgman gave evidence about an experience involving aggression from a client, who she deemed to be unsafe. Following the incident, a report was made to the police and the client was taken off *"our books and our roster"* (the employer declined to continue to give him services).¹⁰⁵ She also gave the following evidence:

MR WARD: I take it you were able to use the de-escalation strategies you've been trained to use in trying to calm him down?"

MS SEDGMAN: I guess, like, you know, I haven't been in anything - a situation quite as severe before with a client. You know, we do deal with a lot of, you know, aggressive behaviour, clients that, you know, have dementia who can be quite, you know, abrupt, but I've never really, through work have, you know, dealt with something that's escalated to that point, so - - -

MR WARD: That point?"

MS SEDGMAN: Yes."¹⁰⁶

¹⁰² Transcript, 4 May 2022, PN5201-PN5203.

¹⁰³ Transcript, 4 May 2022, PN5204.

¹⁰⁴ Transcript, 4 May 2022, PN5210

¹⁰⁵ Transcript, 4 May 2022, PN5225-PN5230.

¹⁰⁶ Transcript, 4 May 2022, PN5225-PN5230.

(viii) *Environment - Conditions under which Work is Done*

2.40 Ms Sedgman gave the following evidence as to condition in which the work is performed:

- (a) **Initial and Risk Assessment.** Ms Sedgman explained her understanding of the initial assessment process for a new client:

“MR WARD: Okay. Can I just take a step back for a minute. When a client's first brought on board, does somebody do a risk assessment of their house to make sure it's safe to go into?”

MS SEDGMAN: Usually, so - usually like they get - when there's a new client, so you have - they get an ACAT assessment, so then, you know, that'd be through - or they could get a package from (indistinct). So, that ACAT assessment usually is done in their home. So they would do just a basic check on the home to make sure it's - you know, things. So, when they take on a package, a new client to ours, then yes, there is a form that we fill out, a risk assessment just to, you know, when you first go into the house just to make sure that, you know, there's adequate lighting, there's ramps, there's handrails, and if we think that a new client might need handrails or things, again we would be in contact with the office and they'll organise an occupational therapist to go out there and put in place what's required for that client.

MR WARD: And in your case that would be you talking to the client services manager that there's an issue, would it?”

Ms SEDGMAN: Yes. So I'm actually for RSL - I'm actually the work health and safety representative for RSL.”¹⁰⁷

- (b) Ms Sedgman described the biggest issue in her work is the *“time pressure involved in seeing so many clients back-to-back”*.¹⁰⁸

¹⁰⁷ Transcript, 4 May 2022, PN5207-PN5208

¹⁰⁸ Statement of Camilla Sedgman dated 5 October 2021 [36].

(c) Catherine Evans -- Home Service Worker -- Regis

(i) Period of Service in Role

2.41 **6 years.** Ms Evans is employed by Regis in Mildura, NSW. Her employment is covered by an enterprise agreement.¹⁰⁹ Under that agreement she is classified as a “*Home Care Employee*” at “*Year 5 of exp*”.¹¹⁰ She is employed on a permanent part time basis. Her contract specifies 15 hours per fortnight.¹¹¹ Ms Evans commenced work with Regis in 2016.¹¹²

(ii) Period of Service in Industry

2.42 **11 years.** Ms Evans states she has worked “*on and off*” in the aged care industry for “*over 11 years*”.¹¹³

(iii) Qualifications and Training

2.43 **Certificate III.** Ms Evans has the following qualifications:

- (a) Certificate III in Home and Community Care;
- (b) Certificate III in Aged Care.¹¹⁴

2.44 Both qualifications were obtained prior to entering the industry.¹¹⁵

2.45 **Mandatory Internal Training.** Regis required Ms Evans to complete mandatory “modules of further education and training through an online portal”.¹¹⁶ The modules vary in length, between **30-60 minutes**. During cross-examination, Ms Evans confirmed the online modules generally consist of a video and a quiz.¹¹⁷ There are around eight mandatory modules per year.¹¹⁸ Topics include manual handling, medications, food certification coverage, etc.¹¹⁹ Regis also offer additional “*optional*” modules which are not mandatory.¹²⁰

¹⁰⁹ Statement of Catherine Evans dated 26 October 2021 [23].

¹¹⁰ Statement of Catherine Evans dated 26 October 2021 [26].

¹¹¹ Statement of Catherine Evans dated 26 October 2021 [24]-[25].

¹¹² Statement of Catherine Evans dated 26 October 2021 [13].

¹¹³ Statement of Catherine Evans dated 26 October 2021 [1].

¹¹⁴ Statement of Catherine Evans dated 26 October 2021 [15].

¹¹⁵ Statement of Catherine Evans dated 26 October 2021 [15].

¹¹⁶ Statement of Catherine Evans dated 26 October 2021 [17].

¹¹⁷ Transcript, 5 May 2022, PN6139-PN6141

¹¹⁸ Transcript, 5 May 2022, PN6137.

¹¹⁹ Statement of Catherine Evans dated 26 October 2021 [19].

¹²⁰ Statement of Catherine Evans dated 26 October 2021 [20].

- 2.46 **Medication Training.** During cross-examination, Ms Evans confirmed she was provided internal training from Regis about “*distributing medication safely*”.¹²¹ The training was provided by a RN. Ms Evans explained the process:
- (a) *First*, there is a 30-minute theory component. During that session, Ms Evans was provided with study material by a RN in a classroom setting.¹²²
 - (b) *Second*, there is a practical component. During this session, Ms Evans confirmed, the RN would watch Ms Evans act out the steps studied and assess whether she did them correctly.¹²³
- 2.47 **Additional Training.** She has completed free online courses through University of Tasmania (previously described as “*Massive Open Online Course[s]*” by Ms Payton¹²⁴): “*Understanding Dementia*” and “*Preventing Dementia*”.¹²⁵
- 2.48 During cross-examination, to undertake the online course, Ms Evans confirmed she “*probably only spent maybe an hour a day doing it due to work commitments and personal commitments and because I wasn’t rushed to do it for work specifically. I did just take my time.*”¹²⁶ She confirmed that Understanding Dementia was a 7-week online course.¹²⁷

¹²¹ Transcript, 5 May 2022, PN6143-PN6146.

¹²² Transcript, 5 May 2022, PN6148-PN6149

¹²³ Transcript, 5 May 2022, PN6150

¹²⁴ See Statement of Bridget Payton dated 26 October 2021 [9].

¹²⁵ Statement of Catherine Evans dated 26 October 2021 [16].

¹²⁶ Transcript, 5 May 2022, PN6129.

¹²⁷ Transcript, 5 May 2022, PN6127.

(iv) *Submission as to Weight*

2.49 The following aspects of Ms Evans evidence should attach little (if any) weight:

- (a) **Disability Work.** To the extent Ms Evans' evidence is directed at NDIS clients. This is not relevant to the assessment of work performed in aged care.¹²⁸
- (b) **Staffing.** Ms Evans' comments on "*a high turnover of staff*" at Regis and states they are having "*trouble trying to find new staff*".¹²⁹ She also refers to Regis being short staffed.¹³⁰ Those statements are not supported by evidence. Both concern her opinion, that form should impact the weight. (We also address the issue of "staffing" in our submissions at Section 5).
- (c) **COVID-19.** To the extent Ms Evans' gives evidence about the impact of the pandemic,¹³¹ we repeat our submissions at Section 5.
- (d) **Financial Pressure.**¹³² Ms Evans' evidence as to the financial pressure and staying in the job refers to the follows:
 - (i) enjoying the work;¹³³
 - (ii) "*the pay in the sector is [not] really reflective of the work that we do*";¹³⁴
 - (iii) aged care gets paid less than disability care;¹³⁵
 - (iv) pay is low;¹³⁶ and
 - (v) expectation to be available at all times.¹³⁷

Each statement, at its highest, is information based on Ms Evans' belief. As such, in that form, less weight should be placed on this evidence.

(v) *The Nature of the Work Performed*

2.50 Ms Evans' evidence identified clients that had mobility issues, advanced in age, cognitive issues (e.g. dementia) and referred to the importance of skin integrity. Ms Evans also gave

¹²⁸ See eg, Statement of Catherine Evans dated 26 October 2021 [68].

¹²⁹ Statement of Catherine Evans dated 26 October 2021 [89].

¹³⁰ Statement of Catherine Evans dated 26 October 2021 [90].

¹³¹ See eg, Statement of Catherine Evans dated 26 October 2021 [91]-[95].

¹³² Statement of Catherine Evans dated 26 October 2021 [96]-[111].

¹³³ Statement of Catherine Evans dated 26 October 2021 [98]-[99].

¹³⁴ Statement of Catherine Evans dated 26 October 2021 [100].

¹³⁵ Statement of Catherine Evans dated 26 October 2021 [101].

¹³⁶ Statement of Catherine Evans dated 26 October 2021 [102],[104]

¹³⁷ Statement of Catherine Evans dated 26 October 2021 [103]; [105].

evidence of clients resisting going into residential aged care, such that they keep “*pushing through*” at home.¹³⁸

2.51 She also noted that she considers the expectations of family members “*differ from or go beyond the care I am meant to be providing their loved one according to their care plan*”.¹³⁹ She provides an example of the mother of a client wanting her to do more “*than was in her care plan*” -- this included mopping floors at an appointment scheduled for a shower.¹⁴⁰

(vi) *Supervision*

2.52 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

(a) **Use of a Sling Lifter.** The Regis protocol is that two home care workers are required to operate a Sling Lifter.¹⁴¹ The rostering team have the responsibility of ensuring two workers are rostered.¹⁴² If a second home care worker had not been rostered on, Ms Evans explained the Regis procedure followed depends on the client. For example, if the client has a primary carer that is present, they may be “*quite capable*” to assist with the Lifter. However, if alone “*and there was nobody else to help, we would have to wait until there was another carer found to come and help us*”.¹⁴³

(b) **Skin Tear.**

(i) *For a brokered client*, Ms Evans explained that she notified the primary carer but also report it back to the case manager.¹⁴⁴

(ii) *For a client under a Regis care plan*, Ms Evans explained the company policy is to contact the RN at the office “*as soon as we spotted it*”.¹⁴⁵ This involves taking photographs of the tear or bruise and sending to the RN. Ms Evans said “*we're not allowed to do wound care on our clients, so the RN would then come out to see the client concerned*”.¹⁴⁶ Ms Evans would also document a progress note of the observation and communication to RN.¹⁴⁷

¹³⁸ Statement of Catherine Evans dated 26 October 2021 [85].

¹³⁹ See Statement of Catherine Evans dated 26 October 2021 [53].

¹⁴⁰ Statement of Catherine Evans dated 26 October 2021 [57].

¹⁴¹ Transcript, 5 May 2022, PN6153

¹⁴² Transcript, 5 May 2022, PN6154

¹⁴³ Transcript, 5 May 2022, PN6155-PN6156

¹⁴⁴ Transcript, 5 May 2022, PN6160

¹⁴⁵ Transcript, 5 May 2022, PN6161

¹⁴⁶ Transcript, 5 May 2022, PN6162-PN6163.

¹⁴⁷ Transcript, 5 May 2022, PN6164

- (c) **Medication Missed.** Ms Evans confirmed the procedure is to ring the office and speak to the case manager “as soon as I discovered it”.¹⁴⁸
- (d) **Request to Perform Services outside of Care Plan.** Ms Evans confirmed the procedure is to raise the matter with the Case Manager.¹⁴⁹
- (e) **Reporting to Manager.** Ms Evans explained: “if it was urgent, that there was something amiss I would call the office there and then. But if it was something that I thought I could wait on, I would call after the service as well as email the relevant case manager.”¹⁵⁰
- (f) **Left Early.** Ms Evans explained that if she left early because she considered a client felt uncomfortable with her presence, she would send an email to the relevant case manager and call the office to let them know.¹⁵¹
- (g) **Abusive Clients.** Ms Evans noted the policy of Regis is that “two carers” should attend clients that are “known to be abusive”. She also noted “this is rare”.¹⁵²
- (h) **Unsafe.** Ms Evans confirmed the protocol for if she feels unsafe is that she is to leave the premises. Then she is to call the office immediately.¹⁵³

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.53 During cross-examination, Ms Evans gave evidence the following evidence:

- (a) **Appointments.** Ms Evan’s appointments are allocated via an app, which she can view when she logs on at the start of a shift: “that will give us a list of our clients for the day, and within that you’ll see how long you have to be with that client for and what you’re there for”.¹⁵⁴
- (b) **Care Plan.** Ms Evans gave evidence that if rostered to attend a *medication welfare check*, she may also attend to *domestic services* (for example, doing dishes or putting clothes on the line).

She confirmed these additional “*small tasks*” are only done **if time permits and fall within the scope of the care plan**. She confirmed there is no expectation to go beyond the appointment time.

¹⁴⁸ Transcript, 5 May 2022, PN6193-PN6194

¹⁴⁹ Transcript, 5 May 2022, PN6201

¹⁵⁰ Transcript, 5 May 2022, PN6205

¹⁵¹ Transcript, 5 May 2022, PN6217

¹⁵² Statement of Catherine Evans dated 26 October 2021 [42].

¹⁵³ Transcript, 5 May 2022, PN6218-PN6219

¹⁵⁴ Transcript, 5 May 2022, PN6222

She confirmed she would not help with tasks not included on the care plan.¹⁵⁵

- (c) **Progress Notes.** Ms Evans explained that Regis Mildura have moved away from physical care books at client homes. Home Care workers use a phone. However, electronic notes are not entered via the phone.

Currently, the procedure with skin tear and medication incidents is to call the office. Documentation is then a matter for the office.¹⁵⁶ Medication prompts are entered into the phone. However, only the office can see that data.¹⁵⁷ Ms Evans noted *“my understanding is that eventually we will be able to write progress notes at some point in time”*.¹⁵⁸

- (d) **Medication Prompt.** Ms Evans gave evidence that the process required the following (which is the same process the RN assessed her as competent in¹⁵⁹):

- (i) Unlock the medication safe and take out Webster-pak;¹⁶⁰
- (ii) She noted some clients have medication charts but *“most Webster-paks have the medication written on the back of them, along with the client's name”*; ¹⁶¹
- (iii) *“if there is no med chart to go by, we are to count up how many tablets are to be taken for the day in that sector and tick them off on the little sticker on the back that we know that that tablet is in that pack, and we ask the client if they are Mr or Mrs so-and-so, and they obviously say yes”*; ¹⁶² and
- (iv) *“I dispense the medication then into a small cup and give it to the client, and watch the client ingest it”*.¹⁶³
- (v) Ms Evans then documents the medication was taken by marking the physical blister pack “and we tick it off on the phone app that we have done a medication prompt”.¹⁶⁴

- (e) **Observing Clients.** Ms Evans confirmed that the skill of *“assessing how clients are”* involves her drawing upon skills developed through her Certificate III.¹⁶⁵

¹⁵⁵ Transcript, 5 May 2022, PN6196- PN6200

¹⁵⁶ Transcript, 5 May 2022, PN6164- PN6166

¹⁵⁷ Transcript, 5 May 2022, PN6185, PN6189-PN6191.

¹⁵⁸ Transcript, 5 May 2022, PN6225

¹⁵⁹ Transcript, 5 May 2022, PN6181

¹⁶⁰ Transcript, 5 May 2022, PN6177-PN6178

¹⁶¹ Transcript, 5 May 2022, PN6180

¹⁶² Transcript, 5 May 2022, PN6180

¹⁶³ Transcript, 5 May 2022, PN6180

¹⁶⁴ Transcript, 5 May 2022, PN6185

¹⁶⁵ Transcript, 5 May 2022, PN6204

As to the skills set out at [38(j)], Ms Evans said her ability to recognise “*diminished cognitive capacity*” was drawn from “*looking after my nan*” and not her Certificate III qualification.¹⁶⁶

- (f) **De-escalation Skills.** Ms Evans confirmed that she employs de-escalation skills learnt in her Certificate III during her work. For example, if she observed a client was having a bad day.¹⁶⁷

Ms Evans also provided the following example:

“I have one - had one client in Mildura who had early signs of dementia. I used to change my hairstyle before going in there because she didn't like who I was. Sometimes that would work and if her behaviour started to get out of control while I was in the home, I would tend to sit down because she was a lot shorter than me, so therefore making myself a lot smaller than her, and trying to calm her down. If that didn't work, I would generally just leave the home because I could tell that she was feeling uncomfortable with me being there.”¹⁶⁸

During re-examination, Ms Evans confirmed that some aspects of her de-escalation strategies are “*self-taught*”. For example, the decision to change her hairstyle.¹⁶⁹

- (g) Ms Evans confirmed that the reference to reliance upon “*the knowledge you have*” at [52], includes what she learnt during her Certificate III course and internal training with Regis.¹⁷⁰

(viii) *Environment - Conditions under which Work is Done*

2.54 Ms Evans gave the following evidence about the conditions under which she works at Regis:

- (a) **Care Plan in Client's Home.** During cross-examination, Ms Evans gave evidence that she never quite knows what she will be walking into at a client's home.¹⁷¹ She explained that the care plan, if available, is stored in the client's home. She also noted:

“Sometimes we may get either an email or a text message from a staff worker, like a care staff worker, that there is a dog on the premises or a cat that - and yes, so it's care workers it's sometimes passed on. Every so often office staff will have been notified and think to pass it on as well.”¹⁷²

¹⁶⁶ Transcript, 5 May 2022, PN6172- PN6174

¹⁶⁷ Transcript, 5 May 2022, PN6214

¹⁶⁸ Transcript, 5 May 2022, PN6215

¹⁶⁹ Transcript, 5 May 2022, PN6245- PN6246

¹⁷⁰ Transcript, 5 May 2022, PN6228

¹⁷¹ Transcript, 5 May 2022, PN6210

¹⁷² Transcript, 5 May 2022, PN6213

- (b) **Risk Assessment.** Ms Evans gave the following evidence as to risk assessment and safety:
- (i) Prior to carers entering a client’s home for the first time, Regis is meant to conduct a risk assessment of the house. Ms Evans is not involved in that process.¹⁷³
 - (ii) Ms Evans stated care workers may be asked to complete a “*safety report on the home, just so that they have an understanding of what the work environment is going to be like*”. However, she is yet to complete one.¹⁷⁴
- (c) Once again, it was plain that protocols exist to ensure the safety of care workers.

¹⁷³ Transcript, 5 May 2022, PN6208-PN6209

¹⁷⁴ Transcript, 5 May 2022, PN6209

(d) Veronique Vincent -- Home Support Worker -- Regis

(i) Period of Service in Role

2.55 **13 years.** Ms Vincent is employer by Regis. Her employment is covered by an enterprise agreement.¹⁷⁵ Under that agreement she is classified as a “*Home Care Employee*” at “*Year 5 of exp*”.¹⁷⁶ She is employed on a permanent part time basis.¹⁷⁷

2.56 Ms Vincent has worked around 13 years in the role.¹⁷⁸

(ii) Period of Service in Industry

2.57 **17 years.** Ms Vincent has worked around 17 years in aged care.¹⁷⁹

(iii) Qualifications and Training

2.58 **Certificate III and IV.** Ms Vincent has the following qualifications:

- (a) Certificate II in Community Services Support Work;
- (b) Certificate III in Aged Care Work;
- (c) Certificate IV in Aged Care;
- (d) Certificate IV in Leisure and Health;¹⁸⁰
- (e) Diploma in Dementia.¹⁸¹

2.59 **Mandatory Internal Training.** Throughout the year, Ms Vincent is also required to complete online modules in topics such as OHS policies or manual handling. They vary in duration. Ms Vincent explained you are provided an hour to complete the training but the actual duration depends on “*how quick you are*” at progressing through the module.¹⁸²

2.60 **Medication Training.** During cross-examination, Ms Vincent explained that Regis provide in-house medication competency training that is provided by a RN.¹⁸³ The training involves theory and practical assessment. The practical component involves the RN accompanying

¹⁷⁵ Statement of Veronique Vincent dated 28 October 2021 [42].

¹⁷⁶ Statement of Veronique Vincent dated 28 October 2021 [44].

¹⁷⁷ Statement of Veronique Vincent dated 28 October 2021 [43].

¹⁷⁸ Transcript, 4 May 2022, PN5654.

¹⁷⁹ Transcript, 4 May 2022, PN5667.

¹⁸⁰ Statement of Veronique Vincent dated 28 October 2021 [19]-[25].

¹⁸¹ Statement of Veronique Vincent dated 28 October 2021 [30].

¹⁸² Transcript, 4 May 2022, PN5691; Statement of Veronique Vincent dated 28 October 2021 [35].

¹⁸³ See also Statement of Veronique Vincent dated 28 October 2021 [33].

the support worker to a client's home. This allows the RN to oversee and observe that the support worker is competent.¹⁸⁴

2.61 Regis also provide an annual medication refresher course, which is around 30 minutes duration.¹⁸⁵ The refresher will also be led by the RN.¹⁸⁶

2.62 **CPR.** This training is required to be completed every 12 months.¹⁸⁷

(iv) *Submissions as to Weight*

2.63 The following aspects of Ms Vincent's evidence should attract little (if any) weight:

(a) **COVID-19.** To the extent Ms Vincent addresses the impact of the pandemic,¹⁸⁸ we rely upon submissions at Section 5.

(b) **Financial Pressure.**¹⁸⁹ In her statement, Ms Vincent gives the following evidence:

(i) she loves her job;

(ii) she finds her work rewarding;

(iii) using her personal vehicle and getting chastised "*if our car aren't clean*";

(iv) "*all of this compounds the impact of already low wages*";

(v) "*I just want to be paid what I am worth*".

These statements are based on Ms Vincent's belief about the industry. It is a series of emotive and generalised statements that are not supported by evidence. In that form, the evidence should attach little weight.

(v) *The Nature of the Work Performed*

2.64 Ms Vincent emphasised the prevalence of family expectations. She provides an example of families' leaving "*notes*" for carers requesting that "*the washing [be] hung out*".¹⁹⁰ Her evidence is that "*I often feel more like I'm being pressured to work in a way that may actually contribute to a client's loss of independence, rather than prolonging it*".¹⁹¹

(vi) *Supervision*

¹⁸⁴ Transcript, 4 May 2022, PN5680- PN5682

¹⁸⁵ Transcript, 4 May 2022, PN5683

¹⁸⁶ Transcript, 4 May 2022, PN5686

¹⁸⁷ Statement of Veronique Vincent dated 28 October 2021 [41].

¹⁸⁸ Statement of Veronique Vincent dated 28 October 2021 [124]-[137].

¹⁸⁹ Statement of Veronique Vincent dated 28 October 2021 [138]- [152].

¹⁹⁰ Statement of Veronique Vincent dated 28 October 2021 [104].

¹⁹¹ Statement of Veronique Vincent dated 28 October 2021 [107].

2.65 During cross-examination, Ms Vincent identified the “*Case Manager*” as the person she reports to. Each Case Manager has a series of clients, Ms Vincent will contact the relevant Case Manager.¹⁹²

2.66 Ms Vincent also noted one of the Case Managers is a RN. If there was an issue/question regarding medication, she would contact that particular Case Manager.¹⁹³

2.67 During cross-examination, she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Problem occurs during appointment.** Ms Vincent explained if a problem arises during business hours (for example, observe a skin tear), she would contact the Case Manager for the relevant client. Should an issue occur after hours, Ms Vincent would contact the “*nurse on-call who is employed with Regis*”.¹⁹⁴
- (b) **Proposed Changes to Services under Care Plan.** Ms Vincent explained she is to contact the Case Manager.¹⁹⁵
- (c) **Unsafe.** Ms Vincent confirmed that the protocol for when she feels unsafe during an appointment is “*to leave*”. Following which, she is to call the Case Manager.¹⁹⁶

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.68 Ms Vincent gave the following summary of her duties:¹⁹⁷

- (a) personal care (which includes helping with toileting, showering, personal grooming, dressing, and so on);
- (b) domestic assistance (which includes help with house cleaning, linen changing, washing, and so on);
- (c) food services (which includes help with food preparation and shopping),
- (d) social support;
- (e) welfare checks; and
- (f) “*clinical care*” (under the instruction/training of a RN), which she described as “*medication prompts, blood pressure checks, wound management*”.¹⁹⁸

¹⁹² Transcript, 4 May 2022, PN5675.

¹⁹³ Transcript, 4 May 2022, PN5677

¹⁹⁴ Transcript, 4 May 2022, PN5676

¹⁹⁵ Transcript, 4 May 2022, PN5712.

¹⁹⁶ Transcript, 4 May 2022, PN5730- PN5731.

¹⁹⁷ Statement of Veronique Vincent dated 28 October 2021 [51].

¹⁹⁸ Statement of Veronique Vincent dated 28 October 2021 [51].

- (i) **Wounds.** As to “wound management”, Ms Vincent explains that the responsibility falls to the RN to do a wound assessment and wound chart. The RN may then instruct the care worker on how to dress the wound with a “*gauze covering*”. Ms Vincent has received this training.¹⁹⁹
- (ii) **Blood Pressure.** Ms Vincent explained the RN prepares a chart for the client and trains the carer on how to check blood pressure and make a record. If the reading is outside the range on the chart, Ms Vincent is to call the RN immediately.²⁰⁰

2.69 During cross-examination, Ms Vincent gave the following evidence:

- (a) **Always within expertise.** She was taken to [52]. She confirmed that the “*other services*” and tasks she may provide during an appointment “*fall within the general scope of the care plan*” and the work she performs falls within her qualification.²⁰¹

During cross-examination, she gave evidence that her manager has told her “*that within your work expertise you can do things outside the care plan*”. She gave the example of “*clean[ing] the whole house*” and “*clean[ing] chicken droppings off the back*”.²⁰² When questioned about whether the expectation to is driven by client or manager, she stated:

“So I wanted to clarify that because our care plans are a lot broader now. They used to be more specific, as in you followed the care plan within reason if it was something like dusting or something like that. There was an incident that the client required someone to clean chicken droppings off the back. I questioned it, and I was told that within reason that that was in my job scope, that I was able to do that, irrelevant if it was on the care plan or not.”²⁰³

- (b) **Extra Work Time Permitting.** Later in the cross-examination, Ms Vincent also confirmed that sometimes she may do “*a little bit extra*” during a service, for example wiping down the second bathroom in addition to cleaning the first, “*if time permits*”.²⁰⁴
- (c) **Progress Notes.** Ms Vincent gave evidence that up until 2022 she was required to write progress notes. However, “*[n]ow we do not have progress notes. So there is*

¹⁹⁹ Statement of Veronique Vincent dated 28 October 2021 [114]-[115].

²⁰⁰ Statement of Veronique Vincent dated 28 October 2021 [117].

²⁰¹ Transcript, 4 May 2022, PN5707-PN5708

²⁰² Transcript, 4 May 2022, PN5717- PN5721

²⁰³ Transcript, 4 May 2022, PN5720

²⁰⁴ Transcript, 4 May 2022, PN5723 -PN5724

no documentation in our progress notes as from this year”.²⁰⁵ As to documentation, she gave the following evidence:

“so if it's medication, we have to fill out an actual medication chart so there is documentation of medication. But in general, other things like domestic duties, personal care, none of that is documented anymore, unless there is an issue. Then we email to the case manager if there was a fall. Then we do that. But since the start of this year, and the introduction of our work phones that have just come in this year as well, that's why there are some alterations with my statement because we now have work phones where before we had our own private phone. So we receive our rosters and everything on our phones now but we do not document on the phone.”²⁰⁶

(viii) *Environment - Conditions under which Work is Done*

2.70 Ms Vincent gave the following evidence as to the condition of her working environment:

- (a) **Initial Assessment.** During cross-examination, Ms Vincent explained the risk assessment process conducted before she attends a client's home. That evidence appears below:

“so initially the case manager or someone in that position actually goes in and is supposed to do a risk assessment and also check products like the cleaning services, domestic assistants, make sure that they have the proper cleaning things, vacuums that are working, et cetera”²⁰⁷

As part of that process, the Case Manager should be checking the equipment that Ms Vincent might be using in the process of giving domestic assistance.²⁰⁸

During re-examination, Ms Vincent stated that *“sometimes, even though they do the safety assessments, there have been many times that we've gone into the home that they have not been put in as yet, so we've actually had to wait for the safety guard even though we've gone in prior to that safety”*.²⁰⁹

- (b) **Care Plan.** Ms Vincent also noted that the care plan is stored in the client's home in a folder provided by Regis. She confirmed that one of her first steps upon entering a client's home is to look at the care plan. For the first visit with new clients, this will be the first time she sees the care plan²¹⁰

²⁰⁵ Transcript, 4 May 2022, PN5709-PN5710.

²⁰⁶ Transcript, 4 May 2022, PN5711.

²⁰⁷ Transcript, 4 May 2022, PN5697.

²⁰⁸ Transcript, 4 May 2022, PN5698.

²⁰⁹ Transcript, 4 May 2022, PN5746

²¹⁰ Transcript, 4 May 2022, PN5699- PN5701

(e) Catherine Goh -- Community Support Worker -- Brightwater

(i) Period of Service in Role

2.71 **12 years.** Ms Goh is employed by Brightwater. She is employed as a “Community Support Worker”.²¹¹ Ms Goh has worked for Brightwater for around 12 years.²¹²

(ii) Period of Service in Industry

2.72 **12 years.** Ms Goh’s experience with Brightwater is the sum of her experience in aged care (i.e. 12 years’ experience).²¹³

(iii) Qualifications and Training

2.73 **Certificate III.** Ms Goh attained a Certificate III in Home and Community Care through Brightwater.

2.74 **Mandatory Internal Training.** Ms Goh also completed the following training through Brightwater:

- (a) Manual handling;
- (b) Dysphagia;
- (c) Medication competency; and
- (d) E-learning.²¹⁴

2.75 During cross-examination, Ms Goh gave the following evidence about in-house training at Brightwater:

- (a) **Manual handling** training occurs annually and is mandatory. It involves a theory and practical component. It takes around **six hours**.²¹⁵
- (b) **Dysphagia** was covered in the Certificate III but Brightwater provide it as a mandatory training course to teach “*about the international dysphagia diet standardisation categories of regular, easy to chew, soft and bite-sized, mixed and moist and pureed*”.²¹⁶
- (c) **Medication competency** is overseen by a RN, Ms Goh explained, “*because they hold the responsibility of medication and so they have to be sure that we know how*

²¹¹ Statement of Catherine Goh dated 13 October 2021 [3]-[4].

²¹² Statement of Catherine Goh dated 13 October 2021 [3].

²¹³ Statement of Catherine Goh dated 13 October 2021 [3].

²¹⁴ Statement of Catherine Goh dated 13 October 2021 [13]-[14].

²¹⁵ Transcript, 10 May 2022, PN10669- PN10671

²¹⁶ Transcript, 10 May 2022, PN10672-PN10674

to prevent errors.”²¹⁷ The RN trained Ms Goh on how to “assist with medication”, which mainly includes “helping with pills from Webster pak”.²¹⁸ She also noted the RN trained her in assisting with “puffers, creams, [and] eye drops”.²¹⁹ Ms Goh confirmed it had a theory component and practical component that was assessed by the RN.²²⁰ It took around **2 hours**.²²¹

2.76 **Additional Training.** Ms Goh has an Associate Degree in Dementia Care. Ms Goh explained she attained this through the University of Tasmania by completing two years of study. She noted that one year would equal a diploma and three years would have equalled a bachelor degree.²²² This qualification was self-motivated (i.e. not incentivised or required by employer).²²³ Ms Goh’s evidence was that the Certificate III was not sufficient enough training for the work she was performing.²²⁴ Ms Goh considered the Associate Degree skills have “*broader application*” and go beyond the scope of a Certificate III.²²⁵ She explained:

*“it would cover psychology, biology, health issues, understanding of the different types of dementia and cognitive decline, how it affects behaviour. There’s really a whole – it’s a whole another level of understanding how people function and communication, and I think it just makes you feel a bit more confident having that behind you.”*²²⁶

(iv) *Submissions as to Weight*

2.77 The following aspects of Ms Goh’s evidence should attract little (if any) weight:

(a) **Relevance.** Ms Goh’s evidence with respect to her “*two daughters*” and her “*Bachelor of Social Work*” is not relevant to the current work value assessment before the Commission.²²⁷ Her evidence, in that respect, should attach no weight.

(b) **Hearsay and Relevance.** Throughout her statement, Ms Goh gives evidence speculating on the experience of others:

(i) “*I know a lot of people who love the work but hate the conditions and pay*”;²²⁸

²¹⁷ Transcript, 10 May 2022, PN10679

²¹⁸ Transcript, 10 May 2022, PN10688; Statement of Catherine Goh dated 13 October 2021 [22].

²¹⁹ Transcript, 10 May 2022, PN10688; Statement of Catherine Goh dated 13 October 2021 [22].

²²⁰ Transcript, 10 May 2022, PN10680

²²¹ Transcript, 10 May 2022, PN10681

²²² Transcript, 10 May 2022, PN10662- PN10663

²²³ Transcript, 10 May 2022, PN10667

²²⁴ Transcript, 10 May 2022, PN10668

²²⁵ Transcript, 10 May 2022, PN10731- PN10732

²²⁶ Transcript, 10 May 2022, PN10730

²²⁷ See Statement of Catherine Goh dated 13 October 2021 [2].

²²⁸ Statement of Catherine Goh dated 13 October 2021 [37].

- (ii) *“We have been offered monetary incentives if we can introduce someone who comes to work for Brightwater and stays for us to six months. I don’t know anyone who is interested”*;²²⁹
- (iii) *“My daughter gets more money working in food services than I do (albeit she is a casual). There are a lot easier ways to make a living”*;²³⁰
- (iv) *“My observation is that the older ones are retiring and getting older and the other groups are shrinking because they have other options too”*;²³¹
- (v) *“I know lots who have left due to physical injuries, as you get older you just can’t do the physical work any more”*;²³²
- (vi) *“There are skill shortages and it is easier to get jobs in hospitality and that kind of thing. Just about every home care provider and disability support provider doesn’t have enough staff and all competing for the same people”*;²³³ and
- (vii) *“Family might just see the client as a burden, not recognise her as a person. That then falls on us to provide that kind of validation to the clients.”*²³⁴

This evidence is not supported by any objective evidence. Absent corroboration, at its highest each is a statement based on Ms Goh’s belief. Further, none of the statements are relevant to work value reasons. As such, they should attach little weight.

(c) **Opinion about Packages and Funding.**²³⁵ Ms Goh gives the following evidence:

- (i) she suggests there are *“a lot of people”* on *“level 3 and 4 packages, which indicated higher levels of need”* and *“a lot of clients”* on CHSP that are *“waiting for a higher level package”*, which she considers suggests that clients being on lower levels packages *“underestimates the level of need”*;²³⁶
- (ii) *“fees keep coming out of that package. If a client rings with an issue, they get an administration fee. There are also coordination fees, and management fees. Fees chew up the package and yet in the end, at the*

²²⁹ Statement of Catherine Goh dated 13 October 2021 [38].

²³⁰ Statement of Catherine Goh dated 13 October 2021 [38].

²³¹ Statement of Catherine Goh dated 13 October 2021 [39].

²³² Statement of Catherine Goh dated 13 October 2021 [39].

²³³ Statement of Catherine Goh dated 13 October 2021 [39].

²³⁴ Statement of Catherine Goh dated 13 October 2021 [21].

²³⁵ Statement of Catherine Goh dated 13 October 2021 [33]-[35].

²³⁶ Statement of Catherine Goh dated 13 October 2021 [33].

*moment, the clients are still not getting much more choice in service because of short staffing”;*²³⁷ and

(iii) *“[o]ther clients have high level packages but have family support and have the funds sitting there and can’t spend it”.*²³⁸

That evidence is of minimal assistance to the Commission as it is entirely based on Ms Goh’s opinion and without any reference to data. Whilst acknowledging that is the opinion held by Ms Goh, absent corroboration, it should attach minimal weight.

(d) **Enterprise Agreement Negotiations.** To the extent Ms Goh’s evidence comments on her observation of the process for enterprise agreement renegotiation, this should attract no weight. This evidence concerns a separate industrial process that is not of assistance the Commission with its assessment of work value.

(e) **Staffing.** To the extent Ms Goh’s evidence speculates on the impact of *“understaffing”*,²³⁹ this matter is not relevant to work value assessment. We rely on our submissions at Section 5.

(f) **Financial Hardship.** Ms Goh gives evidence that:

(i) a full time *“salary package”* is required *“[i]f you want a living”*;²⁴⁰ and

(ii) *“There is only enough to pay bills, not to have a social life and unexpected bills, especially car bills are stressful, because you have to keep your car on the road”.*²⁴¹

These statements refer to Ms Goh’s personal circumstances and express her opinion on wage rates. Further, they do not assist the Commission with its evaluation of work value reasons.

²³⁷ Statement of Catherine Goh dated 13 October 2021 [34].

²³⁸ Statement of Catherine Goh dated 13 October 2021 [35].

²³⁹ Statement of Catherine Goh dated 13 October 2021 [35].

²⁴⁰ Statement of Catherine Goh dated 13 October 2021 [39].

²⁴¹ Statement of Catherine Goh dated 13 October 2021 [39].

(v) *The Nature of the Work Performed*

2.78 Ms Goh gave evidence as to changes to the nature of the work performed. She makes the following observations:

- (a) “[f]amilies are spread wider” and “not all can use mobiles and computers”. This is a change from when she first started. She recalled clients having “larger families” that would “share the care among them”;²⁴²
- (b) clients staying in the home longer (noting her views are informed only her experienced with clients);²⁴³
- (c) “I think there are more people with chronic health who are needing help, and people living to a longer age but without good quality of life” (it should be noted, Ms Goh does not explain what she means by “chronic health” or how she observes persons in her care to be “without good quality of life”);²⁴⁴
- (d) the age range of her clients include people “in their 80s and 90s”, as well as outliers that are younger or above 100;²⁴⁵
- (e) person centred care has changed the expectations concerning “domestic services”, such that clients (in Ms Goh’s view) “believe that they are entitled to a higher standard”;²⁴⁶
- (f) “I think there is probably a higher percentage of clients now with cognitive impairment issues of some kind”.²⁴⁷

²⁴² Statement of Catherine Goh dated 13 October 2021 [20].

²⁴³ Statement of Catherine Goh dated 13 October 2021 [28].

²⁴⁴ Statement of Catherine Goh dated 13 October 2021 [29].

²⁴⁵ Statement of Catherine Goh dated 13 October 2021 [30].

²⁴⁶ Statement of Catherine Goh dated 13 October 2021 [31].

²⁴⁷ Statement of Catherine Goh dated 13 October 2021 [32].

(vi) *Supervision*

2.79 **Team Leader.** During cross-examination, Ms Goh explained that she reports to team leaders. She noted *“we’re usually allocated one”*.²⁴⁸ She stated they are not qualified as RNs but have training in *“occupational health and safety, and there’s the Cert IV in Training and they have – one came from residential care, and the other has been trained as an occupational therapy assistant and a support worker”*.²⁴⁹

2.80 **Coordinator.** However, for *“client issues”* she contacts the Coordinator.²⁵⁰ The Coordinator is responsible for writing the care plan.²⁵¹

2.81 As to the difference between team leader and coordinator, she explained:

*“The coordinator is there to look after client issues. The team leader is there to look after issues that – say, if I didn’t know what to do, I would ask the team leader and then she would direct me. But if I just noticed a problem with a client, I would report that to the client coordinator, because I know that a skin tear is a problem.”*²⁵²

2.82 As to the qualification of the coordinators, Ms Goh said some are ENs, social workers, former support workers, allied health - *“it’s a bit of a variety”*.²⁵³

2.83 Despite emphasising her work being *“lone working”* in her statement,²⁵⁴ during cross-examination, Ms Goh confirmed the series of procedures set in place that she is to follow for a range of incidents/scenarios. For example:

(a) **Skin Tear.** This is reported to the Coordinator.²⁵⁵ Ms Goh explained: *“The coordinator will usually let the clinical staff know and refer – make a referral for them to go and check and do some wound care.”*²⁵⁶ Brightwater employs RNs and ENs, they are responsible for dealing with clinical activity.²⁵⁷

(b) **Difficulty Breathing.** Ms Goh said the procedure depends on the type of emergency.

(i) If it is *“critical”* - the procedure is to *“call the ambulance straight away and then call the coordinator”*.²⁵⁸

²⁴⁸ Transcript, 10 May 2022, PN10690

²⁴⁹ Transcript, 10 May 2022, PN10691

²⁵⁰ Transcript, 10 May 2022, PN10693

²⁵¹ Transcript, 10 May 2022, PN10707

²⁵² Transcript, 10 May 2022, PN10694

²⁵³ Transcript, 10 May 2022, PN10695

²⁵⁴ See Statement of Catherine Goh dated 13 October 2021 [27].

²⁵⁵ Transcript, 10 May 2022, PN10693, PN10700

²⁵⁶ Transcript, 10 May 2022, PN10701

²⁵⁷ Transcript, 10 May 2022, PN10702- PN10703

²⁵⁸ Transcript, 10 May 2022, PN10704

(ii) If Ms Goh was uncertain, “*I’ll call the coordinator and they’ll direct me to call an ambulance*”. The coordinator would then contact the family.²⁵⁹

(c) **Identify hazards.** Ms Goh explained there are two procedures - one for “*hazard for worker*” and “*hazard for client*” - the nature of which determine who is reported to. For example, if the client was falling down steps, Ms Goh would notify the coordinator.²⁶⁰ The coordinator will then engage with the client or their family.²⁶¹

If a hazard is making the environment dangerous for workers, it is reported to the team leader. It is the team leader’s responsibility to take care of the issue and make sure it is fixed.²⁶²

(d) **Unsafe.** Provided the client is safe, the procedure is to leave and let the office know “*that you weren’t able to stay in the service*”.²⁶³ If the issue related to client behaviour, it would also be reported to the coordinator.²⁶⁴ Ms Goh gave evidence that it has been a couple of years since she has had to leave a client’s home due to feeling unsafe. She credits this to her de-escalation skills.²⁶⁵

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.84 Ms Goh gave the following evidence as to her duties:

(a) **Roster.** Ms Goh usually gets her roster setting out her appointments 1-week in advance, however, changes occur. It is accessed via her phone.²⁶⁶

(b) **Appointments.** Ms Goh attends to the following types of appointments:

(i) Personal care (for example, showering).²⁶⁷

(ii) Domestic cleaning.²⁶⁸

(iii) Shopping with client.²⁶⁹

²⁵⁹ Transcript, 10 May 2022, PN10704- PN10705

²⁶⁰ Transcript, 10 May 2022, PN10718

²⁶¹ Transcript, 10 May 2022, PN10719

²⁶² Transcript, 10 May 2022, PN10718, PN10720-PN10721

²⁶³ Transcript, 10 May 2022, PN10723

²⁶⁴ Transcript, 10 May 2022, PN10725

²⁶⁵ Transcript, 10 May 2022, PN10728-PN10729

²⁶⁶ Statement of Catherine Goh dated 13 October 2021 [16].

²⁶⁷ Statement of Catherine Goh dated 13 October 2021 [17].

²⁶⁸ Statement of Catherine Goh dated 13 October 2021 [17].

²⁶⁹ Statement of Catherine Goh dated 13 October 2021 [17].

- (iv) “Respite service”, which consisted of “light housework” and “sit[ting] with someone while their carer [was] out”.²⁷⁰
 - (v) Cook for people (“[s]ometimes”) (for example, “[o]nce I got asked to make a cake”).²⁷¹
- (c) As to skills involved, Ms Goh gave examples of the following “funny skills that people don’t think about”, such as assisting a client:
- (i) with “knotty hair” by brushing it out;
 - (ii) by untangling a necklace;
 - (iii) with finding a lost item.²⁷²
- She also identified “conversation” with clients as a skill, noting that she does “a lot of listening”.²⁷³
- (d) **No Hoists.** Ms Goh noted that she does not see many “high physical need clients” as she does not “do hoists any more”.²⁷⁴

2.85 During cross-examination, Ms Goh explained the duties she performs:

- (a) **Medication Prompt.** She explained: “we would prompt people; just take medication out of the Webster-pak, put it in a cup, give it to them, watch them take it, make sure they haven’t dropped anything”.²⁷⁵
- (b) **Administer Medication (following training by RN²⁷⁶).**
 - (i) Under the instruction of a speech therapist, for some clients with dysphagia, “you might have to provide crushed tablets, or put it with yoghurt and put it on a teaspoon”.²⁷⁷
 - (ii) Ms Goh also applies medicated creams. However, she said there must be “a form signed by a doctor” prior to doing this. She explained:

“For any medication administration there will be a form in the file that says the doctor has authorised it, and we have to check against the cream that they have. You have to have a rough understanding of –

²⁷⁰ Statement of Catherine Goh dated 13 October 2021 [17].

²⁷¹ Statement of Catherine Goh dated 13 October 2021 [17].

²⁷² Statement of Catherine Goh dated 13 October 2021 [18].

²⁷³ Statement of Catherine Goh dated 13 October 2021 [19].

²⁷⁴ Statement of Catherine Goh dated 13 October 2021 [32].

²⁷⁵ Transcript, 10 May 2022, PN10685

²⁷⁶ Transcript, 10 May 2022, PN10688

²⁷⁷ Transcript, 10 May 2022, PN10684- PN10685

*sometimes you have a brand name and sometimes you have a medical name, which can make it confusing.*²⁷⁸

- (c) **Progress Notes.** Ms Goh explained that progress notes are reserved for “anything unusual” or an “exception”. Absent that, “you just document that you’ve been, because it’s assumed ... that you followed the care plan”.²⁷⁹ This is written in the same folder where the care plan is stored at the client’s house.²⁸⁰ This evidence should be preferred to Ms Goh’s statement which suggests she is spending an inordinate amount of “extra time” she is required to report updates “by phone and email”.²⁸¹

(viii) *Environment - Conditions under which Work is Done*

2.86 Ms Goh gave the following evidence relevant to the condition under which work is done:

- (a) **Care Plan.** The care plan is stored at the client’s house. Ms Goh said she does not receive an electronic copy.²⁸²
- (b) **Risk Assessment.** During cross-examination, Ms Goh gave evidence that the coordinator has the responsibility to do an initial risk assessment of the client’s house to make sure it is safe to go into.²⁸³ As to whether Ms Goh is informed of the outcome, she stated:

*“Often it’s in the file, so it’s – when I say that, you would, you know, probably find that if it’s a new client they have that done but sometimes if coordinators change and the circumstances have changed, it may not be.”*²⁸⁴

²⁷⁸ Transcript, 10 May 2022, PN10687

²⁷⁹ Transcript, 10 May 2022, PN10697- PN10699

²⁸⁰ Transcript, 10 May 2022, PN10711

²⁸¹ Statement of Catherine Goh dated 13 October 2021 [36].

²⁸² Transcript, 10 May 2022, PN10708-PN10710

²⁸³ Transcript, 10 May 2022, PN10712- PN10714

²⁸⁴ Transcript, 10 May 2022, PN10715

(f) Jennifer Wood -- Support Worker -- Uniting

(i) Period of Service in Role

2.87 **11 years.** Ms Wood is employed by Uniting.²⁸⁵ Her employment is covered by an enterprise agreement.²⁸⁶ Under that agreement she is classified as a “*Community Care Employee, Grade 2 Support Worker*”.²⁸⁷ She is employed on a permanent part time basis.²⁸⁸ Ms Wood has worked for Uniting for around 11 years.²⁸⁹ She works around 20 hours per week with Uniting.²⁹⁰

(ii) Period of Service in Industry

2.88 **11 years.** Ms Wood has worked in the aged care sector for around 11 years.²⁹¹

(iii) Qualifications and Training

2.89 **No qualification.** Ms Wood has no formal qualifications in aged care.²⁹² Uniting provided Ms Wood the option, but she declined.²⁹³ Uniting requires home care employees to have a Certificate III to provide “*personal care services*”.²⁹⁴

2.90 **Mandatory Internal Training.** Uniting require Ms Wood to complete “*regular e-learning*” modules via the “*Ulearn*” program on work phone. These modules take between **20-60 minutes** to complete and address topics such as manual handling, hand hygiene, WHS, infection prevention, new aged care quality standards, elder abuse, reportable conduct, etc.²⁹⁵ This training is complete on the work-provided Samsung phone.²⁹⁶ During cross-examination, Ms Wood explained that the modules include videos and could be between **10 or 50 minutes.**²⁹⁷

2.91 **Additional Training.** Ms Wood completed a free online course through the University of Tasmania in “*Understanding Dementia*” (same “*MOOC*” course undertaken by Ms Payton

²⁸⁵ Statement of Jennifer Wood dated 27 October 2021 [2].

²⁸⁶ Statement of Jennifer Wood dated 27 October 2021 [17].

²⁸⁷ Statement of Jennifer Wood dated 27 October 2021 [19].

²⁸⁸ Statement of Jennifer Wood dated 27 October 2021 [18].

²⁸⁹ Statement of Jennifer Wood dated 27 October 2021 [2].

²⁹⁰ Statement of Jennifer Wood dated 27 October 2021 [32].

²⁹¹ Statement of Jennifer Wood dated 27 October 2021 [1].

²⁹² Statement of Jennifer Wood dated 27 October 2021 [10].

²⁹³ Statement of Jennifer Wood dated 27 October 2021 [10].

²⁹⁴ Statement of Jennifer Wood dated 27 October 2021 [10].

²⁹⁵ Statement of Jennifer Wood dated 27 October 2021 [13].

²⁹⁶ Transcript, 4 May 2022, PN5575.

²⁹⁷ Transcript, 4 May 2022, PN5578.

and Ms Evans).²⁹⁸ Uniting also provided an “*Accidental Counsellor*” course, which provided “*tips about trying not to take client’s issues on as our own*”.²⁹⁹

2.92 **First Aid and CPR.** Ms Wood is also required to maintain a current first aid certificate and CPR training.³⁰⁰ The cost of the course is covered by Uniting.³⁰¹

(iv) *Submissions as to Weight*

2.93 The following aspects of Ms Wood’s evidence should attach little (if any) weight:

(a) **“Complex needs”.** Ms Wood gives evidence as to dealing with a client with “*complex needs*”. She described a client as a “*hoarder*” and the difficulties she experienced in negotiating with him to remove/box up his collection of newspapers.³⁰² She states:

*“I later learned from listening to a program on hoarding on ABC radio that hoarding is a psychological issue, and that there is no amount of encouraging or suggesting different ways we could tidy up that will work.”*³⁰³

The Commission should be reluctant to put weight on Ms Woods’ well-meaning *diagnosis* (noting she is not qualified to give diagnosis). Absent expert evidence, at its highest, Ms Woods’ evidence refers to behaviour that may be described as “*challenging*” and/or “*difficulty*”.

(b) **COVID-19.** To the extent Ms Wood’s evidence addresses the impact of the pandemic,³⁰⁴ we repeat the submissions at Section 5.

(c) **Financial Pressure.**³⁰⁵ Ms Wood gives the following evidence:

- (i) she loves the “*people focused part of the work*” and finds it rewarding;
- (ii) “*low pay makes things difficult*” (she refers to getting a second job);
- (iii) when clients pass away or move into residential care, those gaps leave holes in her roster;
- (iv) the requirement to use her personal vehicle;

²⁹⁸ Statement of Jennifer Wood dated 27 October 2021 [12].

²⁹⁹ Statement of Jennifer Wood dated 27 October 2021 [106].

³⁰⁰ Statement of Jennifer Wood dated 27 October 2021 [16].

³⁰¹ Statement of Jennifer Wood dated 27 October 2021 [16].

³⁰² Statement of Jennifer Wood dated 27 October 2021 [77]-[86].

³⁰³ Statement of Jennifer Wood dated 27 October 2021 [87].

³⁰⁴ See Statement of Jennifer Wood dated 27 October 2021 [46(b)], [46(e)], [46(n)], [46(w)]-[46(y)], [53], [133], [159]-[167].

³⁰⁵ See Statement of Jennifer Wood dated 27 October 2021 [168]-[181].

- (v) *“the wages reflect the old-style values of the sort of work that women were just expected to do for mother-in-law”;*
- (vi) *“clients tell me we deserve more”;* and
- (vii) the work is not seen as *“valuable or respected”*.

Each of those statements, whilst emotive, are generalised opinions that are not supported by objective evidence. At its highest they may be accepted as statements of Ms Wood’s belief. That form must impact the weight the Commission places on them.

- (d) **Dissatisfied with Support.** Ms Wood also gives evidence that she is not always satisfied by the support of her Team Leader and/or employer:
 - (i) She gives an example of a developing bushfire in the area she was working in and the possibility of road closures.
 - (ii) She states that she raised this possibility with her Team Leader, who directed her to go to the next appointment. Ms Wood alleges that the Team Leader did not act off information from *“the official source”*.³⁰⁶

Whilst she may feel dissatisfied, her evidence provides an example of a protocol - contacting the supervisor with concerns. The *“concern”* was a possibility of road closure in the context of a developing situation (namely, a bushfire). The fact the Team Leader adopted an approach different to Ms Wood – *if she was a Team Leader* – is not relevant to work value. It does not assist the Commission.

(v) *The Nature of the Work Performed*

2.94 Ms Wood gave the following evidence as to the nature of the work performed:

- (a) As to the client demographic, she refers to having clients as:
 - (i) of advanced aged (i.e. above 80 or 90);³⁰⁷
 - (ii) having a range of mobility issues;³⁰⁸
 - (iii) having mental health disorders (for example, schizophrenia);³⁰⁹

³⁰⁶ See Statement of Jennifer Wood dated 27 October 2021 [138]-[144].

³⁰⁷ Statement of Jennifer Wood dated 27 October 2021 [26].

³⁰⁸ Statement of Jennifer Wood dated 27 October 2021 [28].

³⁰⁹ Statement of Jennifer Wood dated 27 October 2021 [28], [131]-[132].

- (iv) “*complex needs or challenging behaviours*” (for example, a client with having “*hoarding issues*”);³¹⁰
 - (v) having cognitive issues (for example, dementia).³¹¹
- (b) As to the work, Ms Wood gives evidence of the work being “*very emotionally draining*” at times.³¹² She gives the examples:
- (i) A client that was seeing a psychologist/counsellor and would tell Ms Wood details about “*sexual and other abuse*” she experienced as a child. Before responding to that client, she stated she would say “*of course I’m not a counsellor...*” and enquire if that client had seen her psychologist lately and “*whether she had shared whatever story it was that day with her*”.³¹³
 - (ii) Clients dealing with grief.³¹⁴
 - (iii) The personal grief experienced when a client dies.³¹⁵
- (c) Ms Wood also refers to the importance of respecting the “*agency of our clients in being able to choose things for themselves*”. She gives evidence about the process of “*dignity of risk*” practiced at Uniting. By that process, should a client express a desire to do an activity that may attract risk, it is discussed with the Support Advisor and Doctor. Examples include “*a client wanting to get a pet or go somewhere unusual or undertake certain exercises*”.³¹⁶

(vi) *Supervision*

2.95 **Team Leader.** During cross-examination, Ms Wood identified her “*Team Leader*” as her “*direct line supervisor*”.³¹⁷ She noted there were around 50 care workers in one team, the Team Leader supervises everyone.³¹⁸ The Team Leader is not a RN, but former support worker.³¹⁹

2.96 In her statement she noted that Uniting communicates with support workers via email, text and phone call. She receives 1-5 emails daily. Some are more urgent (for example, Team Leader asking for a call back) and others are less urgent (for example, reminders to supply

³¹⁰ Statement of Jennifer Wood dated 27 October 2021 [28], [77]-[86].

³¹¹ Statement of Jennifer Wood dated 27 October 2021 [27], [89]-[92].

³¹² Statement of Jennifer Wood dated 27 October 2021 [101].

³¹³ Statement of Jennifer Wood dated 27 October 2021 [105].

³¹⁴ Statement of Jennifer Wood dated 27 October 2021 [107].

³¹⁵ Statement of Jennifer Wood dated 27 October 2021 [111].

³¹⁶ Statement of Jennifer Wood dated 27 October 2021 [120]-[121].

³¹⁷ Transcript, 4 May 2022, PN5582.

³¹⁸ Transcript, 4 May 2022, PN5583.

³¹⁹ Transcript, 4 May 2022, PN5584.

client with and encourage them to wear masks or general news/announcements about Uniting).³²⁰

2.97 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Care Plan Change.** During cross-examination, Ms Wood explained the process for making a change to a client service and/or care plan. She noted that she may be the first to get the request from a client. But ultimately the request needs to be communicated to the “*support advisor*”.³²¹ That evidence is extracted below:

“I try and find out who they're support adviser is. We've sort of had a little bit of a shuffle of change in that kind of order at work, but basically there's still somebody like a support adviser. I would try and get a hold of them to discuss it and I would also email them. We have to do both really. I try - ideally if I could get them on the phone while I had the client, I'd put my phone on speakerphone and explain that, you know, you can speak to, you know, Betty directly or whatever about this and she'll tell you what she's thinking. Because that may - I don't think it would be such a big thing if it was, you know, say it was social support rather than shopping or something. It probably still would be in the daytime but a meal prep which, you know, might have been rostered on at six or something or support worker involved, you know, that might involve a whole different, you know, change in the service time as well. In which case yes, that would involve rostering as well. So for that I would ask for help and I would also have to communicate that higher up.”³²²

Ms Wood’s evidence was that the support advisor was not a RN. That evidence is extracted below:

“MR WARD: So, in your organisation - in your organisation I don't need to be a registered nurse to change a care plan?

MS WOOD: Not at all, no, no”³²³

- (b) **Wound.** Ms Wood explained the protocol to be followed if she observed a “*dreadful wound*” - “*if I arrive at a client's home they've got a dreadful wound or one that's not quite dreadful enough to call an ambulance immediately, I then need to - the procedure is I photograph that and send that to the RN. And also try - you know,*

³²⁰ Statement of Jennifer Wood dated 27 October 2021 [43].

³²¹ See also Statement of Jennifer Wood dated 27 October 2021 [116].

³²² Transcript, 4 May 2022, PN5596 .

³²³ Transcript, 4 May 2022, PN5599

*and try and alert her to the fact that I've just sent that to her and I'm needing advice.*³²⁴

- (c) **Bruising.** If Ms Wood observed a “*bad bruise*” on a client, the procedure is that she is to take a photograph and send it to the RN via email. She also noted she may talk to the client about it, which may inform her decision to call an ambulance.³²⁵ For example, if the client had a recent “*blow to the head*” - Ms Wood would immediately call for an ambulance.³²⁶

In Ms Wood’s statement she refers to discovering a “*bad skin tear*” after hours. She took the client to the local medical centre. Following this, she wrote up notes and sent an email to the Support Advisor.³²⁷

- (d) **Difficulty Breathing.** If a client is having difficulty breathing, the procedure to be followed is to call an ambulance without hesitation. The same procedure is followed if a client falls.³²⁸
- (e) **Unsafe.** Ms Wood explained that there is a procedure to follow if she feels unsafe. This includes leaving the home. She noted that if it is simply an issue that makes her “*feel uncomfortable*” there is a “*code word*” to use over the phone.³²⁹ In her statement, Ms Wood also noted “[w]e are briefed on always keeping our phone and car keys on us”.³³⁰

2.98 In Ms Wood’s statement, she also set out the procedure she followed in the following scenarios:

- (a) **Client Fall.** The procedure was set out in Ms Wood’s statement: “*If a client has a fall while I’m present, I am required by Uniting to call an ambulance as I can’t help clients up alone*”.³³¹
- (b) **Change in Demeanour.** Ms Wood provides an example of observing a change in a client’s demeanour:
- (i) She engaged in conversation, which confirmed her concerns.
 - (ii) Next she called an ambulance.

³²⁴ Transcript, 4 May 2022, PN5585.

³²⁵ Transcript, 4 May 2022, PN5586; see also Statement of Jennifer Wood dated 27 October 2021 [55], [92].

³²⁶ Transcript, 4 May 2022, PN5587.

³²⁷ Statement of Jennifer Wood dated 27 October 2021 [58]-[59].

³²⁸ Transcript, 4 May 2022, PN5588.

³²⁹ Transcript, 4 May 2022, PN5615-PN5616.

³³⁰ Statement of Jennifer Wood dated 27 October 2021 [137].

³³¹ Statement of Jennifer Wood dated 27 October 2021 [56].

- (iii) Upon calling the ambulance she followed the directions given to her by paramedics. A question concerned medication, which required Ms Wood to consult the care plan and check for any medications stored at the house.
 - (iv) Following the incident made a record in the “*client’s notes*”.³³²
- (c) **Aggression.** Ms Wood provides an example of a client being aggressive toward his wife whilst she was undertaking a domestic assistance service. She explained the procedure followed:
- (i) Ms Wood stated that she “reported the incident to the client’s support advisor”.
 - (ii) She states the support advisor contact the family of the client - who were not aware that the client had been “hitting” his wife.³³³
- (d) **No Answer at Door.** Ms Wood explained the procedure is to do the following:
- (i) knock and call out to the client multiple times, if not reply, call the office;
 - (ii) the office contacts the client’s “*next of kin*” and provides further instruction to Ms Wood (for example, the client is out with family or the client should be home and she needs to “*access a locked key box*” and let herself in);
 - (iii) if the client is meant to be home, Ms Wood is to look around for the client. Ms Wood said during this check she is to be prepared to call the ambulance in the instance the client has had a fall or medical issue. She also noted it is possible the client is simply napping.³³⁴

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.99 Ms Wood gave the following evidence as to the duties she performs:

- (a) **Roster.** Her roster is communicated via an app on her work phone “*CareLink*”. She describes checking the app “[f]irst thing in the morning on a workday” to check if there have been any last-minute changes to her roster.³³⁵
- (b) **Appointments.** She has a regular clientele that she sees “*either weekly or fortnightly*”.³³⁶ The services she provides include: “*domestic assistance, shopping,*

³³² Statement of Jennifer Wood dated 27 October 2021 [61]-[70].

³³³ Statement of Jennifer Wood dated 27 October 2021 [93].

³³⁴ Statement of Jennifer Wood dated 27 October 2021 [95].

³³⁵ Statement of Jennifer Wood dated 27 October 2021 [33], [35]-[37].

³³⁶ Statement of Jennifer Wood dated 27 October 2021 [34].

transport".³³⁷ As to the duration of appointments, Ms Wood said they are either "usually one hour or two hours".³³⁸ She provides examples of this work in her statement.³³⁹

During cross-examination, Ms Wood confirmed that she performed "domestic support work" and not personal care work. She stated that work includes:

*"the full range, which could be transport, shopping, meal preparation, domestic assistance, social support – we all do the whole range, but the added ones that sometimes people do as part of a service that includes shopping or domestic assistance anyway, they might start off with the personal care, or it might just be the medication assistance. So we're all the same, but there's just a handful of us on my team that are just minus those two tasks"*³⁴⁰

She provided additional explanation:

*"Pretty much everything we do I suppose – my take on it is, in home care, is what you can no longer do yourself. So it's light domestic duties, hanging out washing, the ordinary sort of shopping you would've done, and if you're no longer able to get up and even heat a meal, or prepare a simple meal, then you can ask to have that when your care plan's – this is speaking from the client's point of view obviously – when it's initially being put together, they might say that's one of my priorities, or a son and daughter might say that's one of the priorities for mum. So therefore that might be either in the middle of the day, or it might be later in our working day, getting closer to a client's early dinner-time. To, you know, cook – yes, I'm not trained in cooking, no, but one of the things that we have to do when we do the regular sort of online learning little test that we have to do on a regular basis, they include questions around food safety."*³⁴¹

*...So we were not taught to cook, no; in the same way we're not taught to clean or shop, or anything. It's just to the best of your ability, and to what the client wants, but they do of course have to make sure that we're preparing food safely."*³⁴²

(c) **No Medication Services.** Ms Wood does not provide assistance with medication.³⁴³

³³⁷ Statement of Jennifer Wood dated 27 October 2021 [40].

³³⁸ Transcript, 4 May 2022, PN5568.

³³⁹ See Statement of Jennifer Wood dated 27 October 2021 [50]-[52].

³⁴⁰ Transcript, 4 May 2022, PN5567.

³⁴¹ Transcript, 4 May 2022, PN5570.

³⁴² Transcript, 4 May 2022, PN5571.

³⁴³ Statement of Jennifer Wood dated 27 October 2021 [54]

- (d) **Care Plan.** Upon receipt of the roster via the app, Ms Wood reads the “*care plan for any clients I may be seeing for the first time, or for the first time in a while, where available*”. The care plan is also accessed via CareLink.³⁴⁴
- (e) **Progress notes.** Ms Wood identified “*Support Workers’ notes*” or “*client’s notes*” as a way “*to pick up more information*” about a client - especially if the care plan was not uploaded to CareLink.³⁴⁵ These notes are entered into the CareLink app. She refers to making such notes after appointments and/or incidents.³⁴⁶
- (f) **Training New Staff.** Ms Wood noted that she is “sometimes given buddy shifts”. This involved a new Support Worker shadowing her during her services. She is required to “show them the ropes” and report how they went to the Team Leader.³⁴⁷

(viii) *Environment - Conditions under which Work is Done*

2.100 As set out above, Ms Wood provided evidence of feeling unsafe at times, but confirmed protocols have been implemented by Uniting and she has been briefed on what to do. Whilst at times she may not be satisfied with the manner in which procedures/responses are executed, she confirms knowledge of their existence.

2.101 **Risk Assessment.** During cross-examination, Ms Wood also gave evidence that she performs an initial risk assessment at a client’s home.³⁴⁸ She gave the following evidence:

MR WARD: That’s okay, and you would check that the lights are working and the stove works and things like that?

MS WOOD: Yes, or - yes, or is safe, more likely. And that there’s not, you know, rolled up rugs or mildew or there’s a lack of handrails. It’s very much about me as much as about the client.

MR WARD: You being safe as well?

MS WOOD: Yes. Yes. So, when I - when I - - -

MR WARD: And where does that go to after you’ve done it?

MS WOOD: I would send that through to the - probably my - I’d probably email it to my support - my team leader and the support adviser concerned for that client.”³⁴⁹

³⁴⁴ Statement of Jennifer Wood dated 27 October 2021 [38]-[39].

³⁴⁵ Statement of Jennifer Wood dated 27 October 2021 [39]

³⁴⁶ Statement of Jennifer Wood dated 27 October 2021 [55], [59], [70]

³⁴⁷ Statement of Jennifer Wood dated 27 October 2021 [75].

³⁴⁸ Transcript, 4 May 2022, PN602-PN603.

³⁴⁹ Transcript, 4 May 2022, PN5604-PN5606.

(g) Julie Kupke -- Carer -- Absolute

(i) Period of Service in Role

2.102 **4 years.** Ms Kupke is employed by Absolute in Victoria. She works as a Carer. She has held that position four around 4 years.³⁵⁰ She works 6 days a week.³⁵¹ Ms Kupke is classified under the SCHADS Award as a “*Home Care Employee Level 2*” (pay point 1).³⁵²

(ii) Period of Service in Industry

2.103 **15 years.** Ms Kupke has worked in the aged care sector for around 15 years³⁵³

(iii) Qualifications and Training

2.104 **Certificate IV and Diploma.** Ms Kupke has the following qualifications:

- (a) Certificate IV in Disability;³⁵⁴ and
- (b) Diploma in Community Services.³⁵⁵

2.105 **Mandatory Internal Training.** Absolute also require Ms Kupke to complete “*regular online training*”. She completes around 1-2 modules per month. The duration ranges from **30-60 minutes**. In her statement she said topics include manual handling, medications, etc.³⁵⁶ However, during cross-examination she said “*it doesn’t really*” cover manual handling.³⁵⁷ During cross-examination, the topics she listed included: WHS, “*aged care practices*”, “*bullying and harassment*”.³⁵⁸

2.106 **Additional Training.** She also completed free online courses in Preventing Dementia, Understanding Dementia and Understanding Traumatic Brain Injury through the University of Tasmania.³⁵⁹ Those courses were undertaken at her initiative “*for my own benefit in relation to the clients I was working with*”.³⁶⁰ She provided the following explanation of the “*Preventing Dementia*” course:

³⁵⁰ Statement of Julie Kupke dated 28 October 2021 [2].

³⁵¹ Statement of Julie Kupke dated 28 October 2021 [14].

³⁵² Statement of Julie Kupke dated 28 October 2021 [21]-[22].

³⁵³ Statement of Julie Kupke dated 28 October 2021 [1].

³⁵⁴ Statement of Julie Kupke dated 28 October 2021 [15].

³⁵⁵ Statement of Julie Kupke dated 28 October 2021 [16].

³⁵⁶ Statement of Julie Kupke dated 28 October 2021 [18].

³⁵⁷ Transcript, 4 May 2022, PN5484

³⁵⁸ Transcript, 4 May 2022, PN5485- PN5489

³⁵⁹ Statement of Julie Kupke dated 28 October 2021 [17].

³⁶⁰ Transcript, 4 May 2022, PN5473.

- (a) *“The actual course went over a few weeks. You had to tune into it. We did one part of it and then you had to tune into for, like, the next fortnight when you completed that, then the next fortnight”*;³⁶¹
- (b) *“there was videos that you had to listen to, there was questions and a lot of reading that you had to do”*;³⁶² and
- (c) at the end of each course, she received a *“certificate of completion”*.³⁶³

(iv) *Submissions as to Weight*

2.107 The following aspects of Ms Kupke’s evidence should attract little (if any) weight:

- (a) **COVID-19.** To the extent Ms Kupke’s evidence addresses the impact of the pandemic,³⁶⁴ we repeat our submissions at Section 5.
- (b) **NDIS.** To the extent Ms Kupke’s evidence addresses clients that are *“NDIS clients”*,³⁶⁵ that is not relevant to the current assessment before the Commission. It should also be borne in mind that Ms Kupke gave evidence that 50% of her clients are *“NDIS funded”* (with the other 50% being on *“HCPs”*).³⁶⁶ Caution should be given to this evidence.
- (c) **Financial Pressure.**³⁶⁷ Ms Kupke makes a series of statements expressing the following opinions:
 - (i) she loves her job;
 - (ii) *“the low pay”* is an issue;
 - (iii) aged care work should be paid on par with disability work;
 - (iv) use of her personal car presents an additional expense;
 - (v) requirement to have an adequate plan for her personal phone;
 - (vi) *“I can’t plan financially”* and *“I am always worried about whether I will earn enough week to week”*;
 - (vii) *“I just want to be paid fairly”*.

³⁶¹ Transcript, 4 May 2022, PN5474

³⁶² Transcript, 4 May 2022, PN5476

³⁶³ Transcript, 4 May 2022, PN5480

³⁶⁴ See Statement of Julie Kupke dated 28 October 2021 [110]-[118].

³⁶⁵ See Statement of Julie Kupke dated 28 October 2021 [27]-[31], [38]-[62] (NDIS funded c

³⁶⁶ Statement of Julie Kupke dated 28 October 2021 [28]

³⁶⁷ See Statement of Julie Kupke dated 28 October 2021 [119]-[130].

These are series of emotive statements made by Ms Kupke's on her personal circumstances. Without disrespect to the content of the opinion, it is not supported or corroborated by any other evidence, this must impact the weight the Commission puts on it.

(v) *The Nature of the Work Performed*

2.108 Ms Kupke gave the following evidence relevant to the nature of the work performed:

- (a) Some of her elderly client on HCPs have disabilities (for example, Parkinson's).³⁶⁸
- (b) Some of her clients are also "*very high care clients with complex needs*". This includes "*Parkinson's and deafness*".³⁶⁹
- (c) She observes clients are "*staying at home longer*".³⁷⁰ This appears to be an opinion based on the elderly nature of her clients.
- (d) Ms Kupke identifies the additional responsibility of "*medication prompt*" as a relevant change that occurred within the first three years of working for Absolute. She said this duty was previously done by nurses.³⁷¹

(vi) *Supervision*

2.109 During cross-examination, Ms Kupke confirmed that her direct manager was a Human Resources Manager. She did not work with Team Leaders or a Client Case Manager.³⁷²

2.110 Ms Kupke also confirmed that Absolute employ RNs, but she does not report to them.³⁷³

2.111 During cross-examination, Ms Kupke explained the protocols she follows at Absolute:

- (a) **Bruising.** "*What I have to do is go through the channels and I ring head office and speak to a coordinator and I ask them to email the nurse or the case manager, if there is anything that I see that I'm not happy with while I'm on that shift.*" This is reported immediately.³⁷⁴
- (b) **Difficulty Breathing.** The procedure is to call "*triple 0 first*".³⁷⁵

³⁶⁸ Statement of Julie Kupke dated 28 October 2021 [32].

³⁶⁹ Statement of Julie Kupke dated 28 October 2021 [107].

³⁷⁰ Statement of Julie Kupke dated 28 October 2021 [108].

³⁷¹ Statement of Julie Kupke dated 28 October 2021 [109].

³⁷² Transcript, 4 May 2022, PN5462-PN5465.

³⁷³ Transcript, 4 May 2022, PN5466- PN5467

³⁷⁴ Transcript, 4 May 2022, PN5508- PN5509.

³⁷⁵ Transcript, 4 May 2022, PN5512

(c) **Issue with Medication.** The procedure follow is to “report that straight through to head office, which are our coordinators, and then they'd take it further onto the channels from there.”³⁷⁶

(d) **Changes to Care Plan.** As to changes to the care plan, Ms Kupke provided the following evidence:

“MR WARD: If a client had written into their care plan that they wanted a shower in the morning and they told you they wanted to change to the afternoon, who do you communicate that to?”

MS KUPKE: I write that in my notes, just stating that that's what the client wants, and then I would also ring head office to advise them that instead of having a morning person out there you might be better off sending out an afternoon person.

MR WARD: I take it that the care plan would then be amended and the person who looks after them next would see the amended care plan?”

*MS KUPKE: That's correct.”*³⁷⁷

In her statement, Ms Kupke also gave examples about suggestions she makes to the case manager to assist clients. For example, ordering “special cushions” to prevent “sliding down their chair while trying to eat” or “special cutlery and bowls for clients who have grip issues”.³⁷⁸

(e) **Unsafe.** Ms Kupke confirmed the procedure to be followed if she feels unsafe at an appointment is to leave the premises.³⁷⁹ Following which, she is to call head office “straight away”. Head office will then instruct Ms Kupke on what to do next.³⁸⁰

2.112 In her statement, Ms Kupke also referred to the following procedures:

(a) **Concern about client during appointment.** “I report this back directly to Absolute’s head office which then passes that information on to a client’s case manager for review”.³⁸¹

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.113 As to her duties, Ms Kupke gave the following evidence:

³⁷⁶ Transcript, 4 May 2022, PN5518

³⁷⁷ Transcript, 4 May 2022, PN5519-PN5520

³⁷⁸ Statement of Julie Kupke dated 28 October 2021 [99].

³⁷⁹ Transcript, 4 May 2022, PN5522

³⁸⁰ Transcript, 4 May 2022, PN5523-PN5524

³⁸¹ Statement of Julie Kupke dated 28 October 2021 [34].

- (a) **Appointments.** She performs a mixture of “*personal care work*” and “*domestic assistance work*”.³⁸² Her duties include “cleaning, cooking, medication prompts, showering, toileting, providing community access and social support”.³⁸³
- (b) **Roster.** Her roster is accessed on her mobile phone via an app: “*AlayaCare*”, which also acts as a “*client management tool*”. She is to “clock on” and “clock off” for every client.³⁸⁴
- (c) **Progress Notes.** Ms Kupke is “*required to write progress notes for each client in the AlayaCare portal*”.³⁸⁵ At the end of an appointment, Ms Kupke “*write[s] up notes*” into the app. The notes will set out “*what I’ve actually done out there with the client that day*”.³⁸⁶ She confirmed the following to be an accurate example of a note she may write:
- “MR WARD: So if you had been cooking for the client you might write: ‘Arrived at this time, cooked breakfast’, things like that?”*
- MS KUPKE: That’s correct.”*³⁸⁷
- (d) **Medication Prompt.** Ms Kupke also confirmed she provides “*medication prompts*”.³⁸⁸ This involves the following:
- (i) taking the medication out of the blister pack - at the relevant time of day (pack has an “*AM*” and “*PM*” section) putting it into a cup or the client’s hand;³⁸⁹ and
- (ii) making a record.³⁹⁰
- (e) **Care Plan.** Ms Kupke confirmed that she can access the care plan at the time a job is allocated to her through the app.³⁹¹

³⁸² Transcript, 4 May 2022, PN5502

³⁸³ Statement of Julie Kupke dated 28 October 2021 [107].

³⁸⁴ Statement of Julie Kupke dated 28 October 2021 [33].

³⁸⁵ Statement of Julie Kupke dated 28 October 2021 [34].

³⁸⁶ Transcript, 4 May 2022, PN55504-PN5505.

³⁸⁷ Transcript, 4 May 2022, PN5506.

³⁸⁸ Transcript, 4 May 2022, PN5514

³⁸⁹ Transcript, 4 May 2022, PN5515-PN5516

³⁹⁰ Transcript, 4 May 2022, PN5517

³⁹¹ Transcript, 4 May 2022, PN5499- PN5500.

(viii) *Environment - Conditions under which Work is Done*

2.114 In Ms Kupke's statement she described being required to "*expect the unexpected*".³⁹² She gave examples of "*unexpected*" situations included:

- (a) flooded bathroom - Ms Kupke's response upon discovering the source was a tap left on, was to turn the tap off, mop and put mats down;³⁹³ and
- (b) client had a stroke and passed out - Ms Kupke's response was to follow protocol and call an ambulance.³⁹⁴

2.115 Whilst Ms Kupke states in her statement that "*I never know what I am going to be face with from one day to the next*",³⁹⁵ during cross-examination she confirmed that assessments are conducted prior to her first attending a client's home:

- (a) **Initial Assessment.** During cross-examination, Ms Kupke gave evidence that the initial assessment of a client is undertaken by a case manager. That case manager is sent to the client to "assess their needs, and then that would go back into the office and then they would assess what type of person to send out to that job."³⁹⁶ She also confirmed that if a client had "clinical needs" then a RN would get involved in the process too.³⁹⁷
- (b) **Risk Assessment.** Ms Kupke confirmed that a risk assessment is conducted prior to a care worker attending a client's home. The Case Manager is responsible for completing that assessment.³⁹⁸

³⁹² Statement of Julie Kupke dated 28 October 2021 [94].

³⁹³ Statement of Julie Kupke dated 28 October 2021 [94].

³⁹⁴ Statement of Julie Kupke dated 28 October 2021 [95].

³⁹⁵ Statement of Julie Kupke dated 28 October 2021 [93].

³⁹⁶ Transcript, 4 May 2022, PN5494

³⁹⁷ Transcript, 4 May 2022, PN5496- PN5497

³⁹⁸ Transcript, 4 May 2022,PN5501

(h) Karen Roe -- Home Support Team Member -- Benevolent Society

(i) Period of Service in Role

2.116 **17 years.** Ms Roe is employed by the Benevolent Society. Ms Roe's title is "Home Support Team Member".³⁹⁹ She works around 12.5 hours per week.⁴⁰⁰ Ms Roe has worked with the Benevolent Society for around 17 years.⁴⁰¹

(ii) Period of Service in Industry

2.117 **17 years.** Ms Roe has around 17 years' experience in aged care. For the entirety of that time she was employed by the Benevolent Society.⁴⁰²

(iii) Qualifications and Training

2.118 **Certificate III and IV.** Ms Roe has the following qualifications:

- (a) Certificate III in Aged Care; and
- (b) Certificate IV in Aged Care.⁴⁰³

2.119 Both qualifications were recommended and paid for by the Benevolent Society.⁴⁰⁴

2.120 **Mandatory Internal Training.** Ms Roe is also required to undertake "online training" for topics such as "case notes fundamentals" and "code of conduct".⁴⁰⁵ This required Ms Roe to watch a video, read material and do a quiz.⁴⁰⁶

2.121 **Medication Training.** During cross-examination, Ms Roe confirmed that she completed medication training, which included training on medication prompts, as a unit of competency in the Certificate III or IV.⁴⁰⁷

First Aid. Ms Roe also completed her first aid certification at the Benevolent Society.⁴⁰⁸

(iv) Submissions as to Weight

2.122 The following aspects of Ms Roe's evidence should attract little (if any) weight:

³⁹⁹ Statement of Karen Roe dated 30 September 2021 [4].

⁴⁰⁰ Statement of Karen Roe dated 30 September 2021 [6].

⁴⁰¹ Statement of Karen Roe dated 30 September 2021 [2].

⁴⁰² Statement of Karen Roe dated 30 September 2021 [2].

⁴⁰³ Statement of Karen Roe dated 30 September 2021 [7].

⁴⁰⁴ Statement of Karen Roe dated 30 September 2021 [7].

⁴⁰⁵ Statement of Karen Roe dated 30 September 2021 [9].

⁴⁰⁶ Transcript, 11 May 2022, PN11468

⁴⁰⁷ Transcript, 11 May 2022, PN11457, PN11463-PN11467, PN11489

⁴⁰⁸ Statement of Karen Roe dated 30 September 2021 [8].

- (a) **COVID-19.** To the extent Ms Roe’s evidence addresses the impact of the pandemic,⁴⁰⁹ we repeat our submissions at Section 5.
- (b) **Financial and other recognition.** In the final section of Ms Roe’s statement she gives evidence as to the following:
- (i) *“we are not paid for any administration work which can be required”,⁴¹⁰*
 - (ii) *“we are asked to report on client’s wellbeing and needs in our own time”,⁴¹¹*
 - (iii) *“[t]he average age of those working is late 50s” and “because it’s so poorly paid, we can’t get young people to stay”,⁴¹²*
 - (iv) *“we don’t have strong support from our workforce”,⁴¹³*
 - (v) *“the CEO shut us down with a comment to the effect of ‘if you want this then stand up in front of everyone else and tell them why they can’t have their raises because you want this’”,⁴¹⁴*
 - (vi) *“I don’t think the funding model works”,⁴¹⁵*
 - (vii) *“Most clients who are not spending their packages are doing it because they are not sure of what’s going to happen in their lives and are worried about money”,⁴¹⁶ and*
 - (viii) *“we definitely have to do more in less time than was previously the case years ago”.*

Each statement is, at its highest, a statement based on Ms Roe’s opinion and belief. She does not provide any objective evidence or data to corroborate her opinion as to unpaid work, staff demographic, staff retention and attraction and funding.

She also attributes a comment to the CEO of her employer without any context, such hearsay evidence should attract no weight.

These statements, in that form, should attract minimal weight.

(v) *The Nature of the Work Performed*

⁴⁰⁹ See Statement of Karen Roe dated 30 September 2021 [18], [27].

⁴¹⁰ Statement of Karen Roe dated 30 September 2021 [25]-[32]

⁴¹¹ Statement of Karen Roe dated 30 September 2021 [25]

⁴¹² Statement of Karen Roe dated 30 September 2021 [26]

⁴¹³ Statement of Karen Roe dated 30 September 2021 [27]

⁴¹⁴ Statement of Karen Roe dated 30 September 2021 [28]

⁴¹⁵ Statement of Karen Roe dated 30 September 2021 [29]

⁴¹⁶ Statement of Karen Roe dated 30 September 2021 [30]-[31]

2.123 Ms Roe gave the following evidence relevant to the nature of the work performed:

- (a) She referred to maintaining the “*dignity*” of the person “*even when doing... sensitive tasks*” (for example, assisting with a shower).⁴¹⁷ This evidence reflects the principle of client-centred care.
- (b) She observes “*mental health issues more and more, not just dementia but things like bipolar disorder*”.⁴¹⁸ As to dementia, she described those clients as having “*particular complications*” and that “[e]veryone can be different in a day with dementia”.⁴¹⁹

⁴¹⁷ Statement of Karen Roe dated 30 September 2021 [11].

⁴¹⁸ Statement of Karen Roe dated 30 September 2021 [20].

⁴¹⁹ Statement of Karen Roe dated 30 September 2021 [22].

(vi) *Supervision*

2.124 During cross-examination, Ms Roe confirmed that she reports to someone who is her supervisor. However, she was unable to confirm the title of that person. She also noted there are coordinators within the Benevolent Society.⁴²⁰ Her evidence indicates that her supervisor and/or the office is her primary point of contact.⁴²¹

2.125 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

(a) **Skin Tear.** Ms Roe explained she is required to call the office first. She said:

*“we would actually alert people right away and make arrangements to have the client seen to by a doctor as soon as possible, especially at that age a skin tear is monumental”.*⁴²²

If there was *“blood or looked more serious”* she may also call an ambulance.⁴²³ She would first describe the skin tear to her supervisor and may send a photograph as well.⁴²⁴

(b) **Client Fall.** The Benevolent Society protocol is that Ms Roe call the ambulance first, followed by a call to the office.⁴²⁵ Ms Roe would prepare an incident report. This form is separate to progress notes.⁴²⁶ The incident report is emailed to the supervisor and the client’s case manager.⁴²⁷

(c) **Client decline Shower.** If a client refused a shower and asked Ms Roe to do a difference service (for example, vacuum), the protocol is to notify the office. The office might then adjust the subsequent appointments.⁴²⁸

(d) **Hazard for Client.** She explained the protocol that is followed if a hazard is identified in a client’s home, for example - the need to replace/remove a shower door.⁴²⁹ She reports the hazard to the office, together with a photograph of the hazard. It is then the responsibility of the office to take the necessary steps, which include discussing the issue with the client’s family.⁴³⁰

⁴²⁰ Transcript, 11 May 2022, PN11400- PN11401.

⁴²¹ Transcript, 11 May 2022, PN11406, PN11408

⁴²² Transcript, 11 May 2022, PN11407

⁴²³ Transcript, 11 May 2022, PN11407 -PN11408

⁴²⁴ Transcript, 11 May 2022, PN11412

⁴²⁵ Transcript, 11 May 2022, PN11414

⁴²⁶ Transcript, 11 May 2022, PN11416- PN11417

⁴²⁷ Transcript, 11 May 2022, PN11418-PN11419

⁴²⁸ Transcript, 11 May 2022, PN11438

⁴²⁹ See eg, Statement of Karen Roe dated 30 September 2021 [12].

⁴³⁰ Transcript, 11 May 2022, PN11477-PN11482.

- (e) **Wound.** Ms Roe explained the protocol that informed her approach to responding to a woman with a *“hole in her breast”*.⁴³¹

During cross-examination, she confirmed this client had a bandage that was covering a wound. Ms Roe observed it to be leaking through the bandage. Ms Roe attended to the following steps:

- (i) She asked the client to “take the bandage off” so she may observe the wound.
 - (ii) She took a photograph of the wound and send it to the client’s case manager.
 - (iii) The case manager then took steps to call the client’s doctor and arrange the community nurses to come.
 - (iv) The doctor also visited the client *“within the next day or two”*.⁴³²
- (f) **Unsafe.** Ms Roe confirmed the protocol at the Benevolent Society is that you are to leave. However, depending upon the situation, she noted she may use “de-escalation strategies” but confirmed the protocol is *“just get out”*.⁴³³

⁴³¹ Statement of Karen Roe dated 30 September 2021 [11].

⁴³² Transcript, 11 May 2022, PN11445-PN11454

⁴³³ Transcript, 11 May 2022, PN11483-PN11487.

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.126 Ms Roe gave the following evidence as to her duties:

- (a) **Appointments.** Ms Roe's appointments may include "*showering, shopping, social, medication, meals, and cleaning*".⁴³⁴
- (i) A "*showering and personal care*" appointment "*might include showering or washing, toileting, dressing and generally supporting them, as some people require more persuasion to bathe than others*".⁴³⁵
- (ii) Cleaning duties involve "*vacuuming, dusting, washing floors, just depending on what the client needs*".⁴³⁶
- (iii) "*Social care*" might involve taking a client shopping (before the pandemic).⁴³⁷
- (iv) Despite sometimes performing services "*not on the care plan*", Ms Roe confirmed she always acts within the scope of her competencies.⁴³⁸
- (v) During cross-examination, Ms Roe qualified her evidence at [10], the reference to doing "*whatever the client wants me to do*" is to tasks within the scope of domestic assistance -- which was the scheduled service.⁴³⁹
- (b) **Roster.** Ms Roe's appointments are scheduled by the rostering team. The rostering team emails Ms Roe's roster which sets out "*whether it's domestic assistance, or shower, or social, shopping, whatever*" appointment.⁴⁴⁰ As to the duration, Ms Roe said there is a time on the roster but she is also guided by what the client says -- "*sometimes it's not exactly what's on the care plan or what is on your roster*".⁴⁴¹
- (c) **Progress Notes.** Ms Roe described her approaches to progress notes.
- (i) If the client had a "*communication book*" she would make a note of the service provided (for example, "*showered the client*").
- (ii) If no communication book, Ms Roe said it was only required "if we notice something different" that she contact the office (Benevolent Society do not use apps⁴⁴²). For example, if something has "*gone screwy*" (for example,

⁴³⁴ Statement of Karen Roe dated 30 September 2021 [10].

⁴³⁵ Statement of Karen Roe dated 30 September 2021 [11].

⁴³⁶ Statement of Karen Roe dated 30 September 2021 [17].

⁴³⁷ Statement of Karen Roe dated 30 September 2021 [18]

⁴³⁸ Transcript, 11 May 2022, PN11436

⁴³⁹ Transcript, 11 May 2022, PN11440-PN11444

⁴⁴⁰ Transcript, 11 May 2022, PN11434

⁴⁴¹ Transcript, 11 May 2022, PN11435

⁴⁴² Transcript, 11 May 2022, PN11423-PN11424

medication missed) need to make a report to the office.⁴⁴³ Ms Roe stated “*if it is unusual enough to make note of it is usually important*”.⁴⁴⁴

- (d) **Care Plans.** The rostering team are responsible for sending the care plan to the care workers via email prior to the appointment with the client. If this does not occur, Ms Roe will not see the care plan prior to an appointment.⁴⁴⁵ A physical copy of the care plan is also meant to be stored at the client’s home.⁴⁴⁶

Ms Roe stated that is she was asked to do something she “*definitely*” knows she should not be doing, “*I will definitely say, 'I'm sorry, I can't do this, just let me call the office, I need to talk to them.*”⁴⁴⁷

- (e) **Client with Dementia.** Ms Roe was taken to her evidence at [22], where she refers to skills of being adept at judging changing situations quickly with clients with dementia. She confirmed she draws upon her training from Certificate III and IV, together with life experience.⁴⁴⁸

- (f) **Medication Prompts.** Ms Roe explained that “*quite often*” clients manage their own medication. For those clients “*you just have to sort of watch them as they open this box and take one out, and open this box and take one out.*”⁴⁴⁹

Should Ms Roe need to check the medication, the relevant information is written on the back of the Webster-pak. She explained:

*“Quite often clients are fully aware of, you know, how many pills they should have and things like that, so that's very good. But yes – no, we – what we try to do is to get them to push a bubble of the Webster-pak out and into like a – well, for me, I try to put it on a little plate or a little bowl so that they can see them, and then they can take them themselves, yes.”*⁴⁵⁰

- (g) **Morphine Patches.** Ms Roe noted she has a client that uses a morphine patch on their back. They require assistance due to the location so Ms Roe contacted that client’s case manager and sought permission to assist “*because I wasn't sure if I should be able to do it*”. Ms Roe also noted that the nurses who usually attended on

⁴⁴³ Transcript, 11 May 2022, PN11421

⁴⁴⁴ Transcript, 11 May 2022, PN11422

⁴⁴⁵ Transcript, 11 May 2022, PN11425-PN11428

⁴⁴⁶ Transcript, 11 May 2022, PN11432

⁴⁴⁷ Transcript, 11 May 2022, PN11437

⁴⁴⁸ Transcript, 11 May 2022, PN11456

⁴⁴⁹ Transcript, 11 May 2022, PN11491

⁴⁵⁰ Transcript, 11 May 2022, PN11492

a regular basis were not.⁴⁵¹ Ms Roe confirmed “*If I’m physically putting it on, yes, I do want to get permission from the office first*”.⁴⁵²

- (h) **Blood Glucose Level.** Ms Roe confirmed that clients with diabetes will have a Blood Glucose Level reader in their house. She will give it to them to do a prick test with their finger. She will then record the reading. She is provided with instructions (described as “*case notes*”) about when a reading requires her to contact the office.⁴⁵³

Those instructions are either in the client’s communication book or on a sheet “*somewhere close to where the BSL machines are*”. Sometimes, the instructions come direct from the case manager.⁴⁵⁴ If those instructions were missing, Ms Roe would call the office.⁴⁵⁵

(viii) *Environment - Conditions under which Work is Done*

2.127 As to the conditions in which she works, Ms Roes gave the following evidence:

- (a) She said that “*clients can be aggressive*” (she gave one example) and working with clients with dementia requires her to be “*adept at judging the changing situations quickly*”.⁴⁵⁶ As mentioned above, during cross examination, Ms Roe confirmed she draws upon her training from studying for her Certificate III and IV, together with life experience to manage such situations.⁴⁵⁷
- (b) **Risk Assessment.** During cross-examination, Ms Roe gave evidence that a risk assessment is conducted at a client’s home as part of the admissions process. Further, each time she visits a client’s home, should she identify a hazard there is a procedure to follow to communicate that to the appropriate person.⁴⁵⁸

⁴⁵¹ Cf Statement of Karen Roe dated 30 September 2021 [16]; Transcript, 11 May 2022, PN11494

⁴⁵² Transcript, 11 May 2022, PN11495

⁴⁵³ Transcript, 11 May 2022, PN11496- PN11502

⁴⁵⁴ Transcript, 11 May 2022, PN11503

⁴⁵⁵ Transcript, 11 May 2022, PN11504

⁴⁵⁶ Statement of Karen Roe dated 30 September 2021 [21]-[22]

⁴⁵⁷ Transcript, 11 May 2022, PN11456

⁴⁵⁸ Transcript, 11 May 2022, PN11476-PN11482

(i) Lyndelle Anne Parke -- Community Personal Care Worker -- ARRCs

(i) Period of Service in Role

2.128 **9 years.** Ms Parke is employed by ARRCs. Her employment is covered by an enterprise agreement. Under that agreement is she is classified as an “*Aged Care Employee Level 5 Year 3*”.⁴⁵⁹ She works as “community personal care worker” on a permanent part time basis for “*usually 70 hours a fortnight*”.⁴⁶⁰ Ms Parker has worked with ARRCs for around 9 years in that role.⁴⁶¹

(ii) Period of Service in Industry

2.129 **35 years.** Ms Parke has “*over 35 years’ experience*” in the aged care industry.⁴⁶² This includes work in residential aged care.⁴⁶³

(iii) Qualifications and Training

2.130 **Certificate IV.** Ms Parke has a Certificate IV in Ageing Support and Disability, which included training in palliative and dementia care, falls prevention and interventions for clients at risk.⁴⁶⁴ Ms Parkes’ employer at the time required aged care workers to complete this qualification to assist with “*care for clients with disabilities*”.⁴⁶⁵ During cross-examination, she said that ARRCs “*[u]sually [require] at least a Certificate III*”.⁴⁶⁶

2.131 **Mandatory Internal Training.** Ms Parke’s current employer required her to undertake annual “*refresher courses*” to stay up-to-date with topics such as manual handling techniques, fire safety and elder abuse.⁴⁶⁷ This training is provided online.⁴⁶⁸

2.132 **Medication Training.** During cross-examination, Ms Parker confirmed that she completed a “*medication course*” through ARRCs.⁴⁶⁹ She confirmed the training was provided by an RN via an external company. The training was around “*four half days*”. It involved theory and practical. There was a quiz and the RN had to sign off on competency. Following completion of that training, Ms Parke confirmed she was then allowed to be allocated to

⁴⁵⁹ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [9].

⁴⁶⁰ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [7]-[8].

⁴⁶¹ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [7].

⁴⁶² Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [6].

⁴⁶³ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [6].

⁴⁶⁴ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [15].

⁴⁶⁵ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [15].

⁴⁶⁶ Transcript, 11 May 2022, PN11696

⁴⁶⁷ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [17].

⁴⁶⁸ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [17].

⁴⁶⁹ Transcript, 11 May 2022, PN11716

medication prompt appointments.⁴⁷⁰ There is also mandatory refresher courses every 12 months.⁴⁷¹ For the refresher, Ms Parker explained “our RN from the office that takes us through it”.⁴⁷²

(iv) *Submissions as to Weight*

2.133 The following factors are relevant to weight:

(a) **Opinion.** At [25] of Ms Parke’s statements she gives the following evidence:

- (i) *“personal care workers have always been undervalued”;*
- (ii) *“we are expected to understand and care for clients with complicated diseases like dementia... and also administer medication without any assistance from nurses”;* and
- (iii) *“[m]y fear about the aged care industry is that personal care workers will continue to do many of the tasks that nurses used to do because it is cheaper without being acknowledged for it in wages”.*

Each statement is an opinion of Ms Parke and of general application to all personal care workers, save for identification of her personal “*fear*”. Further, as she is not an expert in wage analysis and her opinion is advanced without reference to any data, her commentary on “*undervaluation*” is of little assistance. Overall, her evidence, in this respect, should attract little weight.

Additionally, to the extent she suggests that personal care workers act beyond their competencies, this is in complete contradiction to the evidence of Ms Parke (summarised below). This is not to suggest any intentional dishonesty on the part of Ms Parke, however, that factor should affect the weight of that paragraph.

(v) *The Nature of the Work Performed*

2.134 The following aspects of Ms Parke’s evidence are relevant to the nature of the work performed:

(a) She observes there has been “*an increase in clients with serious health and behavioural conditions*”.⁴⁷³ She gives examples of dementia and depression.⁴⁷⁴

⁴⁷⁰ Transcript, 11 May 2022, PN11716- PN11724

⁴⁷¹ Transcript, 11 May 2022, PN11725

⁴⁷² Transcript, 11 May 2022, PN11726

⁴⁷³ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [18].

⁴⁷⁴ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [21].

When she commenced with ARRCs (around 9 years ago), she assisted 2-3 clients with dementia, now she assisted 10-15 clients with dementia.⁴⁷⁵

(vi) *Supervision*

2.135 During cross-examination, Ms Clarke outlined the structure of ARRCs:

- (a) Care workers.⁴⁷⁶
- (b) Team Leaders.⁴⁷⁷
- (c) There are also Case Managers for each client. Ms Parke confirmed if she had a question during an appointment with a client, she would first contact the Case Manager. (She also noted that Case Managers for clients on “*packages*” will be an RN⁴⁷⁸).⁴⁷⁹ The Case Manager is responsible for preparing the initial care plan: “*they go out and do a visit, go through everything that needs to be done, and then they make up the care plan*”.⁴⁸⁰
- (d) Then above that is the management side.⁴⁸¹

2.136 ARRCs also employs RNs, who Ms Parke would contact for clients not on packages. For example, “*if you were dealing with someone’s medication and it was something wrong, you would call the RN*”.⁴⁸²

2.137 During cross-examination, she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

Issue with Medication. Whilst at [19], Ms Parke stated that “*[i]f anything goes wrong we are expected to know what to do and manage any issues with the administration of medication*”, during cross-examination, set out a protocol of contacting the RN. She gave the following examples:

- (i) If there was an issue with the blister pack, the protocol is to email a photograph of the blister pack to the RN and then call the RN.

⁴⁷⁵ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [21].

⁴⁷⁶ Transcript, 11 May 2022, PN11697- PN11702.

⁴⁷⁷ Transcript, 11 May 2022, PN11697- PN11702.

⁴⁷⁸ Transcript, 11 May 2022, PN11703

⁴⁷⁹ Transcript, 11 May 2022, PN11697- PN11702.

⁴⁸⁰ Transcript, 11 May 2022, PN11782

⁴⁸¹ Transcript, 11 May 2022, PN11697- PN11702.

⁴⁸² Transcript, 11 May 2022, PN11704

- (ii) If the issue was a dose had already been taken, prior to calling the RN, Ms Parke would look at the medication chart to make sure no one else had attended to the medication prompt. She would still call the RN.⁴⁸³
- (b) **Issue out of ordinary / Exception.** The protocol is to call the case manager (in addition to completing a progress note).⁴⁸⁴ For example, this protocol would be followed if a client was “less talkative than usual”.⁴⁸⁵
- (c) **Wounds.**
 - (i) **Basic First Aid.** In Ms Parke’s statement she referred to “*treat[ing]*” wounds. During cross-examination she explained if a client had a “*graze or something like that*” she would give them basic first aid (for example, “*dress it, maybe put some Betadine on it*”) but “*always notify the RN*”.⁴⁸⁶
 - (ii) **Monitor.** Ms Parke confirmed she would “*typically take photos*” each time she visited a client with a wound and send it to the RN. Ms Parke confirmed the ARRCs protocol with wounds is “*definitely take a photo, email it to the RN and then it’s in her hands*”.⁴⁸⁷
 - (iii) **Significant Wounds.** The protocol for significant wounds is to call the RN or the ambulance.⁴⁸⁸ Ms Parke would also send a photograph of the wound to the RN.⁴⁸⁹ For example, if a wound was “*really bleeding*” (i.e. more than a “*trickle*”), Ms Parke would call for an ambulance.⁴⁹⁰ Ms Parke would also prepare an incident report.⁴⁹¹
- (d) **Identification of Hazard.** Ms Parke explained the procedure to be followed if a hazard is identified is to “*notify the office or case manager*” about the hazard and complete a hazard report. She provided some examples of a hazards: “*power points were a bit loose, or tiles off in the bathroom, or mats in the way*”.⁴⁹²
- (vii) *The Level of Responsibility or Skill Involved in doing the Work*

⁴⁸³ Transcript, 11 May 2022, PN11728-PN11730

⁴⁸⁴ Transcript, 11 May 2022, PN11738

⁴⁸⁵ Transcript, 11 May 2022, PN11739

⁴⁸⁶ Transcript, 11 May 2022, PN11750-PN11751

⁴⁸⁷ Transcript, 11 May 2022, PN11763

⁴⁸⁸ Transcript, 11 May 2022, PN11755

⁴⁸⁹ Transcript, 11 May 2022, PN11757

⁴⁹⁰ Transcript, 11 May 2022, PN11763-PN11765

⁴⁹¹ Transcript, 11 May 2022, PN11767- PN11769

⁴⁹² Transcript, 11 May 2022, PN11786- PN11789.

2.138 Ms Parke described a “*typical day*” as consisting of visiting around 6-7 clients.⁴⁹³ She gave the following evidence about her work:

- (a) Ms Parke identified five categories of duties she provides:
- (i) **Personal care** - showering, dressing and toileting.⁴⁹⁴ This appointment time is around 30-45 minutes (sometimes 1 hour if a hoist is involved).⁴⁹⁵
 - (ii) **Domestic care** - meal planning and preparation, shopping and cleaning.⁴⁹⁶
 - (iii) **“Med check”** - this appointment type is “*usually 15 minutes*”.⁴⁹⁷ This appointment was described as “medicine administration” in Ms Parke’s statement.⁴⁹⁸ During cross-examination, she confirmed she is referring to a “*medication prompt*” for medication in Webster-paks, which she described as follows:

*“you have a look at the back of the Webster pak, some people might only have two, some people might have six and when you put them into the container you just have a look and make sure there’s however many that’s supposed to be there”*⁴⁹⁹

She notes you also “follow the day, the date, make sure you’re giving the right medication at the right time”.⁵⁰⁰ Following the medication prompt, Ms Parke makes a record on the “*medication chart*”. She explained: “*we put ‘as per Webster pak’, ‘G’ for ‘given’, the time that it was given and then sign and signature, name and signature*”.⁵⁰¹ She noted if someone refuses to take their medication she records “*P*” and note their medication has not been taken.⁵⁰²

- (iv) **Companionship** - providing clients with company during an appointment.⁵⁰³ During cross-examination, Ms Parke corrected the words “all times of the

⁴⁹³ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [12]; Transcript, 11 May 2022, PN11706

⁴⁹⁴ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [11].

⁴⁹⁵ Transcript, 11 May 2022, PN11711

⁴⁹⁶ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [11].

⁴⁹⁷ Transcript, 11 May 2022, PN11711

⁴⁹⁸ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [11].

⁴⁹⁹ Transcript, 11 May 2022, PN11714

⁵⁰⁰ Transcript, 11 May 2022, PN11713

⁵⁰¹ Transcript, 11 May 2022, PN11742

⁵⁰² Transcript, 11 May 2022, PN11743

⁵⁰³ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [11].

day and night". She limited that service to "[d]uring the shifts", which is between 7am to 9pm.⁵⁰⁴

(b) **Progress Notes.** "*Paperwork*" during shifts (namely, progress notes and medication charts).⁵⁰⁵ During cross-examination, Ms Parke confirmed that the care plan, medication chart(s) (if applicable) and progress notes are stored in the "communication book" in the client's home. Progress notes set out everything done with the client (i.e. the services provided) and anything "out of the ordinary".⁵⁰⁶ There are separate medication charts for tablets and eye drops.⁵⁰⁷ Beyond that, Ms Parke did not consider there to be any "additional paperwork"⁵⁰⁸ (by that evidence, Ms Parke appears to exclude incident or hazard reports that are completed at time of injuries or identification of a hazard).

(c) **Clients with Dementia.** Ms Parke gave evidence that caring for someone with dementia "*does not come naturally*" and "*it's not intuitive*".⁵⁰⁹ She referred to it requiring:

- (i) more observation;⁵¹⁰
- (ii) "*a higher level of interpersonal skills and care*";⁵¹¹ and
- (iii) "*much more family engagement*".⁵¹²

She noted she has "*worked with dementia clients for decades and [has] a strong understanding of the disease and how to cater my care for clients with dementia*". She suggests that unfamiliarity with the specific support required - for example, when a client with dementia goes shopping - that can be a barrier to the provision of care.⁵¹³ She gives an example of a personal care worker covering her appointments, whilst on leave - and the need for her to be contacted in order to assist that worker who was struggling.⁵¹⁴

2.139 The evidence plainly establishes that Ms Parke acts within the scope of the care plan and her competencies at all times. She is not required to make any judgment calls, save for

⁵⁰⁴ Transcript, 11 May 2022, PN11772 -PN11777

⁵⁰⁵ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [11]; PN11779-PN11780

⁵⁰⁶ Transcript, 11 May 2022, PN11731-PN11738

⁵⁰⁷ Transcript, 11 May 2022, PN11780

⁵⁰⁸ Transcript, 11 May 2022, PN11780

⁵⁰⁹ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [23].

⁵¹⁰ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [23].

⁵¹¹ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [22].

⁵¹² Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [22].

⁵¹³ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [24].

⁵¹⁴ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [24].

emergencies in which an ambulance is called immediately, Ms Parke is to bring all changes to the attention of the case manager.

(viii) *Environment - Conditions under which Work is Done*

2.140 Ms Parke gave the following evidence about the condition under which she works:

- (a) **Risk Assessment.** Ms Parke gave evidence that it was her understanding that a risk assessment was undertaken before any care worker first enters a client's home. This would occur at the time of the care plan being devised. Ms Parke confirmed she was not involved in that process.⁵¹⁵
- (b) Ms Parke also identified the "*main difference*" between community care and residential aged care is "*that community workers are on their own*".⁵¹⁶

(j) **Marea Phillips -- Community Support Worker -- SECC**

(i) *Period of Service in Role*

2.141 **5 years.** Ms Phillips is employed by SECC. Her employment is covered by an enterprise agreement. Under this agreement she is classified as a "*Community Support Worker Level 3.3*".⁵¹⁷ Her employment is permanent part time. She has worked for SECC since 2017.⁵¹⁸

(ii) *Period of Service in Industry*

2.142 **14 years.** Ms Phillips has worked in aged care for around 14 years.⁵¹⁹

(iii) *Qualifications and Training*

2.143 **Certificate III.** She has the following qualifications:

- (a) Certificate II in Home and Community Care.⁵²⁰
- (b) Certificate III in Home and Community Care.⁵²¹

⁵¹⁵ Transcript, 11 May 2022, PN11782- PN11784

⁵¹⁶ Witness Statement of Lyndelle Anne Parke dated 31 March 2021 [13].

⁵¹⁷ Statement of Marea Phillips dated 27 October 2021 [51].

⁵¹⁸ Statement of Marea Phillips dated 27 October 2021 [3].

⁵¹⁹ Statement of Marea Phillips dated 27 October 2021 [7].

⁵²⁰ Statement of Marea Phillips dated 27 October 2021 [12].

⁵²¹ Statement of Marea Phillips dated 27 October 2021 [11].

- (c) Medication Skill Set (which means “I can assist clients to take their medication” and it requires a refresher every 12 months).⁵²²

2.144 Ms Phillips described her qualifications (and experience) as “important to provide proper care to clients”.⁵²³ She stated:

“14. ... Qualifications are essential to perform the work safely for the worker and the client. If you have an unqualified or inexperienced worker who is not able to deal with the client, then there’s a serious risk of injury to both the worker and the clients. Lack of qualifications, skills and/or experience can lead to problems.”⁵²⁴

2.145 **Medication Training.** During cross-examination, Ms Phillips confirmed she received “medication skilled” training from a RN, which qualified her to give medication prompts.⁵²⁵ The training was face-to-face and consisted of **two weeks of classroom lessons** plus question and answer paperwork, followed by a test.⁵²⁶ Ms Phillips explained:

“There was questions are you did the assignments. You had to show the nurse that you knew how to use the Webster-pak. You had to know the laws of it and you had to go through how you would do it in a client’s home, and then a qualified coordinator would orientate you and watch you to make sure that you can [do it].”⁵²⁷

(iv) *Submissions as to Weight*

2.146 The following aspects of Ms Phillips’ evidence should attract little (if any) weight:

- (a) **COVID-19.** To the extent Ms Phillips addresses the impact of the pandemic,⁵²⁸ we repeat our submissions at Section 5.
- (b) **Staffing.** Ms Phillips states that there has been a “massive turnover” at SECC and speculates as to the reasons why former employees have departed and where they moved on to.⁵²⁹ This combination of hearsay and opinion evidence does not assist the Commission with its assessment of work value reasons. As to the issue of staffing, we rely on our submissions at Section 5.

(v) *The Nature of the Work Performed*

2.147 Ms Phillips made the following observations in her evidence:

⁵²² Statement of Marea Phillips dated 27 October 2021 [11].

⁵²³ Statement of Marea Phillips dated 27 October 2021 [13].

⁵²⁴ Statement of Marea Phillips dated 27 October 2021 [14].

⁵²⁵ Transcript, 5 May 2022, PN6953-PN6958

⁵²⁶ Transcript, 5 May 2022, PN6958- PN6964

⁵²⁷ Transcript, 5 May 2022, PN6964

⁵²⁸ See Statement of Marea Phillips dated 27 October 2021 [41]-[43].

⁵²⁹ Statement of Marea Phillips dated 27 October 2021 [52]-[53]. See also [59].

- (a) an increase in “*advanced*” mobility issues within the aged care sector;⁵³⁰
- (b) “[p]eople are staying in their homes much longer and the physical limitations of clients are greater than when I first started”,⁵³¹
- (c) clients with dementia;⁵³²
- (d) more clients with catheter bags and complex physical disabilities like cerebral palsy,⁵³³ and
- (e) higher expectations from employers for employees to complete work in allotted times.⁵³⁴

(vi) *Supervision*

2.148 **Coordinator.** Whilst Ms Phillips described her work as being performed “*on your own*”,⁵³⁵ she identified the “*Coordinators*” as her supervisors. She explained the Coordinators “were responsible for setting up the care plan for the clients”.⁵³⁶

2.149 During cross-examination she confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Contacting Non-Urgent Ambulance.** Ms Phillips explained that for “*something serious*” requiring a nurse, she would “*probably get the non-urgent ambulance to attend*”. If the matter was serious, it was left as a matter “*up to the family*”.⁵³⁷
- (b) **Client Fall.** Ms Phillips explained the procedure if a client has a fall, she would call the “*non-urgent ambulance*” (i.e. the procedure is not to call triple-0).⁵³⁸ This incident would also require Ms Phillips to complete an “*incident form*”.⁵³⁹ She provides an example in her statement.⁵⁴⁰

⁵³⁰ Statement of Marea Phillips dated 27 October 2021 [20].

⁵³¹ Statement of Marea Phillips dated 27 October 2021 [20], [33].

⁵³² Statement of Marea Phillips dated 27 October 2021 [21]-[27].

⁵³³ Statement of Marea Phillips dated 27 October 2021 [34].

⁵³⁴ Statement of Marea Phillips dated 27 October 2021 [56].

⁵³⁵ Statement of Marea Phillips dated 27 October 2021 [18].

⁵³⁶ Transcript, 5 May 2022, PN6937-PN6938

⁵³⁷ Transcript, 5 May 2022, PN6943

⁵³⁸ Transcript, 5 May 2022, PN6945

⁵³⁹ Statement of Marea Phillips dated 27 October 2021 [45].

⁵⁴⁰ Statement of Marea Phillips dated 27 October 2021 [45].

- (c) **Hazard Identification.** Ms Philips explained that if she identified a WHS issue during an appointment, the protocol was she would take a photograph of it and send it to her coordinator.⁵⁴¹ For example, exposed wire or faulty smoke alarm.⁵⁴²
- (d) **Unsafe.** Ms Phillips stated that there was not a protocol in place for unsafe situations. Ms Phillips said she was to rely upon her common sense.⁵⁴³

2.150 In her statement, Ms Phillips set out additional protocols:

- (a) **Skin Tear or Bruising.** She is required to report “*anything to do with their physical state like a skin condition or bruising*”.⁵⁴⁴ This would also be included in “*progress notes that are kept at the client’s home*”.⁵⁴⁵

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.151 Ms Phillips stated she has a regular clientele of around 10 clients that she sees over the span of a week.⁵⁴⁶

2.152 During cross-examination, Ms Phillips stated that her duties are mainly “*personal care and medication*”. She said she does not do much “*domestic*” work.⁵⁴⁷ She gave the following description of her duties:

- (a) **Domestic duties.** When required to perform domestic duties, these involve Cleaning and laundry, cooking and meal preparation, taking the client out shopping, socialising and talking to the client.⁵⁴⁸
- (b) Taking the client to medical or personal appointments.⁵⁴⁹
- (c) **Doing exercises** that are part of the care plan with the client.⁵⁵⁰
- (d) Helping clients setting up their home so they can do things alone.⁵⁵¹ She provided an example of “making sure that the bed’s not tucked in so they [don’t] get tangled up in the middle of the night”, “making sure jars were open” and “just common sense things”.⁵⁵²

⁵⁴¹ Transcript, 5 May 2022, PN6981

⁵⁴² Transcript, 5 May 2022, PN6982

⁵⁴³ Transcript, 5 May 2022, PN6985- PN6986

⁵⁴⁴ Statement of Marea Phillips dated 27 October 2021 [44].

⁵⁴⁵ Statement of Marea Phillips dated 27 October 2021 [44].

⁵⁴⁶ Statement of Marea Phillips dated 27 October 2021 [17].

⁵⁴⁷ Transcript, 5 May 2022, PN6931.

⁵⁴⁸ Transcript, 5 May 2022, PN6933

⁵⁴⁹ Transcript, 5 May 2022, PN6933

⁵⁵⁰ Transcript, 5 May 2022, PN6933

⁵⁵¹ Transcript, 5 May 2022, PN6933

⁵⁵² Transcript, 5 May 2022, PN6935-PN6936

- (e) **Care plan.** Accessible via phone or in the folder of at the client's home.⁵⁵³
- (f) **Progress Notes.** Ms Phillips confirmed that notes would be written into the client's book. This includes notes that meals were prepared, but also might include "*client's not well, client had a bad night, medication missing, maybe the client has trouble swallowing their medication. I don't know, obstacles and the front door, back door. Just common sense stuff.*"⁵⁵⁴

In her statement, Ms Phillips stated that these "*daily reports [progress notes] have not really changed since I started. It's just reporting everything you've done for the client... [proof] that you've done everything in the care plan.*"⁵⁵⁵

- (g) **Medication Prompt.** Ms Phillips explained the process:

"MR WARD: I understand that prompting means you would possibly tell the client to take the medication and if they couldn't open the Webster-pak you might open it yourself and you might put it in the cup or put it in their hand. Is that - is that the correct understanding?"

MS PHILLIPS: No, you have a little cup that has a serrated edge, okay, all my clients have it and I have a spare one as well. What you do is you put it under the back of the Webster-pak and then turn it and then the serrated edge will break the seal. You then (indistinct) to the cup and either the client takes it from the cup or you (indistinct), you don't touch people's medications."⁵⁵⁶

Following which, Ms Phillips would observe the client take the medication and "*sign off*" on the medication chart stored in the client's house.⁵⁵⁷

(viii) *Environment - Conditions under which Work is Done*

2.153 Ms Phillips gave the following evidence relevant to the condition under which she works:

- (a) In Ms Phillips' statement she referred to clients' homes often "*laden with obstacle[s] and poorly kempt*". However, she also reported when she notices a hazard she reports this to her employer.⁵⁵⁸
- (b) During cross-examination, Ms Phillips have evidence that at Sorrell most client homes are not subject to a risk assessment. That evidence appears below:

⁵⁵³ Transcript, 5 May 2022, PN6947

⁵⁵⁴ Transcript, 5 May 2022, PN6950-PN6952

⁵⁵⁵ Statement of Marea Phillips dated 27 October 2021 [44].

⁵⁵⁶ Transcript, 5 May 2022, PN6970

⁵⁵⁷ Transcript, 5 May 2022, PN6971- PN6974

⁵⁵⁸ Statement of Marea Phillips dated 27 October 2021 [40].

"MR WARD: Okay. Now, it's my understanding that when a new client's signed up, somebody, and I presume in your case it's possibly the coordinator would go and do a risk assessment of their house. Are you aware of that?"

MS PHILLIPS: No, they don't.

...

MR WARD: Did you do a risk - did you do a risk assessment?"

MS PHILLIPS: Well, it depends how many carers have been (indistinct) if they're qualified to do that risk assessment of a client's house, which most of them aren't. Therefore it comes back to the worker, but then I have a camera on my phone if (indistinct). If I don't like something I take a picture of it. I send the picture on to the coordinator, then I put a report in whenever I get five minute's spare. So - - -

...

MR WARD: So what you're saying is that it's Sorell - you're not aware that a risk assessment is done before you would go in?"

MS PHILLIPS: They've got too many clients, they can't go round every client. We've got too many.

MR WARD: That's okay. I'm just trying to understand. It's your evidence that they didn't do that?"

MS PHILLIPS: Yes, it is. They can't."⁵⁵⁹

⁵⁵⁹ Transcript, 5 May 2022, PN6975-PN6980

(k) Michael Purdon -- Community Care Worker -- SECC

(i) Period of Service in Role

2.154 **4 years.** Mr Purdon is employed by SECC in Tasmania.⁵⁶⁰ His employment is covered by an enterprise agreement. Under that agreement he is classified as a “*level 3, grade 3... Community Support Worker*”.⁵⁶¹ He has been with SECC for around 4 years.⁵⁶²

(ii) Period of Service in Industry

2.155 **5 years.** Mr Purdon has worked in aged care for around 5 years.⁵⁶³

(iii) Qualifications and Training

2.156 **Certificate III.** Mr Purdon has a Certificate III in Aged Care, which he obtained prior to commencing work in the aged care industry. He noted it was an entry requirement for his first job in aged care.⁵⁶⁴

2.157 **Mandatory Internal Training.** SECC require Mr Purdon to complete regular online training. The modules take anywhere between **15-90 minutes**.⁵⁶⁵

(iv) Submissions as to Weight

2.158 The following aspects of Mr Purdon’s evidence should attract little (if any) weight:

(a) **Disability Support Work.** Mr Purdon also performs “*disability support work*”, which is subject to a different classification under the enterprise agreement.⁵⁶⁶ To the extent his written and oral evidence touches upon that experience, it should attract no weight. That evidence is not relevant to the applications before the Commission or evaluative assessment being undertaken by the Full Bench.

(b) **Financial Pressures and Staying in the Job.** Mr Purdon gives evidence as to the following:

(i) a redundancy preceding his decision to enter the home care sector;⁵⁶⁷

⁵⁶⁰ Statement of Michael Purdon October 2021 [2]-[3].

⁵⁶¹ Statement of Michael Purdon October 2021 [10], [14].

⁵⁶² Statement of Michael Purdon October 2021 [2]-[3].

⁵⁶³ Statement of Michael Purdon October 2021 [1].

⁵⁶⁴ Statement of Michael Purdon October 2021 [6].

⁵⁶⁵ Statement of Michael Purdon October 2021 [7].

⁵⁶⁶ See Statement of Michael Purdon October 2021 [12], [15].

⁵⁶⁷ Statement of Michael Purdon October 2021 [83].

- (ii) a personal epiphany that he “enjoy[s] helping other people”;⁵⁶⁸
- (iii) “job satisfaction from looking after clients”;⁵⁶⁹
- (iv) “low wages combined [with] unpaid travel time and expenses associated with operating my own car make it hard to make ends meet”;⁵⁷⁰
- (v) the travel allowance does not “take into account the fluctuating price of petrol”;⁵⁷¹
- (vi) the “kilometre allowance on top of my hourly rate... helps to bump up my weekly wages”;⁵⁷²
- (vii) “In order to make enough money to meet my living costs, I need to either work at least 25 hours with a lot of community access shifts” ... [or] if I have domestic assistance or personal care shifts only, I need to work around 40 hours to earn an equivalent amount”;⁵⁷³
- (viii) “I don’t earn enough to save for a house deposit; however, even if I did, because my shifts can chop and change at short notice and vary week to week, I wouldn’t feel secure enough in my income to take on a mortgage anyway”.⁵⁷⁴

Respectfully to Mr Purdon’s personal circumstances, each statement, taken at its highest, is a statement based on Mr Purdon’s opinion and belief. This must necessarily impact the weight put on such evidence. It is not corroborated by any objective evidence or data.

- (c) **Staffing.** Mr Purdon describes SECC as “always understaffed” and states “there are always shifts to fill”.⁵⁷⁵ Mr Purdon is not part of the rostering team, his statement is based on his opinion. It should attach no weight. Additionally, as to the issue of staffing, generally, we rely upon our submissions at Section 5.
- (d) **Traumatic Events.** Mr Purdon describes his employer as not being supportive post-traumatic events at work and states that “[n]o one follow up to find out how you are,

⁵⁶⁸ Statement of Michael Purdon October 2021 [84]

⁵⁶⁹ Statement of Michael Purdon October 2021 [85]-[86]

⁵⁷⁰ Statement of Michael Purdon October 2021 [87]

⁵⁷¹ Statement of Michael Purdon October 2021 [89]

⁵⁷² Statement of Michael Purdon October 2021 [90]

⁵⁷³ Statement of Michael Purdon October 2021 [90]-[91]

⁵⁷⁴ Statement of Michael Purdon October 2021 [92]

⁵⁷⁵ Statement of Michael Purdon October 2021 [22]

or to ask if you are ok".⁵⁷⁶ Mr Purdon's also gives evidence with respect to an incident in which a client was screaming at him:⁵⁷⁷

"51. After this incident, I was asked by my boss if I wanted to continue with this client. I wanted to say no, as the incident had been so unpleasant, and I was worried that I would only cause the client distress if I continued to care for her. However, I felt a sense of duty to the client and did not want to be seen to be taking the easy way out. So, I said I would continue to see her.

52. In the end a decision was made by my employer in conjunction with the family that for this client, seeing me would probably sadly set her off and thus it was better for a new carer to take over."⁵⁷⁸

Whilst it may be accepted that Mr Purdon is not always satisfied with the support provided by his employer, or in some circumstances that Mr Purdon would've liked further support, it cannot be said "[n]o one follow[s] up" at all. Without further information, this evidence should attract little weight.

(v) *The Nature of the Work Performed*

2.159 Mr Purdon gave the following evidence relevant to the nature of the work performed:

- (a) He considers the work has become "*less client focused*" and refers to having "*less time to provide the care our clients really need*".⁵⁷⁹
- (b) Some of his clients have "*early-stage dementia*"⁵⁸⁰ or dementia.⁵⁸¹
- (c) Mr Purdon has at least three clients in their 80s.⁵⁸²
- (d) He identifies the following as the "*biggest challenges*" that come with the job:
 - (i) handling abuse from clients and their families;⁵⁸³
 - (ii) dealing with client behavioural issues, particularly with dementia patients;⁵⁸⁴
 - (iii) the pressure to provide care beyond what I have time to do or am properly qualified to provide;⁵⁸⁵ and

⁵⁷⁶ Statement of Michael Purdon October 2021 [77]

⁵⁷⁷ See Statement of Michael Purdon October 2021 [48]-[49].

⁵⁷⁸ Statement of Michael Purdon October 2021 [51]-[52] (emphasis added).

⁵⁷⁹ Statement of Michael Purdon October 2021 [78]

⁵⁸⁰ Statement of Michael Purdon October 2021 [27]

⁵⁸¹ Statement of Michael Purdon October 2021 [29]

⁵⁸² Statement of Michael Purdon October 2021 [27], [29], [34].

⁵⁸³ Statement of Michael Purdon October 2021 [39].

⁵⁸⁴ Statement of Michael Purdon October 2021 [39], see eg, [45]-[49].

⁵⁸⁵ Statement of Michael Purdon October 2021 [39].

- (iv) the emotional toll of becoming close to clients who inevitably become older and frailer and, eventually, pass away.⁵⁸⁶
- (e) He described the emotional toll dealing with the following:
 - (i) families that make decisions he disagrees with (for example, not transferring a client into residential aged care⁵⁸⁷);
 - (ii) calling an ambulance for a client having a medical emergency;⁵⁸⁸ and
 - (iii) death of clients.⁵⁸⁹

(vi) *Supervision*

2.160 **Case Manager.** During cross-examination, Mr Purdon confirmed that he reports to a case manager.⁵⁹⁰ The case manager is not a RN.⁵⁹¹ Mr Purdon said he does not contact RNs but if there was a medical issue with a client, he would call an ambulance.⁵⁹²

2.161 **Initial Assessment.** Mr Purdon also gave evidence that his understanding is that the case manager does the initial assessment. This is based on his knowledge of *“the way it used to be when I first started”*. However, he was not 100% sure.⁵⁹³ He did confirm he is not responsible for conducting the initial assessment.⁵⁹⁴

2.162 In his statement Mr Purdon provided further evidence about protocols to be followed:

- (a) **Client Fall.** If a client has a fall, Mr Purdon is required to report the incident to the client’s case manager.⁵⁹⁵
- (b) **Concern for Client.** The protocol is to call the office. Mr Purdon refers to an incident involving a client with dementia wanting him to leave:
 - (i) He was aware she had *“triggers”* and tried to keep her calm by conversation (a de-escalation strategy). This did not work and she started screaming.
 - (ii) The protocol followed was to call the office.

⁵⁸⁶ Statement of Michael Purdon October 2021 [39].

⁵⁸⁷ Statement of Michael Purdon October 2021 [57]

⁵⁸⁸ Statement of Michael Purdon October 2021 [63]-[64]

⁵⁸⁹ Statement of Michael Purdon October 2021 [65]-[66], [67]-[71].

⁵⁹⁰ Transcript, 6 May 2022, PN7568-PN7572

⁵⁹¹ Transcript, 6 May 2022, PN7573

⁵⁹² Transcript, 6 May 2022, PN7574

⁵⁹³ Transcript, 6 May 2022, PN7576- PN7577

⁵⁹⁴ Transcript, 6 May 2022, PN7578

⁵⁹⁵ Statement of Michael Purdon October 2021 [37].

- (iii) The office then got in touch with the family who were able to “*take over*” upon arrival.⁵⁹⁶
 - (iv) Following the incident Mr Purdon’s employer reviewed the situation as to whether he should continue assisting that client.
 - (v) Following consultation with the family and Mr Purdon, it was decided the best course was that Mr Purdon cease appointments with that client.⁵⁹⁷
- (c) **Change to Care Plan / Situation.** Mr Purdon gives examples of “*advocating*” for clients:
- (i) He explained this entailed observing a client that appeared to need “*more help*” than was currently available in home care (i.e. he may need to go to live in a residential aged care facility). He communicated this concern to the care coordinator. Initially, the care coordinator communicated that the family of the client did not want the client to go into a facility. This view was later changed and the client was transferred to residential care.⁵⁹⁸
 - (ii) Another example involved Mr Purdon reporting to the office that a client was not notified of a change in his appointment (from 11am to 9am).⁵⁹⁹

Those examples demonstrates that “*advocating*” means identifying potential client needs in the course of his duties and bringing them to the attention of the relevant case manager or coordinator (i.e. the person with authority to make and implement changes).

- (d) **Emergency Situation.** The protocol is to call the ambulance and wait with the client until the paramedics arrive.⁶⁰⁰

2.163 During cross-examination he also confirmed the procedures set in place that he is to follow for a range of incidents/scenarios. For example:

- (a) **Difficulty Breathing (shortness of breath).** Mr Purdon confirmed the protocol is to call triple-0.⁶⁰¹
- (b) **Unsafe.** The protocol is to remove yourself from the situation and report it immediately.⁶⁰²

⁵⁹⁶ Statement of Michael Purdon October 2021 [49].

⁵⁹⁷ Statement of Michael Purdon October 2021 [51]-[52].

⁵⁹⁸ Statement of Michael Purdon October 2021 [57]

⁵⁹⁹ Statement of Michael Purdon October 2021 [74]

⁶⁰⁰ See Statement of Michael Purdon October 2021 [63].

⁶⁰¹ Transcript, 6 May 2022, PN7575

⁶⁰² Transcript, 6 May 2022, PN7606

2.164 Despite the above evidence, which sets out a system of support and supervision (albeit indirect) and protocols, Mr Purdon describes himself as “*very much alone out in the field*”.⁶⁰³ Whilst that may be a literal description of the role, as evident by the preceding evidence, any suggestion that Mr Purdon is working without any support is not sustainable on his own evidence.

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.165 Mr Purdon gave the following evidence as to his duties and skills:

- (a) **Appointments.** Mr Purdon’s duties include “*respite care, domestic assistance (like cleaning and shopping) and personal care (including assistance with showering and toileting)*”.⁶⁰⁴
- (b) **Roster.** Each week Mr Purdon is allocated a roster (one week in advance) of his appointments.⁶⁰⁵ Mr Purdon accesses a client’s care plan via the app (formerly provided in paper form⁶⁰⁶). At the time of being rostered an appointment, he can see the details of the client file.⁶⁰⁷ He described seeing 90% of his allocated clients on a “*regular basis*”.⁶⁰⁸
- (c) **Clients with Dementia.** Mr Purdon confirmed that learning about dealing with dementia in his Certificate III helps with working with clients with dementia.⁶⁰⁹
- (d) **Abusive Clients and Difficult Behaviours.** In addition to Certificate III training, during re-examination, Mr Purdon said in such situations he draws upon “*common sense ... a lot*” and “*my life experience*”.⁶¹⁰ That life experience included his work as a debt collector.⁶¹¹
- (e) **Progress notes.** Mr Purdon said he writes notes in the clients’ books setting out the times he was at a client’s home and progress notes.⁶¹² He provided the following description:

“A lot of times they’re usually just mundane notes as far as – especially if you’re just cleaning their house or something like that. Most of it is fairly mundane but, I mean,

⁶⁰³ Statement of Michael Purdon October 2021 [54].

⁶⁰⁴ Statement of Michael Purdon October 2021 [26].

⁶⁰⁵ Transcript, 6 May 2022, PN7594

⁶⁰⁶ Statement of Michael Purdon October 2021 [23]

⁶⁰⁷ Transcript, 6 May 2022, PN7589-PN7590

⁶⁰⁸ Transcript, 6 May 2022, PN7589-PN7590; Statement of Michael Purdon October 2021 [25].

⁶⁰⁹ Transcript, 6 May 2022, PN7600

⁶¹⁰ Transcript, 6 May 2022, PN7625

⁶¹¹ Transcript, 6 May 2022, PN7626

⁶¹² Transcript, 6 May 2022, PN7608

the reason for those notes my understanding is if there is any concerns, anything to pass onto the next carer that might walk through the house, there's notes there telling them, you know, what's happened on the previous shift.”⁶¹³

- (f) **No Medication Prompts.** Mr Purdon does not give medication prompts, he is not trained to do so.⁶¹⁴

(viii) *Environment - Conditions under which Work is Done*

2.166 During cross-examination, Mr Purdon gave the following evidence:

- (a) **Risk Assessment.** Mr Purdon said when he started with SECC, a risk assessment would be conducted at the client’s home to make sure the home is safe. He said he has no basis to believe it is not still occurring.⁶¹⁵ He also noted that he is *“trained to look for any risks or anything like that within the household and important things that might be of risk when we – we’ll agree to go into the house as well”*.⁶¹⁶ He provided the example of a client he described as a *“hoarder”*. There was *“no clear avenue to get out of the house”* and *“it was a fire hazard”*. Mr Purdon reported the issue.⁶¹⁷

⁶¹³ Transcript, 6 May 2022, PN7609

⁶¹⁴ Transcript, 6 May 2022, PN7587

⁶¹⁵ Transcript, 6 May 2022, PN7579-PN7580

⁶¹⁶ Transcript, 6 May 2022, PN7581

⁶¹⁷ Transcript, 6 May 2022, PN7583

(I) Maria Moffat -- Personal Carer -- Australian Unity

(i) Period of Service in Role

2.167 Ms Moffat is employed by Australian Unity. She works as a “*personal carer*”.⁶¹⁸

(ii) Period of Service in Industry

2.168 **13 years.** Ms Moffat has worked around 13 years in the aged care industry.⁶¹⁹

(iii) Qualifications and Training

2.169 **Certificate III.** Ms Moffat has the following qualifications:

- (a) Certificate III in Aged Care; and
- (b) Certificate III in Disability and Community Care.⁶²⁰

2.170 **Mandatory Internal Training.** Ms Moffat also gave evidence as to the training provided by Australian Unity:

- (a) Face-to-face manual handling training every two years, which is carried out as a group program;⁶²¹ and
- (b) Online training “*through the LMS system*”.⁶²² This also includes dementia training, palliative care training and code of conduct.⁶²³ The duration is usually around **30 minutes** and it is always followed by a quiz.⁶²⁴

2.171 During cross-examination, Ms Moffat stated that the manual handling training also includes instruction on techniques for mopping and making beds.⁶²⁵

2.172 **Medication Training.** Ms Moffat has also completed training in medications provided internally by Australian Unity. That training, when she did it, was led by a RN. She is trained to “*prompt medication*”. She does not administer tablets.⁶²⁶ She has been trained to do eye drops and ear drops.⁶²⁷

(iv) Submissions as to Weight

⁶¹⁸ Statement of Maria Moffat dated 27 October 2021 [2].

⁶¹⁹ Statement of Maria Moffat dated 27 October 2021 [4].

⁶²⁰ Statement of Maria Moffat dated 27 October 2021 [5].

⁶²¹ Statement of Maria Moffat dated 27 October 2021 [14]; Transcript, 10 May 2022, PN10914

⁶²² Statement of Maria Moffat dated 27 October 2021 [15].

⁶²³ Transcript, 10 May 2022, PN10918

⁶²⁴ Transcript, 10 May 2022, PN10919-PN10920

⁶²⁵ Transcript, 10 May 2022, PN10915-PN10916

⁶²⁶ Transcript, 10 May 2022, PN10931-PN10934

⁶²⁷ Transcript, 10 May 2022, PN10936

2.173 The following aspects of Ms Moffat’s evidence should attract little (if any) weight:

- (a) **Disability Care.** To the extent that Ms Moffat’s evidence touches upon her work in disability care, this is not relevant to the Commission.⁶²⁸
- (b) **COVID-19.** To the extent Ms Moffat’s evidence addresses the impact of the pandemic,⁶²⁹ we rely upon the submissions set out at Section 5.
- (c) **Staffing.** To the extent Ms Moffat seeks to comment on payment for travel per kilometre as impacting upon retention of workers,⁶³⁰ that evidence should attach no weight. Ms Moffat is not in a position to speak to reasons other workers leave based upon the structure of a travel allowance, particularly in circumstances where she has not left due to that factor. It does not assist the Commission. Additionally, as to the issue of staffing, generally, we rely upon our submissions at Section 5.

(v) *The Nature of the Work Performed*

2.174 As to the nature of the work, Ms Moffat gave the following evidence:

- (a) She provides an example of the impact of “*client directed care*” - respecting a client’s right to “*deny services*”. For example, client may not want a shower.⁶³¹
- (b) She notes observing an increase in clients with dementia⁶³² and a “*higher number of clients who are in palliative care and wish to stay at home to pass away*”.⁶³³
- (c) Ms Moffat considers that providing care for clients with dementia requires the worker to be “*persuasive and utilise common sense - this goes beyond training*”.⁶³⁴

(vi) *Supervision*

2.175 The reporting structure at Australian Unity is as follows:

- (a) there is Branch Manager, who Service Coordinators report to;⁶³⁵
- (b) there are Service Coordinators (described as “*service co*” throughout cross-examination⁶³⁶), who care workers report to;⁶³⁷

⁶²⁸ See eg, Statement of Maria Moffat dated 27 October 2021 [11].

⁶²⁹ See Statement of Maria Moffat dated 27 October 2021 [42]-[48].

⁶³⁰ See Statement of Maria Moffat dated 27 October 2021 [49]-[52].

⁶³¹ Statement of Maria Moffat dated 27 October 2021 [26].

⁶³² Statement of Maria Moffat dated 27 October 2021 [27].

⁶³³ Statement of Maria Moffat dated 27 October 2021 [30].

⁶³⁴ Statement of Maria Moffat dated 27 October 2021 [29].

⁶³⁵ Statement of Maria Moffat dated 27 October 2021 [8].

⁶³⁶ See eg, Transcript, 10 May 2022, PN10900

⁶³⁷ Statement of Maria Moffat dated 27 October 2021 [7].

(c) there are also “Allocators”, who manage issues with respect to and build rosters.⁶³⁸

2.176 During cross-examination, as to the process of reporting, Ms Moffat explained:

“If we’ve got any issues we’ve got a phone call Procura where we can actually write dated notes. We either date and note a lot of things, but if we have something that’s arising that is a bit of an emergency or we feel it needs attention, we first go to the service co, yes.”⁶³⁹

2.177 She also noted that Australian Unity employ one RN that is stationed in the office. It is Ms Moffat’s understanding the RN is responsible for attending client’s homes and “do[ing] clinical work if the people [she is] caring for need clinical work”.⁶⁴⁰

2.178 Ms Moffat was unable to confirm who writes the care plans, save for confirming it is not her responsibility.⁶⁴¹

2.179 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

(a) **Skin Tear.** Ms Moffat confirmed the protocol is to report the observation to the service coordinator. The service coordinator then contacts the RN. If discovered during a shower, she explained the process:

“We would get that client out, we’d dress and whatever we needed to do. Then we would contact the service co straight away because then she would put in place to get the registered nurse to come out and check.”⁶⁴²

Ms Moffat would then record a progress note in the communication book and via Procura.⁶⁴³

(b) **Shortness of Breath.** The procedure to follow is to call triple-0 to get an ambulance organised. Next, Ms Moffat calls the service coordinator -- “but we make sure the patient is right first before we go to that step”. Ms Moffat also noted the office is “always notified if there’s an ambulance called”.⁶⁴⁴

(c) **Hazard Identification.** The procedure is to document this via the DoneSafe app on the work phone. Following entry in DoneSafe, the report goes to the service

⁶³⁸ Statement of Maria Moffat dated 27 October 2021 [7]; Transcript, 10 May 2022, PN10901

⁶³⁹ Transcript, 10 May 2022, PN10900

⁶⁴⁰ Transcript, 10 May 2022, PN10903

⁶⁴¹ Transcript, 10 May 2022, PN10905-PN10906

⁶⁴² Transcript, 10 May 2022, PN10938- PN10940

⁶⁴³ Transcript, 10 May 2022, PN10941

⁶⁴⁴ Transcript, 10 May 2022, PN10943

coordinator. Ms Moffat also noted: “we also get an email to say that that has been sent off and just to double-check our information is totally right”.⁶⁴⁵

- (d) **Unsafe.** Ms Moffat explained that “the first procedure we ever do when we go into a house is find an exit door”.⁶⁴⁶ Next, if during an appointment she feels unsafe she does the following:

*“we just apologise to the client and say, 'Look, I'm sorry but I've just – you know, something's come up and I have to leave.' Then we go outside, get in our car, move our car away from the residence and ring the office and tell them what's happening.”*⁶⁴⁷

Ms Moffat noted she is yet to have need to implement that protocol.⁶⁴⁸

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.180 Ms Moffat gave the following evidence as to her day-to-day duties:

- (a) **Personal care.**⁶⁴⁹
- (i) Showering; and
 - (ii) Applying creams or aids as necessary.
- (b) **Domestic assistance.**⁶⁵⁰
- (i) Stripping and remaking beds with fresh sheets;
 - (ii) Washing dishes.
 - (iii) Cleaning the bathroom (including vacuuming and mopping); and
 - (iv) Cleaning the kitchen (including vacuuming and mopping).
- (c) **Medication prompts:**
- (i) Medication comes in Webster paks, for clients that are unable to manage their pills, Ms Moffat pops the pills into a medicine cup.⁶⁵¹ During cross-

⁶⁴⁵ Transcript, 10 May 2022, PN10949- PN10950

⁶⁴⁶ Transcript, 10 May 2022, PN10955

⁶⁴⁷ Transcript, 10 May 2022, PN10956

⁶⁴⁸ Transcript, 10 May 2022, PN10957

⁶⁴⁹ Statement of Maria Moffat dated 27 October 2021 [21].

⁶⁵⁰ Statement of Maria Moffat dated 27 October 2021 [22].

⁶⁵¹ Statement of Maria Moffat dated 27 October 2021 [39].

examination, she explained: “we count the tablets, we hand them to the client and the client takes them with a glass of water”.⁶⁵²

(ii) Ms Moffat then observes the client taking the medication. She does not administer or touch the medication.⁶⁵³

(d) **Progress notes.**⁶⁵⁴ Ms Moffat said she usually records progress notes in the client’s “communication book” stored at the client’s home. This enables the next care workers to know “what’s going on”. She also enters them as a “dated note in the Procura”.⁶⁵⁵ Ms Moffat explained she records the services she provides (i.e. not just exceptions) so that the next care worker is aware of what has been done and not “re-do” services.⁶⁵⁶

(e) **Care Plan.** Accessed electronically via Procura app on work phone.⁶⁵⁷

(f) **Palliative Care Clients.** Ms Moffat confirmed that “when somebody is in a palliative state at home they’re being looked after by you and nurses and doctors at the same time” and “usually family members”.⁶⁵⁸

(g) **Certificate III.** Ms Moffat gave evidence that she draws upon the skills learnt from her Certificate III’s and “my many years of experience” when she works in aged care.⁶⁵⁹

(viii) *Environment - Conditions under which Work is Done*

2.181 **Risk Assessment.** Ms Moffat gave evidence that she understands the service coordinator does the risk assessment on a client’s home. However, she said she could not confirm if it occurred “100 per cent” of the time, because sometimes on Procura it states only an over the phone discussion occurred. She did not have knowledge of the Australian Unity protocol in this respect.⁶⁶⁰

⁶⁵² Transcript, 10 May 2022, PN10935

⁶⁵³ Statement of Maria Moffat dated 27 October 2021 [40].

⁶⁵⁴ Statement of Maria Moffat dated 27 October 2021 [23].

⁶⁵⁵ Transcript, 10 May 2022, PN10908

⁶⁵⁶ Transcript, 10 May 2022, PN10909-PN10910

⁶⁵⁷ Transcript, 10 May 2022, PN10907

⁶⁵⁸ Transcript, 10 May 2022, PN10924

⁶⁵⁹ Transcript, 10 May 2022, PN10897

⁶⁶⁰ Transcript, 10 May 2022, PN10946-PN10947

(m) Susan Morton -- Advanced Care Worker -- Australian Unity

(i) Period of Service in Role

2.182 **6 years.** Ms Morton is employed by Australian Unity in the Macquarie branch, New South Wales. Her employment is covered by an enterprise agreement. Under that agreement she is classified as a “*Grade 3, Advanced Care Worker*” (the highest grade in the field⁶⁶¹).⁶⁶² She currently works around 30 hours per fortnight.⁶⁶³ She has worked for Australian Unity for around 6 years.⁶⁶⁴

(ii) Period of Service in Industry

2.183 **34 years.** Ms Morton has worked in aged care since 1988.⁶⁶⁵

(iii) Qualifications and Training

2.184 **Certificate III.** During cross-examination, Ms Morton gave evidence that she has a Certificate III in Aged and Community Care.⁶⁶⁶

2.185 **Mandatory Internal Training.** Australian Unity have provided Ms Morton with training:

- (a) Online training via “*Procura*” app;⁶⁶⁷ and
- (b) **Medication Training.** Medication competency training to safely administer eyedrops and medication prompts (for clients with Webster paks). Ms Morton explained the procedures “*the tablets are given to the client [in the Webster pak], and they pop them out and take them themselves*”.⁶⁶⁸ During the training, Ms Morton was assessed as competent by a RN.⁶⁶⁹

During cross-examination, Ms Morton explained that Australian Unity:

“[brought] in a trained nurse and take us in – ... we actually sat in a group session and they run through the medication, you know, the procedures, you know, about giving out medication and how you give it and what you're supposed to do and so forth.”⁶⁷⁰

⁶⁶¹ Transcript, 10 May 2022, PN10781

⁶⁶² Statement of Susan Morton dated 27 October 2021 [2].

⁶⁶³ Statement of Susan Morton dated 27 October 2021 [13].

⁶⁶⁴ Statement of Susan Morton dated 27 October 2021 [3].

⁶⁶⁵ Statement of Susan Morton dated 27 October 2021 [3].

⁶⁶⁶ Transcript, 10 May 2022, PN10784- PN10788

⁶⁶⁷ Statement of Susan Morton dated 27 October 2021 [10].

⁶⁶⁸ Statement of Susan Morton dated 27 October 2021 [19]-[20].

⁶⁶⁹ Transcript, 10 May 2022, PN10834

⁶⁷⁰ Transcript, 10 May 2022, PN10824

(iv) *Submissions as to Weight*

2.186 The following aspects of Ms Morton's evidence should attach little weight:

- (a) **Hearsay.** To the extent Ms Morton generalises about the experience of “*many carers*” with respect to long hours, availability and/or financial difficulty.⁶⁷¹

Ms Morton can only give evidence as to her specific experience. Her opinion of what others many think is not relevant. It should be disregarded. For example, during cross-examination, Ms Morton confirmed that the evidence at [21] is a story she heard from someone else.⁶⁷²

- (b) **Hearsay.** To the extent Ms Morton criticises the adequacy of Certificate III course for “*new starters*”, that evidence is of limited utility. By her own account, Ms Morton rarely works with them because “*because most of our jobs - you know, you're out on your own*” and her “*buddy training*” is limited “*because I do a lot of complex work sometimes*”.⁶⁷³ It may be assumed her evidence, in this respect, is based upon accounts she has heard from someone else.

(v) *The Nature of the Work Performed*

2.187 Ms Morton gives evidence as to the following changes in her work, since her commencement:

- (a) Increased age of clients;⁶⁷⁴
- (b) Increased usage of hoists and shower chairs;⁶⁷⁵
- (c) Increased emphasis on domestic assistance and “*simple showers*”;⁶⁷⁶
- (d) Introduction of home care packages;⁶⁷⁷
- (e) Method for payment for services changes (carer no longer carries a receipt book);⁶⁷⁸
- (f) Carers must read care plans and customer notes to see if there have been any changes in client's needs since last visit;⁶⁷⁹
- (g) Notes must be taken for visits;⁶⁸⁰

⁶⁷¹ See eg, Statement of Susan Morton dated 27 October 2021 [16]-[17].

⁶⁷² Transcript, 10 May 2022, PN10841

⁶⁷³ Transcript, 10 May 2022, PN10845-PN10850

⁶⁷⁴ Statement of Susan Morton dated 27 October 2021 [40].

⁶⁷⁵ Statement of Susan Morton dated 27 October 2021 [40].

⁶⁷⁶ Statement of Susan Morton dated 27 October 2021 [24].

⁶⁷⁷ Statement of Susan Morton dated 27 October 2021 [28]-[31].

⁶⁷⁸ Statement of Susan Morton dated 27 October 2021 [25].

⁶⁷⁹ Statement of Susan Morton dated 27 October 2021 [32].

⁶⁸⁰ Statement of Susan Morton dated 27 October 2021 [33].

- (h) Incidents reported via “DoneSafe” app;⁶⁸¹
- (i) Carers expected to be more vigilant with emails received from Branch Manager, Allocators, Service Coordinators and other stakeholders;⁶⁸²

(vi) *Supervision*

2.188 **Service Coordinator.** Ms Morton gives evidence that there is “no direct supervision” in her daily work.⁶⁸³ However, she confirmed that a Service Coordinator is her supervisor.⁶⁸⁴ She provided the following description of the Service Coordinator role:

“she’s supervises. And she’s the one who goes out and talks to the customer and puts the care plans into place, and, you know, sets the ball rolling. And we answer to the service co, yes.”⁶⁸⁵

2.189 Ms Morton also confirmed that Australian Unity employ nurses.⁶⁸⁶

2.190 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Hazard / Incident Reporting.** The protocol is to record hazards and incidents into DoneSafe app. This is required to be completed within 24 hours⁶⁸⁷
- (b) **Skin Tear (or Bedsore).** Ms Morton explained that if she observed a bedsore “deteriorating” she contacts the service coordinator directly. She would do this if she was very “really concerned” or considered a RN was needed.⁶⁸⁸ It is the responsibility of the service coordinator to contract the RN.⁶⁸⁹

However, she qualified her evidence, noting that if a client’s wife is present (as the primary carer), she would notify the wife and then complete an incident form via DoneSafe.⁶⁹⁰

- (c) **Emergency Situation (i.e. life threatening).** Ms Morton confirmed the procedure is to call “Triple 0”.⁶⁹¹ Ms Morton would then stay until the “ambos” arrive.⁶⁹²

⁶⁸¹ Statement of Susan Morton dated 27 October 2021 [35].

⁶⁸² Statement of Susan Morton dated 27 October 2021 [38].

⁶⁸³ Statement of Susan Morton dated 27 October 2021 [18].

⁶⁸⁴ Transcript, 10 May 2022, PN10792

⁶⁸⁵ Transcript, 10 May 2022, PN10792

⁶⁸⁶ Transcript, 10 May 2022, PN10812

⁶⁸⁷ Transcript, 10 May 2022, PN10807

⁶⁸⁸ Transcript, 10 May 2022, PN10809

⁶⁸⁹ Transcript, 10 May 2022, PN10815

⁶⁹⁰ Transcript, 10 May 2022, PN10810- PN10811

⁶⁹¹ Transcript, 10 May 2022, PN10818

⁶⁹² Transcript, 10 May 2022, PN10822

- (d) **Shortness of Breath.** Ms Morton confirmed the procedure is to call “Triple 0”.⁶⁹³ Ms Morton would then stay until the “ambos” arrive.⁶⁹⁴
- (e) **Client Fall.** Ms Morton confirmed the procedure is to call “Triple 0”.⁶⁹⁵ She also noted that she is not allowed to pick clients up from the fall. The “ambos” come out and “assess the situation and, you know, and then see what’s going to happen”.⁶⁹⁶ Ms Morton would then stay until the “ambos” arrive.⁶⁹⁷

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.191 Ms Morton described her duties by reference to the client type:

- (a) “personal care clients”; and
- (b) “domestic assistance clients”.⁶⁹⁸

2.192 During cross-examination, she gave the following evidence as to work she performs:

- (a) **Complex Care.** She described her work as involving “complex care” and gave the example of “bowel care”.⁶⁹⁹ However, she also confirmed that all of her care work is within the scope of her Certificate III training.⁷⁰⁰
- (b) **Care Plans.** Ms Morton explained that the care plan for each client is accessible electronically via Procura. The process requires her to access her roster, click on the client, and then the care plan appears.⁷⁰¹
- (c) **Progress Notes:** Ms Morton explained that she is expected to write progress notes at the end of each appointment, within the appointment time.⁷⁰² The progress notes are typed into Procura. Examples of notes include “assisted shower”, “do the care plan” or “put their Sorbolene and stuff on”.⁷⁰³
- (d) **Medication Prompts.** Ms Morton confirmed she is only allowed to handle the “blister pack”. If medication is in a “dosette” box, Ms Morton is not allowed to touch it.⁷⁰⁴ If there is a blister pack and the client is unable to push the pills out themselves,

⁶⁹³ Transcript, 10 May 2022, PN10819

⁶⁹⁴ Transcript, 10 May 2022, PN10822

⁶⁹⁵ Transcript, 10 May 2022, PN10819

⁶⁹⁶ Transcript, 10 May 2022, PN10820

⁶⁹⁷ Transcript, 10 May 2022, PN10822

⁶⁹⁸ Statement of Susan Morton dated 27 October 2021 [14].

⁶⁹⁹ Transcript, 10 May 2022, PN10780

⁷⁰⁰ Transcript, 10 May 2022, PN10851

⁷⁰¹ Transcript, 10 May 2022, PN10796

⁷⁰² Transcript, 10 May 2022, PN10801

⁷⁰³ Transcript, 10 May 2022, PN10805

⁷⁰⁴ Transcript, 10 May 2022, PN10826

Ms Morton puts them into a medicine cup and gives it to them. The duty is a prompt - Ms Morton is not administering the tablets.⁷⁰⁵

- (e) **Medicated Ear Drop and Eye Drops.** Ms Morton confirmed that Australian Unity provided training for this and explained the protocol to be followed:

*“you're washing your hands and you've got gloves and you need to check the date on the pack and also, you know, what they are and then, you know – you know, so if you're going to give eye drops or ear drops”.*⁷⁰⁶

(viii) *Environment - Conditions under which Work is Done*

2.193 Ms Morton gave the following evidence relevant to conditions under which work is done:

- (a) **Risk Assessment.** During cross-examination, Ms Morton confirmed that the Service Coordinator is responsible for doing a “risk assessment of the home” to ensure it is safe as part of setting up a client.⁷⁰⁷
- (b) **Hazard Reporting.** Ms Morton also confirmed that she reports any hazards she may spot at a client’s home. That evidence appears below:

*“You know, you've got to have your eyes and ears open at all times as I said, you know, going in and checking, because sometimes if a customer knows that a coordinator's coming sometimes they can be a bit cheeky, you know, and have the good vacuum cleaner sitting there, you know, and when we get there they don't want you to use that one or there could be cords across, you know, the hallway, or there's a heater in the shower that they want you to put on, you know, when you're giving them a shower, and the coordinator may not see any of that sort of stuff. It's us care workers, the hands on guys, that pick up a lot more.”*⁷⁰⁸

⁷⁰⁵ Transcript, 10 May 2022, PN10827-PN10829

⁷⁰⁶ Transcript, 10 May 2022, PN10833

⁷⁰⁷ Transcript, 10 May 2022, PN10836

⁷⁰⁸ Transcript, 10 May 2022, PN10839

(n) Tereasa Hetherington -- Personal Care Assistant -- Australian Unity

(i) Period of Service in Role

2.194 **6 years.** Ms Hetherington is employed by Australian Unity. Her employment is covered by an enterprise agreement. Under that agreement she is classified as a “*Personal Care Assistant, Grade 2*”.⁷⁰⁹ Her employment is permanent part time and she works around 50 hours per fortnight.⁷¹⁰ She has been employed by Australian Unity for around 6 years.⁷¹¹

(ii) Period of Service in Industry

2.195 **20 years.** Ms Hetherington has worked in the aged care industry for around 20 years.⁷¹²

(iii) Qualifications and Training

2.196 **Certificate IV.** Ms Hetherington has a Certificate IV in Aged and Disability Care.⁷¹³

2.197 **Internal Training.** During her employment, Ms Hetherington has received training in the following:

- (a) Palliative care;⁷¹⁴
- (b) Cystic Fibrosis;⁷¹⁵
- (c) PEG tube feeding;⁷¹⁶
- (d) First aid training;⁷¹⁷
- (e) Mandatory manual handling (every two years);⁷¹⁸
- (f) Mandatory online training via LMS (monthly).⁷¹⁹

⁷⁰⁹ Statement of Teresa Hetherington date 19 October 2021 [2].

⁷¹⁰ Statement of Teresa Hetherington date 19 October 2021 [10]-[11].

⁷¹¹ Statement of Teresa Hetherington date 19 October 2021 [5]-[6].

⁷¹² Statement of Teresa Hetherington date 19 October 2021 [4].

⁷¹³ Statement of Teresa Hetherington date 19 October 2021 [36].

⁷¹⁴ Statement of Teresa Hetherington date 19 October 2021 [37].

⁷¹⁵ Statement of Teresa Hetherington date 19 October 2021 [37].

⁷¹⁶ Statement of Teresa Hetherington date 19 October 2021 [37].

⁷¹⁷ Statement of Teresa Hetherington date 19 October 2021 [40].

⁷¹⁸ Statement of Teresa Hetherington date 19 October 2021 [42].

⁷¹⁹ Statement of Teresa Hetherington date 19 October 2021 [44].

(iv) *Submissions as to Weight*

2.198 The following aspects of Ms Hetherington's evidence should attract little (if any) weight:

- (a) **Opinion.** The opinion of Ms Hetherington as to the quality of the initial assessment undertaken by the Service Coordinator is not relevant.⁷²⁰ The fact is it falls to the responsibility of the Service Coordinator and that is the evidence of Ms Hetherington.⁷²¹ Her dissatisfaction with the process, which she is not involved with, does not inform the Commission's assessment of work value.
- (b) **Funding and Packages.** The opinion of Ms Hetherington as to the adequacy of the level of a home care package does not assist the Commission.⁷²² Ms Hetherington is not involved in the assessment process or package selection process. During cross-examination, she confirmed that her work is confined to the tasks she is allocated to perform via "*Procura*". The appointment times are fixed. She never acts beyond the scope of the care plan.
- (c) **Staffing.** The opinion of Ms Hetherington as to "*turnover*" in the industry.⁷²³ In this respect, we rely upon the submissions set out in closing submissions at Section 5. In short, this evidence does not assist the Commission.
- (d) **Hearsay.** The opinion of Ms Hetherington at [53] of her statement should be disregarded. The hearsay evidence that Ms Hetherington "*[had] heard reports of employees literally standing outside of a client's home because they are unsure of how to manage a challenging client*"⁷²⁴ stands in contrast to Ms Hetherington's own account that Australian Unity have protocols in place for situations of uncertainty. A carer is to contact the Service Coordinator. Ms Hetherington's testimony based on personal experience, in this respect, should be preferred.
- (e) **COVID-19.** As to the aspect of Ms Hetherington's evidence that addressed the impact of the pandemic,⁷²⁵ we repeat and rely upon our submission at Section 5.

⁷²⁰ See Statement of Teresa Hetherington date 19 October 2021 [82].

⁷²¹ See Statement of Teresa Hetherington date 19 October 2021 [80]-[81].

⁷²² See eg, Statement of Teresa Hetherington date 19 October 2021 [74]-[78].

⁷²³ Statement of Teresa Hetherington date 19 October 2021 [33]-[35].

⁷²⁴ Statement of Teresa Hetherington date 19 October 2021 [53].

⁷²⁵ Statement of Teresa Hetherington date 19 October 2021 [108]-[118].

(v) *The Nature of the Work Performed*

2.199 Ms Hetherington describes the “*client directed care*” as perpetuating a perspective that “*the customer is always right*”. In her view, this leads to “*harassment and haranguing from the employer for the carer to meet unreasonable demands*”.⁷²⁶

2.200 By her own admission, Ms Hetherington’s knowledge of the ACQSC is “*rudimentary*”. As such, her opinion in this respect is limited. However, it may be noted she observes there has not been “*any meaning impact on improving service delivery*”.⁷²⁷ By that statement, it appears the ACQS has not drastically changed the duties performed by Ms Hetherington.

(vi) *Supervision*

2.201 Ms Hetherington provided an assistive breakdown of the line of command at Australian Unity. The hierarchy is as follows:

- (a) State-wide level management - oversee all areas;⁷²⁸
- (b) Area Directors - that oversee Branch Managers throughout a designated geographical area;⁷²⁹
- (c) Branch Managers - that oversee Service Coordinators within the Branch;⁷³⁰
- (d) Service Coordinators - that oversee a team of 10-12 carers;⁷³¹
- (e) Allocators - manage the rostering of carers for client appointments.⁷³² During cross-examination, Ms Hetherington also noted that allocators are responsible for “*time keeping as well*”. That is, “*at the end of the day they check to make sure that each client that we were assigned to, that we performed the length of time that we were assigned to do and that there were no issues within the task time*”; and
- (f) Carers - their direct report is the Service Coordinator.⁷³³

2.202 Whilst there is no “*day-to-day*” supervision in the performance of duties, Ms Hetherington contacts her Service Coordinator via text/email throughout the day.⁷³⁴ During cross-examination, she noted that process has temporarily been disrupted due to a service

⁷²⁶ Statement of Teresa Hetherington date 19 October 2021 [30].

⁷²⁷ Statement of Teresa Hetherington date 19 October 2021 [119]-[121].

⁷²⁸ Statement of Teresa Hetherington date 19 October 2021 [21].

⁷²⁹ Statement of Teresa Hetherington date 19 October 2021 [21].

⁷³⁰ Statement of Teresa Hetherington date 19 October 2021 [15].

⁷³¹ Statement of Teresa Hetherington date 19 October 2021 [19], [21].

⁷³² Statement of Teresa Hetherington date 19 October 2021 [22]; Transcript, 10 May 2022, PN10569

⁷³³ Statement of Teresa Hetherington date 19 October 2021 [20].

⁷³⁴ Statement of Teresa Hetherington date 19 October 2021 [107].

coordinator resigning. The process in that interim is that she is to “*call the office*” and bring issues to the attention of the “*duty officer*”.⁷³⁵

2.203 The Service Coordinator is responsible for the following:

- (a) **Care Plan.** preparing the care plans (and making any changes to the care plans⁷³⁶).
- (b) **Initial Assessment.** Ms Hetherington gave evidence they also “[t]hey do the initial client visit where they're supposed to have a one on one to discuss the client's contracts, the expectation of the job and the client's needs”. Following that process, the results are documented so that Ms Hetherington may read it prior to doing her first service with a new client. She also noted it is “*updated throughout*”.⁷³⁷ That documentation is provided electronically and accessible via the work phone.⁷³⁸

2.204 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Skin Tear.** Ms Hetherington explained she is “*required to report*” any form of “*deterioration in the client's conditions*” (it is a “*reportable event*”). Identification of a skin tear would be reported to the Service Coordinator immediately “*or within 24 hours*”. It is then the responsibility of the Service Coordinator to follow it up.⁷³⁹
- (b) **Reportable Events.** Reportable events must be reported to the Service Coordinator. The procedure followed is threefold: call the office and then ensure it is documented in “*both client notes and as an incident hazard in DoneSafe within 24 hours*”. Examples include: a client fall, differences in client's environment (for example, family move it or get a pet), equipment starting to fail (such as faulty vacuum cleaner), or they require a mobility aid (such as a walker).⁷⁴⁰
- (c) **Difficulty Breathing.** Ms Hetherington explained the protocol:

“we are to call our service coordinator first, who checks the notes to make sure that we're authorised to call Triple 0. We then - the service coordinator will call Triple 0 and we are directed either to stay with the client until ambulance arrives or to move onto the next task if the client is properly supported and able to get where they need to be on their own.”⁷⁴¹

⁷³⁵ Transcript, 10 May 2022, PN10564- PN10566

⁷³⁶ Transcript, 10 May 2022, PN10575

⁷³⁷ Transcript, 10 May 2022, PN10573

⁷³⁸ Transcript, 10 May 2022, PN10574

⁷³⁹ Transcript, 10 May 2022, PN10608

⁷⁴⁰ Transcript, 10 May 2022, PN10609- PN10610, PN10612

⁷⁴¹ Transcript, 10 May 2022, PN10618

(d) **Client not answering door.** Ms Hetherington explained:

“We are directed to do the knock and ring and run around the house and check to see if we can see them through a window. We go to the neighbour's house to see if it's possible they've been out. Often the client notes will include a relative's phone number. We can call that or we can call the office and the office staff will then contact the client or the family member to locate them before we move on. We give them 15 minutes, if they don't respond in that time often we're directed to move onto the next client.”⁷⁴²

2.205 Ms Hetherington also referred to monthly team meetings, with a duration of 60-90 minutes.⁷⁴³

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.206 Ms Hetherington gave the following evidence:

(a) **Appointments.** Ms Hetherington provided the following evidence as to her day-to-day duties:

- (i) *“personal care”*;⁷⁴⁴
- (ii) *“cleans”*;⁷⁴⁵
- (iii) *“meal preparation”*;⁷⁴⁶
- (iv) *“bed checks”*;⁷⁴⁷ and
- (v) medication prompts.⁷⁴⁸

(b) **Progress Notes via app.** As to documentation completed, during cross-examination, Ms Hetherington explained:

“We keep a communication book at each client's house where we document every step of service we have provided. Any fluctuation or any decline that we notice in the service that we would put in a report which we then provide to our service

⁷⁴² Transcript, 10 May 2022, PN10619

⁷⁴³ Statement of Teresa Hetherington date 19 October 2021 [106].

⁷⁴⁴ Statement of Teresa Hetherington date 19 October 2021 [55].

⁷⁴⁵ Statement of Teresa Hetherington date 19 October 2021 [55].

⁷⁴⁶ Statement of Teresa Hetherington date 19 October 2021 [58].

⁷⁴⁷ Statement of Teresa Hetherington date 19 October 2021 [58].

⁷⁴⁸ Statement of Teresa Hetherington date 19 October 2021 [96]-[98]

coordinator via the Procura app, or in DoneSafe, which is a hazard or incident reporting tool within the app.”⁷⁴⁹

- (c) **No involvement in Initial Assessment.** Ms Hetherington does not have responsibility with respect to the assessment of new clients. She confirmed that *“they are assessed by an ACAT team and referred to a Service Coordinator”*.⁷⁵⁰ It is the responsibility of the Service Coordinator to visit the client and discuss the client’s needs to develop a care plan.⁷⁵¹
- (d) **Medication Prompts.** Ms Hetherington stated that *“clients are responsible for administering their own medication”*, which typically comes in a Webster pak.⁷⁵² During cross-examination, she explained *“the expectation is that we are only giving medications in a Webster pak anyway, and at specific times as indicated in the care plan, so when the courses are made available they are provided to us.”*⁷⁵³ She also noted that if the client is unable to pop the pills themselves, she “put[s] them into a little cup, give them some water and hand it to them, but they must put those items in the mouth themselves”.⁷⁵⁴
- (e) **No authority to give Injections.** Ms Hetherington also referred to a client that has insulin injections. She stressed she does not administer the insulin. The limit of her responsibility, in that respect, is to prompt the client to take their insulin.⁷⁵⁵ During cross-examination, she confirmed she *is “absolutely not”* authorised to give the injection.⁷⁵⁶
- (f) **Certificate IV.** During cross-examination, Ms Hetherington gave evidence that the support she is providing is more in line with competencies arising from a Certificate IV.⁷⁵⁷ She confirmed that some of the work she performs for Australian Unity requires a *“minimum”* of Certificate IV training.⁷⁵⁸ Whilst she states the work she performs is not *“medical grade”* and does not include performance of *“hyperinvasive procedures”*, she considers she is *“performing greater than what is generally*

⁷⁴⁹ Transcript, 10 May 2022, PN10602

⁷⁵⁰ Statement of Teresa Hetherington date 19 October 2021 [80].

⁷⁵¹ Statement of Teresa Hetherington date 19 October 2021 [81].

⁷⁵² Statement of Teresa Hetherington date 19 October 2021 [96].

⁷⁵³ Transcript, 10 May 2022, PN10593

⁷⁵⁴ Transcript, 10 May 2022, PN10595

⁷⁵⁵ Statement of Teresa Hetherington date 19 October 2021 [97].

⁷⁵⁶ Transcript, 10 May 2022, PN10598

⁷⁵⁷ Transcript, 10 May 2022, PN10578

⁷⁵⁸ Transcript, 10 May 2022, PN10580

expected of a care worker". This is supported by reference to using hoists, providing personal care to a client with motor neurone disease and PEG feeding.⁷⁵⁹

- (g) **No Clinical Duties.** Ms Hetherington gave evidence that her employer trains her to perform work "*above a Cert IV competency*" and she performs that work. However, she confirmed that "*if there is something clinical in nature the enrolled nurse or the registered nurse gets involved*". Australian Unity employ ENs and RNs for that purpose.⁷⁶⁰
- (h) **Experience = Better Observation.** During cross-examination, Ms Hetherington gave evidence that she is a "*higher level*" care worker based upon her level of experience, which included 20 years under the same employer. She gave evidence that "*usually the higher levels are trained to notice any little fluctuations in the client's presentation*". Those "*little*" changes would be documented in the communication book.⁷⁶¹

(viii) *Environment - Conditions under which Work is Done*

2.207 As to the conditions under which work is performed, Ms Hetherington gave the following evidence:

- (a) Procura and the requirement to use smart phones for the role has created a requirement to "*remain vigilant of my phone and emails at all hours, to ensure that my working day is properly planned*".⁷⁶²
- (b) Additionally, "*glitches*" in the Procura app occur, which can impact upon the receipt of changes to rosters. However, Australian Unity require all glitches to be reported.⁷⁶³
- (c) There is a lack of flexibility to proceed between appointments. For example, if she completes a 1-hour appointment in 15 minutes, she must wait until the commencement time of the next appointment.⁷⁶⁴
- (d) The Service Coordinator is responsible for completing a risk assessment of a client's home at the time of assessment for admission as a client. During cross-examination, Ms Hetherington explained the process:

⁷⁵⁹ Transcript, 10 May 2022, PN10583

⁷⁶⁰ Transcript, 10 May 2022, PN10586-PN10588

⁷⁶¹ Transcript, 10 May 2022, PN10604- PN10607

⁷⁶² Statement of Teresa Hetherington date 19 October 2021 [69]-[71].

⁷⁶³ Statement of Teresa Hetherington date 19 October 2021 [72].

⁷⁶⁴ Statement of Teresa Hetherington date 19 October 2021 [67].

“The client will walk around the house with the service coordinator as they’re drawing up the plan and any hazards at the time are logged and catalogued, and any quick fixes or any reparations that can be made before care workers come in are done, and then anything else, as we notice it, then we report it back to the office so it can be fixed.”⁷⁶⁵

- (e) There is a protocol in place for reporting abuse of clients. This is done via the “DoneSafe” app. This report is then forwarded via the app to the Branch Manager.⁷⁶⁶
- (f) During cross-examination, Ms Hetherington said that a “*hazard check*” is conducted annually for each client’s home. However, during appointments she also “tend[s] to try to monitor the environment and look for abnormalities.”⁷⁶⁷

⁷⁶⁵ Transcript, 10 May 2022, PN10615

⁷⁶⁶ Statement of Teresa Hetherington date 19 October 2021 [101]-[102].

⁷⁶⁷ Transcript, 10 May 2022, PN10616

(o) Ngari Inglis -- Home Support Worker -- Resthaven

(i) Period of Service in Role

2.208 **4 years.** Ms Inglis is employed by Resthaven. Her employment is covered by an enterprise agreement. Under this agreement she is classified as a “*Home Support Worker*”.⁷⁶⁸ Ms Inglis has worked at Resthaven for around 4 years (since end of 2018).⁷⁶⁹

(ii) Period of Service in Industry

2.209 **13 years.** Ms Inglis has around 13 years’ experience in aged care. Having worked in residential aged care for 9.5 years and for Resthaven for around 4 years.⁷⁷⁰

(iii) Qualifications and Training

2.210 **Certificate III and IV.** Ms Inglis has the following qualifications:

- (a) Certificate III in Aged Care; and
- (b) Certificate IV in Aged Care.⁷⁷¹

2.211 **Mandatory Internal Training.** Resthaven conduct the following training:

- (a) annual in-house training for CPR and “senior first aid”;⁷⁷²
- (b) “*annual manual handling training*”;⁷⁷³ and
- (c) “*e-learning for matters such as food preparation, hand hygiene and fire safety*”.⁷⁷⁴

2.212 **Medication Training.** Ms Inglis received “*medication competency training*”.⁷⁷⁵ During cross-examination, Ms Inglis noted the training involved a theory and practical component. She was uncertain if the medication competency training was provided by a RN. However, she did confirm it was provided through a “*RTO*”. The training was provided over a few hours in a classroom-like setting. As to assessment, she explained “[w]e were given scenarios and we worked through the scenario under the supervision of the RTO”. This training is provided annually.⁷⁷⁶

⁷⁶⁸ Statement of Ngari Inglis dated 19 October 2021 [5].

⁷⁶⁹ Statement of Ngari Inglis dated 19 October 2021 [4]-[5].

⁷⁷⁰ Statement of Ngari Inglis dated 19 October 2021 [2]-[5].

⁷⁷¹ Statement of Ngari Inglis dated 19 October 2021 [6].

⁷⁷² Statement of Ngari Inglis dated 19 October 2021 [8].

⁷⁷³ Statement of Ngari Inglis dated 19 October 2021 [8].

⁷⁷⁴ Statement of Ngari Inglis dated 19 October 2021 [8].

⁷⁷⁵ Statement of Ngari Inglis dated 19 October 2021 [8].

⁷⁷⁶ Transcript, 10 May 2022, PN10491- PN10500

2.213 **Catheter Care and BGL Training.** Ms Inglis also confirmed that additional training is required and provided prior to changing catheter bags and checking blood glucose levels.⁷⁷⁷ That training is not annual. It is provided “[i]f you were given a client who had an IDC”.⁷⁷⁸ During cross-examination, she noted “[u]sually the RTO comes out”.⁷⁷⁹

(iv) *Submissions as to Weight*

2.214 The following aspects of Ms Inglis’ evidence should attach little (if any) weight:

- (a) **Opinion.** At [37] of her statement, Ms Inglis states that “*people should not come into home care until they have worked in residential care*”. She further states:

“In residential care you have people you can ask questions, a senior carer or a nurse. In home care, you’re it. You are the first port of call and mostly you make the call.”

Whilst Ms Inglis has experience in residential aged care, that opinion suggests that she is entirely unsupported in home care. During cross-examination, Ms Inglis confirmed the nature of the support and supervision available to her (see below), together with a series of established protocols she is to follow. The Commission should not put weight on this opinion in light of the balance of Ms Inglis’ evidence (see summarised below).

(v) *The Nature of the Work Performed*

2.215 Ms Inglis gives the following evidence relevant to the nature of the work performed:

- (a) She describes the “*emotional demands of the job*”.⁷⁸⁰ She refers to experiencing grief when a client dies and the challenges associated with being present “*when someone is at the end of their life*”.⁷⁸¹
- (b) She provided an example of a client with dementia whose “*daughter wanted to keep him as long as she could in his own home*”.⁷⁸²

⁷⁷⁷ See Transcript, 10 May 2022, PN10517

⁷⁷⁸ Transcript, 10 May 2022, PN10501- PN10503

⁷⁷⁹ Transcript, 10 May 2022, PN10520- PN10521

⁷⁸⁰ Statement of Ngari Inglis dated 19 October 2021 [30]-[34].

⁷⁸¹ Statement of Ngari Inglis dated 19 October 2021 [30]-[31].

⁷⁸² Statement of Ngari Inglis dated 19 October 2021 [25].

- (c) She also provided an examples of providing care and support to clients with dementia.⁷⁸³ She stated she currently has “about 3 or 4 clients at various stages of dementia”.⁷⁸⁴

(vi) *Supervision*

2.216 **Coordinator.** Whilst Ms Inglis works alone throughout the day, during cross-examination, she confirmed that she reports to and is supervised by a Coordinator. Ms Inglis also noted that some Coordinators are RNs (but not all).⁷⁸⁵ In her statement, Ms Inglis gave evidence that clients’ are “*assessed by a team of people*”.⁷⁸⁶

2.217 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Contact a RN.** During an appointment, should Ms Inglis need to contact a RN, the protocol is that she is to call the office and ask if a RN is available.⁷⁸⁷
- (b) **Cloudy/Bloody Catheter.** Ms Inglis confirmed the protocol is that she is to “*immediately*” contact the RN.⁷⁸⁸ Following that report, Ms Inglis records a progress note in the “folder” attached to the care plan, which is stored in the client’s home.⁷⁸⁹
- (c) **Non-urgent Issue.** The protocol is to email the Coordinator. Ms Inglis gave an example of observing a client looking “*a little bit dishevelled*” or appears to be having “*a down day*”.⁷⁹⁰
- (d) **Urgent Issue.** The procedure followed is to call the Coordinator. For example, the hot water at a client’s home is not working.⁷⁹¹
- (e) **Blood Glucose Level Check.** The procedure is to provide the device to the client and/or hold the device (for example if they’re not able to do it due to arthritis). Following the finger prick, Ms Inglis records the reading. The care plan includes a range. If the reading is outside of the range, the protocol is that Ms Inglis is to contact the RN immediately.⁷⁹²

⁷⁸³ Statement of Ngari Inglis dated 19 October 2021 [26]-[29].

⁷⁸⁴ Statement of Ngari Inglis dated 19 October 2021 [29]

⁷⁸⁵ Transcript, 10 May 2022, PN10487- PN10489

⁷⁸⁶ Statement of Ngari Inglis dated 19 October 2021 [13].

⁷⁸⁷ Transcript, 10 May 2022, PN10490

⁷⁸⁸ Transcript, 10 May 2022, PN10504- PN10506

⁷⁸⁹ Transcript, 10 May 2022, PN10506- PN10508

⁷⁹⁰ Transcript, 10 May 2022, PN10510

⁷⁹¹ Transcript, 10 May 2022, PN10510

⁷⁹² Transcript, 10 May 2022, PN10517- PN10519

2.218 During cross-examination, Ms Inglis also explained the initial assessment of a client is done by the Assessment Team. She identified the Coordinator as part of that team. She explained: *“the coordinator who would have visited that client prior to any care being put in place would have assessed the needs of that client”*. She noted she is not involved in that process.⁷⁹³ However, she confirmed that the Coordinator is involved in that process and takes the lead with preparing the care plan.⁷⁹⁴

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.219 Ms Inglis gave the following evidence about her duties:

(a) **Appointments.** Ms Inglis described her appointments as consisting of a mixture of *“personal care, cleaning, social visits, transports and shopping”*. A *“typical day”* consists of 2-5 clients.⁷⁹⁵ She also stated that *“[p]eople have their own clients generally”*. She considers the average regular clientele to be between 15-20 clients.⁷⁹⁶

(i) **Personal care** appointments range from 30-60 minutes. This may include assisting with showering. Ms Inglis provided an explanation of what this involved for one client:⁷⁹⁷

“I towel dry the client, ensure their skinfolds are clean and dry, check for excoriation, maybe wash and blow dry hair, change continence aids, assist with dressing them, put on leg protectors, apply moisturising creams, ensure safety pendants are on, shoes, slippers etc”⁷⁹⁸

(ii) She describes having to use *“manual handling skills”* to lift someone out of chair or roll someone in bed. Protocol may require two carers to attend to a lift (for example, with a morbidly obese client).⁷⁹⁹

(iii) **Domestic care** appointments refer to cleaning and vary from 1-3 hours. Ms Inglis said she is required to read the care plan in order to know what is to be done.

(b) **Roster.** Ms Inglis said the roster is emailed fortnightly.⁸⁰⁰

⁷⁹³ Transcript, 10 May 2022, PN10512- PN10514

⁷⁹⁴ Transcript, 10 May 2022, PN10515

⁷⁹⁵ Statement of Ngari Inglis dated 19 October 2021 [12], [16].

⁷⁹⁶ Statement of Ngari Inglis dated 19 October 2021 [18]

⁷⁹⁷ Statement of Ngari Inglis dated 19 October 2021 [13]

⁷⁹⁸ Statement of Ngari Inglis dated 19 October 2021 [13]

⁷⁹⁹ Statement of Ngari Inglis dated 19 October 2021 [15]

⁸⁰⁰ Statement of Ngari Inglis dated 19 October 2021 [12]

- (c) **Progress Notes.** These notes are handwritten at the end of an appointment in a folder stored in the client's home. She said "I usually write each part of what I've done and then if that comes under a heading such as there's like a block of acts you perform, I might write in there, 'As per care plan.'"⁸⁰¹

(viii) *Environment - Conditions under which Work is Done*

2.220 Whilst Ms Inglis works "alone" as a care worker in the community and the supervision provided is different to that in residential aged care, Ms Inglis is not sent into clients' home unprepared. During cross-examination, she confirmed:

- (a) **Risk Assessment.** That "*an environmental or risk assessment*" of a client's house takes place as part of the initial assessment. She gave an example of how this may be reflected in a care plan: "*when we have access to the care plan and we go into the premises, there would be a notification if it's, for example, in a bushfire risk area and things like that.*"⁸⁰²
- (b) **Protocols.** As summarised above under the heading "supervision", Ms Inglis is briefed in a series of protocols to follow should she or her client be experiencing a safety issue.

⁸⁰¹ Transcript, 10 May 2022, PN10511

⁸⁰² Transcript, 10 May 2022, PN10516

(p) Paula Wheatley -- Personal Carer -- Blue Care

(i) Period of Service in Role

2.221 **13 years.** Ms Wheatley is employed by Blue Care. Her employed is covered by an enterprise agreement. Under that agreement, she is classified as a “*Personal Carer Paypoint 3*”.⁸⁰³ She is permanent part time and works around 56 hours per fortnight.⁸⁰⁴ She has worked with Blue Care for around 13 years (since 2009).⁸⁰⁵

(ii) Period of Service in Industry

2.222 **28 years.** Ms Wheatley has worked in the aged care industry for around 28 years.⁸⁰⁶

•

• *(iii) Qualifications and Training*

2.223 **Certificate III.** Ms Wheatley has a Certificate III in Residential Aged Care.⁸⁰⁷ Ms Wheatley says she uses the “*skills and competencies*” obtained in her qualification in her role, which have been further developed since obtaining the Certificate III.⁸⁰⁸

2.224 **Mandatory Training.** She also referred to doing manual handling and fire safety some years ago.⁸⁰⁹

2.225 **Medication Training.** During cross-examination, Ms Wheatley confirmed she had been separately trained in relation to medication. That training was provided by Blue Care annually. She gave evidence that she “*think[s] the centre manager*” led it last time.⁸¹⁰ That training is directed at medication prompts. She confirmed she does not administer medication, nor does Blue Care train her to do so.⁸¹¹

2.226 **First Aid and CPR.** Ms Wheatley said she undertakes refreshers in CPR and first aid at her own expense.⁸¹²

(iv) Submissions as to Weight

2.227 The following aspects of Ms Wheatley’s evidence should attach minimal (if any) weight:

⁸⁰³ Statement of Paula Wheatley dated 27 October 2021 [15]-[16].

⁸⁰⁴ Statement of Paula Wheatley dated 27 October 2021 [20].

⁸⁰⁵ Statement of Paula Wheatley dated 27 October 2021 [13].

⁸⁰⁶ Statement of Paula Wheatley dated 27 October 2021 [5].

⁸⁰⁷ Statement of Paula Wheatley dated 27 October 2021 [3].

⁸⁰⁸ Statement of Paula Wheatley dated 27 October 2021 [21].

⁸⁰⁹ Statement of Paula Wheatley dated 27 October 2021 [23], [25].

⁸¹⁰ Transcript, 10 May 2022, PN10437- PN10441

⁸¹¹ Transcript, 10 May 2022, PN10441

⁸¹² Statement of Paula Wheatley dated 27 October 2021 [24].

(a) **COVID-19.** To the extent Ms Wheatley’s evidence addresses the impact of the pandemic,⁸¹³ we rely upon our submissions set out at Section 5.

(b) **Opinion.** Ms Wheatley gives the following evidence:

(i) She states that *“care plans which are developed for clients do not necessarily reflect the level of care the client needs, and the choices the family wants for the client”*.⁸¹⁴

(ii) She suggests that the inadequacy of care plans leads to *“package payment for the client”* being *“often short of what is needed to provide the care the client and families expect”*.⁸¹⁵ This, she suggests, leaves *“gaps”* which need to be met by the client or family -- creating an environment of the *“have and have not”*.⁸¹⁶

As opinion evidence, or information based on Ms Wheatley’s belief, it should not attach significant weight. Ms Wheatley provided no evidence to support those opinions. Her conclusions are based on her own assessment and observation. It is of limited utility to the Commission.

(v) *The Nature of the Work Performed*

2.228 As to the nature of the work and change observed, Ms Wheatley gave the following evidence based upon her experience:

(a) She observes that clients *“are increasingly wanting to remain home later in life, rather than going into residential aged care”*.⁸¹⁷

(b) At Blue Care, she has noticed an increase in the number of clients that require assistance with toileting and showering.⁸¹⁸ However, she notes that *“[m]ost client I visit have sufficient mobility to make their own way to the shower and can undress and dress themselves. Help is provided where needed”*.⁸¹⁹

(c) An increase in the number of *“general ‘complaints’ from clients as to the level of service they received”*.⁸²⁰

⁸¹³ See eg, Statement of Paula Wheatley dated 27 October 2021 [51].

⁸¹⁴ Statement of Paula Wheatley dated 27 October 2021 [53].

⁸¹⁵ Statement of Paula Wheatley dated 27 October 2021 [54].

⁸¹⁶ Statement of Paula Wheatley dated 27 October 2021 [55].

⁸¹⁷ Statement of Paula Wheatley dated 27 October 2021 [50].

⁸¹⁸ Statement of Paula Wheatley dated 27 October 2021 [56]-[57].

⁸¹⁹ Statement of Paula Wheatley dated 27 October 2021 [45].

⁸²⁰ Statement of Paula Wheatley dated 27 October 2021 [61].

- (d) She observes: “*In my experience, I have rarely experienced any form of abuse, and any verbal abuse has occurred from clients who are diagnosed with dementia*”.⁸²¹
- (e) She also observes “*social engagement*” as an important feature of the job.⁸²²

(vi) *Supervision*

2.229 Ms Wheatley provided the following outline of the chain of command at Blue Care:

- (a) Blue Care is split up into “*community care operations*” by reference to geographical regions.⁸²³
- (b) Each “*community care operation*” is managed by a “*Centre Manager*”.⁸²⁴
- (c) Below the “*Centre Manager*” are “*Coordinators*”.⁸²⁵ Each Coordinator is responsible for a team of carers.⁸²⁶ During cross-examination, Ms Wheatley confirmed the Coordinator is her supervisor.⁸²⁷
- (d) “*Schedulers*” manage and build the rosters of the carers.⁸²⁸

2.230 By way of example, Ms Wheatley works in the “*Blue Care Southside*” community care operation. There are around 5 Coordinators that are responsible for 5 “*community care teams*” in that area. Each team is comprised of around 30 carers each.⁸²⁹

2.231 During cross-examination, Ms Wheatley also identified “*Team Leaders*” as an additional role that reports to the Coordinator. Part of their role includes the responsibility of writing up the care plan.⁸³⁰

2.232 Whilst Ms Wheatley works “*independently*” and without direct supervision in performance of her duties (which she described as “*without any meaningful supervision*”),⁸³¹ during cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

⁸²¹ Statement of Paula Wheatley dated 27 October 2021 [60].

⁸²² Statement of Paula Wheatley dated 27 October 2021 [64].

⁸²³ Statement of Paula Wheatley dated 27 October 2021 [28].

⁸²⁴ Statement of Paula Wheatley dated 27 October 2021 [33].

⁸²⁵ Statement of Paula Wheatley dated 27 October 2021 [34].

⁸²⁶ Statement of Paula Wheatley dated 27 October 2021 [35].

⁸²⁷ Transcript, 10 May 2022, PN10404

⁸²⁸ Statement of Paula Wheatley dated 27 October 2021 [37]; Transcript, 10 May 2022, PN10408

⁸²⁹ Statement of Paula Wheatley dated 27 October 2021 [34]-[36].

⁸³⁰ Transcript, 10 May 2022, PN10410-PN10417.

⁸³¹ Statement of Paula Wheatley dated 27 October 2021 [48].

(a) **Issue out of ordinary / Exception.** For “issues” in relation to a client’s health, the procedure is that a carer is to ring the office and report the issue.⁸³² A note is also made in Procura by the carer.⁸³³

(i) During cross-examination, Ms Wheatley explained that an issue, in that respect, would be “if their condition deteriorated or if they, I don’t know, got a skin tear or something like that, anything like that”.⁸³⁴

(ii) Following that report, Ms Wheatley explained that the person at the office will “contact the [Blue Care] nurse”, “contact the family” and “put it into the dated notes in the client file”.⁸³⁵

(b) **Skin Tear.** Ms Wheatley explained the procedure to follow:

(i) Upon identification she starts off by asking the client “if they remembered doing it, or how they did it”.

(ii) Next, if it was bleeding, she would “put a dressing on it” from the “trauma kit”, using the skills acquired in her first aid training. Finally, she would report it.⁸³⁶

(iii) If the injury was beyond first aid, the protocol is to call triple-0.⁸³⁷ Then make a report to the Coordinator.⁸³⁸

She checks on skin integrity when assisting with showering.⁸³⁹

(c) **Client Fall.** The procedure is that Ms Wheatley is to “ring Triple 0”. Then make a report to the Coordinator.⁸⁴⁰

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.233 Ms Wheatley gave the following evidence as to her day-to-day duties:

(a) **Appointment.** Commencement and completion of an appointment is managed via a “tap on” and “tap off” feature via the Procura app.⁸⁴¹

⁸³² Statement of Paula Wheatley dated 27 October 2021 [72].

⁸³³ Statement of Paula Wheatley dated 27 October 2021 [73].

⁸³⁴ Transcript, 10 May 2022, PN10425

⁸³⁵ Transcript, 10 May 2022, PN10427- PN10430

⁸³⁶ Transcript, 10 May 2022, PN10445- PN10451

⁸³⁷ Transcript, 10 May 2022, PN10454-PN10455

⁸³⁸ Transcript, 10 May 2022, PN10456

⁸³⁹ Statement of Paula Wheatley dated 27 October 2021 [47].

⁸⁴⁰ Transcript, 10 May 2022, PN10456

⁸⁴¹ Statement of Paula Wheatley dated 27 October 2021 [68].

The Procura app is also how Ms Wheatley learns the nature of the appointment (it provides “a sense of the type of work which is needed for each client”). For a complete understanding of the “full scale of the services to be completed” - a carer is required to view the care plans which are only available in a “support folder in the client’s home”.⁸⁴²

- (b) Types of work performed:
- (i) House cleaning;⁸⁴³
 - (ii) Showering - during this task, she will check skin integrity for sores and other injuries;⁸⁴⁴
 - (iii) Dressing - noting that most clients “can undress and dress themselves”;⁸⁴⁵
 - (iv) **Medication Prompts.** Prompting clients to take medication stored in Webster paks in accordance with Blue Care medication competency training (only touching the packet if the client “is unable to ‘pop’ their own tablets”);⁸⁴⁶
 - (v) Occasionally emptying/changing catheter bags;⁸⁴⁷
 - (vi) Meal preparation;⁸⁴⁸ and
 - (vii) Feeding - which she described as “minimal” because the clients she visits “are generally able to feed themselves”.⁸⁴⁹
- (c) **Care Plans.** These are accessed via the client’s folder (described as a “support folder”) at the client’s home.⁸⁵⁰ She confirmed she does not see the care plan prior to turning up to an appointment. The protocol is that she reads it on arrival.⁸⁵¹
- (d) **Certificate III.** Ms Wheatley gave evidence that she utilises the “skills and competencies obtained in my Certificate III”. She also observed that her skills and experienced “have developed significantly since obtaining that Certificate”.⁸⁵²

⁸⁴² Statement of Paula Wheatley dated 27 October 2021 [74].

⁸⁴³ Statement of Paula Wheatley dated 27 October 2021 [42].

⁸⁴⁴ Statement of Paula Wheatley dated 27 October 2021 [42], [47].

⁸⁴⁵ Statement of Paula Wheatley dated 27 October 2021 [42], [45].

⁸⁴⁶ Statement of Paula Wheatley dated 27 October 2021 [42], [76]-[79].

⁸⁴⁷ Statement of Paula Wheatley dated 27 October 2021 [42], [76]-[79].

⁸⁴⁸ Statement of Paula Wheatley dated 27 October 2021 [42].

⁸⁴⁹ Statement of Paula Wheatley dated 27 October 2021 [42], [44].

⁸⁵⁰ Transcript, 10 May 2022, PN10420

⁸⁵¹ Transcript, 10 May 2022, PN10421-PN10422

⁸⁵² Statement of Paula Wheatley dated 27 October 2021 [21].

2.234 Ms Wheatley also noted that a separate app is used by the payroll team for timekeeping (“Kronos”).⁸⁵³

(viii) *Environment - Conditions under which Work is Done*

2.235 **Risk Assessment.** At Blue Care, Ms Wheatley described a risk assessment procedure that is meant to occur prior to being admitted as a client. She said a “*Safety Assessment*” is conducted by “*dedicated Personal Carer Support Workers*”.⁸⁵⁴

⁸⁵³ Statement of Paula Wheatley dated 27 October 2021 [69].

⁸⁵⁴ Statement of Paula Wheatley dated 27 October 2021 [65].

(q) Sandra Kim Hafnagel -- Personal Care Worker -- PresCare

(i) Period of Service in Role

2.236 **10 years.** Ms Hafnagel was employed by PresCare, Brisbane.⁸⁵⁵ Her employment was covered by an enterprise agreement. She worked as a personal care worker in community care for around 10 years.

(ii) Period of Service in Industry

2.237 **15 years.** Ms Hafnagel has “*over 15 years of service*” in the aged care industry.⁸⁵⁶

(iii) Qualifications and Training

2.238 **Certificate III.** Ms Hafnagel has a Certificate III in Aged Care.⁸⁵⁷ During cross-examination, Ms Hafnagel confirmed that qualification was required by PresCare.

2.239 **Mandatory Internal Training.** Ms Hafnagel gave evidence that PresCare arranged for additional training:

- (a) medication competency conducted by a RN, prior to giving medication prompts, Ms Hafnagel was required to be assessed as competent by the RN;⁸⁵⁸
- (b) “*oxygen training*” due to one client using an oxygen machine;⁸⁵⁹ and
- (c) annual online training modules,⁸⁶⁰ which consisted of a video followed by a quiz at the end. Ms Hafnagel confirmed they would be between **30-60 minutes**.⁸⁶¹

(iv) Submissions as to Weight

2.240 The following aspects of Ms Hafnagel’s evidence should attract little (if any) weight:

- (a) **COVID-19.** To the extent Ms Hafnagel’s evidence refers to the impact of the pandemic,⁸⁶² we rely upon submissions at Section 5.
- (b) **Funding.** Ms Hafnagel refers to a change in “*service delivery*” and “*associated changes in funding packages*”.⁸⁶³ She is not established as an expert in funding, nor does she refer to any evidence supporting her conclusion. At its highest the

⁸⁵⁵ Witness Statement of Sandra Hafnagel dated 30 March 2021 [9].

⁸⁵⁶ Witness Statement of Sandra Hafnagel dated 30 March 2021 [8].

⁸⁵⁷ Witness Statement of Sandra Hafnagel dated 30 March 2021 [11].

⁸⁵⁸ Transcript, 11 May 2022, PN11608-PN11609, PN11611- PN11612

⁸⁵⁹ Witness Statement of Sandra Hafnagel dated 30 March 2021 [19].

⁸⁶⁰ Witness Statement of Sandra Hafnagel dated 30 March 2021 [21].

⁸⁶¹ Transcript, 11 May 2022, PN11631- PN11632

⁸⁶² Witness Statement of Sandra Hafnagel dated 30 March 2021 [23]-[24].

⁸⁶³ Witness Statement of Sandra Hafnagel dated 30 March 2021 [25], [30].

evidence is limited to a statement of Ms Hafnagel's belief. It should attract little weight.

- (c) **No Support.** Ms Hafnagel provides a generalised statement “[t]he care worker must perform tasks on their own with no back up from other staff”.⁸⁶⁴

First, it is entirely unclear if Ms Hafnagel is speaking to her own experience or speculating on all care workers.

Second, she makes the statement void of context and without reference to any evidence that would support the statement. It should have no weight. Particularly in circumstances where her evidence as to supervision and protocols established at PresCare provide clear examples of the support provided to care workers (see below).

- (d) **Opinion.** Ms Hafnagel makes a series of statements, which must attach less weight due to its form, namely, opinion:

(i) **More Supervision.** Ms Hafnagel stated “[t]here is greater supervision in facilities”.⁸⁶⁵

(ii) **Dementia wings reduced.** Ms Hafnagel states that “[d]ementia wings in Aged Care facilities have been reduced and more in-home dementia care is being provided”.⁸⁶⁶

The weight of each statement must be impacted by the fact it is opinion evidence. Ms Hafnagel does not support that statement with any objective evidence or data.

(v) *The Nature of the Work Performed*

2.241 As to the nature of the work performed, Ms Hafnagel gave the following evidence:

- (a) She refers to “*assisting client with more personal goals and aspirations rather than just narrow care and hygiene tasks*”.⁸⁶⁷ This evidence appears to be a reference to client-centred care.
- (b) Based on her experience, she observes there is a “*variety of low and high care residents*”.⁸⁶⁸ This evidence, however, appears to apply to residential aged care and not community care.

⁸⁶⁴ Witness Statement of Sandra Hafnagel dated 30 March 2021 [26]

⁸⁶⁵ Witness Statement of Sandra Hafnagel dated 30 March 2021 [32]

⁸⁶⁶ Witness Statement of Sandra Hafnagel dated 30 March 2021 [33]

⁸⁶⁷ Witness Statement of Sandra Hafnagel dated 30 March 2021 [27]

⁸⁶⁸ Witness Statement of Sandra Hafnagel dated 30 March 2021 [30]

- (c) Ms Hafnagel refers to clients with dementia being in home care, she does not confirm whether she, in fact, has clients with dementia.⁸⁶⁹

(vi) *Supervision*

2.242 **Coordinator.** During cross-examination, Ms Hafnagel confirmed that her supervisor was the Coordinator.⁸⁷⁰ She also gave evidence that she could contact a RN directly, if needed.⁸⁷¹

2.243 Ms Hafnagel also identified the “*Roster section*” as the team that sets rosters and allocates appointments to all care workers.⁸⁷²

2.244 The Coordinator is responsible for the following:

- (a) **Care Plans.** Preparing the care plans.⁸⁷³
- (b) **Initial Assessment.** Ms Hafnagel confirmed that the Coordinator would attend the client’s house for this purpose as part of an initial assessment.⁸⁷⁴

2.245 In Ms Hafnagel’s statement, she referred to “*protocols*” to be followed when calling an ambulance.⁸⁷⁵ During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Skin Tear.** Ms Hafnagel said the protocol was to “*document it*” and then “*notify the RN*”. It was “*always documented and reported*”.⁸⁷⁶ Ms Hafnagel described “*documenting*” as preparing a progress note and emailing the RN (including a photograph of the skin tear).⁸⁷⁷ Ms Hafnagel would then wait instructions from the RN.
- (b) **Client Fall.** Ms Hafnagel confirmed the protocol is to call the ambulance, then call the Coordinator. During the interim period, Ms Hafnagel would “*make the client comfortable and just reassure them that the ambulance was on their way*”.⁸⁷⁸

⁸⁶⁹ Witness Statement of Sandra Hafnagel dated 30 March 2021 [33]

⁸⁷⁰ Transcript, 11 May 2022, PN11599-PN11600

⁸⁷¹ Transcript, 11 May 2022, PN11601

⁸⁷² Transcript, 11 May 2022, PN11602

⁸⁷³ Transcript, 11 May 2022, PN11648

⁸⁷⁴ Transcript, 11 May 2022, PN11649

⁸⁷⁵ See Witness Statement of Sandra Hafnagel dated 30 March 2021 [34]-[38]

⁸⁷⁶ Transcript, 11 May 2022, PN11633-PN11634

⁸⁷⁷ Transcript, 11 May 2022, PN11635

⁸⁷⁸ Transcript, 11 May 2022, PN11637- PN11639

When the paramedics arrives, Ms Hafnagel would provide them with a copy of the care plan and/or the blister pack. She referred to this step as “*giving them the medical history*” (or a “*handover*”).⁸⁷⁹

Following a fall, Ms Hafnagel is required to complete an incident report and email it to the Coordinator.⁸⁸⁰

- (c) **Issue out of ordinary / Exception.** The protocol is to email the coordinator and/or RN concerns.⁸⁸¹
- (d) **Identification of Hazards.** Ms Hafnagel explained the protocol following identification of hazards was to prepare and submit a hazard report via email to the coordinator. This was done as required (i.e. not routinely).⁸⁸²
- (e) **Unsafe.** The protocol is that:

“if you feel unsafe in the environment, you can remove yourself, whether it be you feel that – whether or not it's the client itself or their partner or husband and that and you feel unsafe, you could remove yourself and explain why, do an incident report why you have removed yourself.”⁸⁸³

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.246 Ms Hafnagel provides a list of duties in her statement, which include: personal care, showering, shopping, gardening, etc.⁸⁸⁴ During cross-examination, Ms Hafnagel gave further evidence about some of the duties listed at [15]. That evidence appears below:

- (a) **Medication Prompts.** Whilst at [15] of her statement Ms Hafnagel described her duty as “*administering medication*”, she confirmed she does not touch the pills. She would “pop them” out of the Webster-pak into a cup and provide it to the client.⁸⁸⁵
- (b) **Meal Preparation.** Ms Hafnagel gave an example, she “*would prepare enough meals for a husband and wife for their seven days, because they were incapable of preparing, cutting up vegetables, cooking meals*”. The types of food “*was determined by the family*”.⁸⁸⁶ Ms Hafnagel explained she would “normally cook three separate meals, and then, yes, freeze it, date it, and that's how it was put in their

⁸⁷⁹ Transcript, 11 May 2022, PN11640- PN11641; Witness Statement of Sandra Hafnagel dated 30 March 2021 [38].

⁸⁸⁰ Transcript, 11 May 2022, PN11642

⁸⁸¹ Transcript, 11 May 2022, PN11662

⁸⁸² Transcript, 11 May 2022, PN11654- PN11656

⁸⁸³ Transcript, 11 May 2022, PN11660

⁸⁸⁴ Witness Statement of Sandra Hafnagel dated 30 March 2021 [15].

⁸⁸⁵ Transcript, 11 May 2022, PN11604-PN11607

⁸⁸⁶ Transcript, 11 May 2022, PN11613-PN11615

freezer for them”. Meals included: a roast chicken (for sandwiches during the week) and spaghetti bolognese.⁸⁸⁷

- (c) **Teaching and assisting clients with their mobile phones and computers** based off own knowledge.⁸⁸⁸ Ms Hafnagel referred to this as “*mentoring*” as well.⁸⁸⁹
- (d) **Buying household items.** Ms Hafnagel explained she would always take the client with her and that the client would pay for the purchases.⁸⁹⁰
- (e) **Hairdressing** was a reference to “*put[ting] their rollers in their hair*”. Ms Hafnagel never cut hair.⁸⁹¹
- (f) **Progress Notes.** Ms Hafnagel gave evidence that PresCare still use paper for progress notes.⁸⁹² She stated they would cover “every service that you did for that client” (i.e. not only on exceptions).⁸⁹³
- (g) **Care Plan.** This would be accessible at the client’s home in a folder. She said she “*would read the care plan before you started your service with them*”.⁸⁹⁴ This would be the first time Ms Hafnagel sees the care plan (no electronic access).⁸⁹⁵

⁸⁸⁷ Transcript, 11 May 2022, PN11616-PN11617
⁸⁸⁸ Transcript, 11 May 2022, PN11619- PN11622
⁸⁸⁹ Transcript, 11 May 2022, PN11624
⁸⁹⁰ Transcript, 11 May 2022, PN11623
⁸⁹¹ Transcript, 11 May 2022, PN11628
⁸⁹² Transcript, 11 May 2022, PN11645
⁸⁹³ Transcript, 11 May 2022, PN11661
⁸⁹⁴ Transcript, 11 May 2022, PN11646
⁸⁹⁵ Transcript, 11 May 2022, PN11647

(viii) *Environment - Conditions under which Work is Done*

2.247 **Risk Assessment.** During the initial assessment conducted by the Coordinator, a risk assessment of the client's home would also occur at this time.⁸⁹⁶ During that process, the shower would be inspected and consideration may be given to whether hand rails should be installed.⁸⁹⁷ Ms Hafnagel said she was not involved in that process.⁸⁹⁸

⁸⁹⁶ Transcript, 11 May 2022, PN11651

⁸⁹⁷ Transcript, 11 May 2022, PN11652

⁸⁹⁸ Transcript, 11 May 2022, PN11653

(r) Susan Digney -- Support Worker -- ILA

(i) Period of Service in Role

2.248 **18 years.** Ms Digney is employed by ILA, a home care company based in in Muswellbrook, NSW.⁸⁹⁹ Her employment is covered by an enterprise agreement. Under that agreement, Ms Digney is classified as a “*Support Worker Level 2 Grade 2*”.⁹⁰⁰ She works as a support worker 3 days per week (around 30 hours fortnightly).⁹⁰¹ Ms Digney has worked with ILA for around 18 years.⁹⁰²

(ii) Period of Service in Industry

2.249 **18 years.** Ms Digney has worked in the “*home-care industry*” for around 18 years.⁹⁰³

(iii) Qualifications and Training

2.250 **Certificate III.** Ms Digney holds a Certificate III in Home and Community Care.⁹⁰⁴ She gave evidence that ILA require its staff to hold a Certificate II or III.⁹⁰⁵ She also noted ILA have sent “new employees who only hold a Certificate II... to TAFE to do the Certificate III”.⁹⁰⁶

2.251 **Mandatory Internal Training.** Ms Digney is required to do annual training which is provided online. Topics include: medi-health and hygiene training.⁹⁰⁷ During cross-examination, she provided the following explanation of “*medi-health*” training:

(a) “*MediHealth is sort of tied in the same with hygiene training.*”⁹⁰⁸

(b) “*MediHealth is a form of training.*”⁹⁰⁹

(c) “*So it's all sort of tied in to - yes, medical side, yes.*”⁹¹⁰

(d) “*The duration “could be 30 minutes” but sometimes takes longer.*”⁹¹¹

2.252 Other training is provided online annually: “*food handling*”, “*infection control*” and “*manual handling*”.⁹¹²

⁸⁹⁹ Statement of Susan Digney dated 27 October 2021 [2].

⁹⁰⁰ Statement of Susan Digney dated 27 October 2021 [64].

⁹⁰¹ Statement of Susan Digney dated 27 October 2021 [12].

⁹⁰² Transcript, 3 May 2022, PN4482.

⁹⁰³ Statement of Susan Digney dated 27 October 2021 [5]; Transcript, 3 May 2022, PN4482.

⁹⁰⁴ Statement of Susan Digney dated 27 October 2021 [11]; Transcript, 3 May 2022, PN4487.

⁹⁰⁵ Statement of Susan Digney dated 27 October 2021 [9].

⁹⁰⁶ Statement of Susan Digney dated 27 October 2021 [9].

⁹⁰⁷ Statement of Susan Digney dated 27 October 2021 [10].

⁹⁰⁸ Transcript, 3 May 2022, PN4502.

⁹⁰⁹ Transcript, 3 May 2022, PN4503.

⁹¹⁰ Transcript, 3 May 2022, PN4504-PN4505.

⁹¹¹ Transcript, 3 May 2022, PN4509.

⁹¹² Transcript, 3 May 2022, PN4510- PN4515

2.253 **Medication Training.** During cross-examination, Ms Digney confirmed that ILA arranged medication training. She gave the following evidence:

- (a) There was an online training session that was around one hour in length.
- (b) There was a **30 minute** in-person session within a Team meeting with a RN.
- (c) After completing that training, Ms Digney may “*pop pills*” out of a client’s Webster pak and “*hand it to them*” (literally, “*put in their hand*”). Following this, she would “*mark how it’s administered*” on a medication sheet.⁹¹³
- (d) The medication sheet remains in the client’s house. Once it is “*finished*” a photo is taken and sent off to customer service officer.⁹¹⁴

2.254 Ms Digney confirmed she does not administer Schedule 4 or Schedule 8 medications. The extent of her experience, in that respect, is seeing an online video about morphine patches.⁹¹⁵

2.255 **First Aid and CPR.** ILA also require staff to update the CPR part of first aid training annually and do a first aid refresher every 3 years.⁹¹⁶

(iv) *Submissions as to Weight*

2.256 The following aspects of Ms Digney’s evidence should attach little (if any) weight:

- (a) **Rostering Issue.** Ms Digney suggests there are issues concerning travel time between appointments.⁹¹⁷ She refers to a protocol of contacting the Rostering Team but states “*many workers are too scared to speak up*”. This hearsay evidence should not have weight. Ms Digney can only give evidence about her personal experience. In any event, this is not a work value issue, to the extent the opinion of Ms Digney is accepted, in this respect, it is an employer-specific scheduling issue.
- (b) **Funding and packages.** Ms Digney suggests “*most clients I deal with are under allocated in the care packages they have*”.⁹¹⁸ This is based on an opinion a client requires additional care and/or more time is required to provide care based on client expectations. This should attract little weight as it is not relevant to work value assessment. Further, Ms Digney sets out the protocol for contacting the case manager should changes be required to services (see below).

⁹¹³ Transcript, 3 May 2022, PN4594-PN4600.

⁹¹⁴ Transcript, 3 May 2022, PN4602-PN4604.

⁹¹⁵ Transcript, 3 May 2022, PN4588-PN4593.

⁹¹⁶ Statement of Susan Digney dated 27 October 2021 [10].

⁹¹⁷ Statement of Susan Digney dated 27 October 2021 [15].

⁹¹⁸ See Statement of Susan Digney dated 27 October 2021 [17]-[18], [22].

- (c) **COVID-19.** Ms Digney also gave evidence about the impact of COVID-19.⁹¹⁹ We repeat our submissions set out at Section 5.

(iv) *The nature of the work*

2.257 Ms Digney gave the following evidence relevant to the nature of the work:

- (a) She referred to working with clients who have mental health issues, frailties, cognitive decline or advanced dementia.⁹²⁰ During cross-examination, she confirmed her Certificate III training assisted her with this.
- (b) She described the needs of clients having “*become more complex and there are more expectations placed on me by the client and my employer*”.⁹²¹ An example is knowing how to use technology and adapting to changing expectations of clients and the community.⁹²²
- (c) She refers to increased client expectations that she do as much as possible within an appointment. For example, a client expecting her to clean the entire house within 1 hour.⁹²³

(vi) *Supervision*

2.258 During cross-examination, Ms Digney gave evidence about the following roles:

- (a) Coordinator;
- (b) Team Leader;
- (c) Case Manager; and
- (d) Customer Service Officer.

2.259 **Coordinator.** Ms Digney confirmed her primary supervisor is the Coordinator. To contact her supervisor, should an issue arise during an appointment, she is to first contact “*the call centre on the mainland*”⁹²⁴ when she was based in Tasmania.

2.260 **Team Leader.** Ms Digney stated she reports to a “*Team Leader*”. She was unable to confirm the qualifications of the Team Leader.⁹²⁵ She explained that a “*Team Leader*” is different

⁹¹⁹ Statement of Susan Digney dated 27 October 2021 [43]-[44].

⁹²⁰ Statement of Susan Digney dated 27 October 2021 [14].

⁹²¹ Statement of Susan Digney dated 27 October 2021 [62].

⁹²² Statement of Susan Digney dated 27 October 2021 [62].

⁹²³ Statement of Susan Digney dated 27 October 2021 [17]-[18].

⁹²⁴ Statement of Susan Digney dated 27 October 2021 [46].

⁹²⁵ Transcript, 3 May 2022, PPN4482-PN4486.

from a “Coordinator”. The Coordinator works with clients and attends to the initial assessment at a client’s home (they are “same as like a case manager”).⁹²⁶

2.261 **Case Manager.** The Case Manager has the responsibility of doing the **initial assessment** of a new client. At that initial assessment, a care plan is written up by the Case Manager.⁹²⁷ Ms Digney confirmed that she does not have the responsibility of writing or changing the care plan. If she considers more time is required for showering, she would contact the Case Manager who would then assess the situation and determine if the care plan requires changing.⁹²⁸

2.262 **Customer Service Officer.** During cross-examination, Ms Digney also explained the role of the “Customer Service Officer”. They are located in Newcastle at “the service centre”. They are contracted if there are “any emergencies”, she explained:

“...if you arrive at the client’s house and they’re not home, which happens quite a fair bit, and you think, oh gee, I hope they’re not on the floor, fell over, you ring the CSO. They say we’ll put you on hold and we’ll ring their next of kin. They try and find the next of kin and work out where on earth the client is, and the whole time you’ve got to be sitting there at the client’s home, and wishing that they’re not, you know, on the floor or anything.”⁹²⁹

2.263 An app called “MTA” is used to do the following:

- (a) monitor time spent at an appointment, the app requires Ms Digney to “sign on and off”,⁹³⁰
- (b) record travel kilometres;⁹³¹
- (c) report client notes which are sent directly to the Team Leader (i.e. not stored on MTA);⁹³²
- (d) rosters.⁹³³

2.264 Both ILA and support workers have access to the MTA app.

2.265 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. She also expanded on procedures referred to in her statement. For example:

⁹²⁶ Transcript, 3 May 2022, PN4494- PN4495.

⁹²⁷ Transcript, 3 May 2022, PN4532, PN4566.

⁹²⁸ Transcript, 3 May 2022, PN4574-PN4575.

⁹²⁹ Transcript, 3 May 2022, PN4549.

⁹³⁰ Statement of Susan Digney dated 27 October 2021 [48].

⁹³¹ Statement of Susan Digney dated 27 October 2021 [48].

⁹³² Statement of Susan Digney dated 27 October 2021 [51].

⁹³³ Statement of Susan Digney dated 27 October 2021 [51].

- (a) **Clinical Care by RN:** If a client requires “*clinical care*” - for example, there may appear to be an issue with a dressing and/or wound - Ms Digney would report to the “CSO”. It is a matter for the CSO. They need to determine what sort of package the client is on - to determine if there is funding to have an ILA RN attend to them.⁹³⁴
- (b) **Reporting Changes.** There is a procedure for reporting on minor and major changes:
 - (i) For minor changes, that would be reported as a client note via the MTA app.⁹³⁵
 - (ii) For major changes, that requires Ms Digney to contact the Coordinator immediately.⁹³⁶
 - (iii) For emergency, contact mainland customer service centre (when she worked in Tasmania). The centre then produces an incident report and tells Ms Digney what to do.⁹³⁷

If Ms Digney speaks to the customer service centre during an appointment, this is included in client notes.⁹³⁸ Ms Digney has no involvement in the incident report, beyond the initial call to the centre.⁹³⁹

- (c) **Emergency for client:** During cross-examination, Ms Digney confirmed the procedure to be followed if a client was “seriously unwell” or “having breathing difficulties” is as follows:⁹⁴⁰
 - (i) “*Call Triple 0*”,⁹⁴¹
 - (ii) Wait with the client until paramedics arrive;⁹⁴² and
 - (iii) Call a customer service officer (following the call to triple-0).⁹⁴³ The customer service officer then has the responsibility of calling the client’s family.⁹⁴⁴
- (d) **Unsafe.** Ms Digney explained ILA’s procedure if she finds herself in an unsafe situation during an appointment:

⁹³⁴ Transcript, 3 May 2022, PN4550- PN4555.

⁹³⁵ Statement of Susan Digney dated 27 October 2021 [51].

⁹³⁶ Statement of Susan Digney dated 27 October 2021 [49].

⁹³⁷ Statement of Susan Digney dated 27 October 2021 [54].

⁹³⁸ Statement of Susan Digney dated 27 October 2021 [54].

⁹³⁹ Statement of Susan Digney dated 27 October 2021 [54].

⁹⁴⁰ Transcript, 3 May 2022, PN4556.

⁹⁴¹ Transcript, 3 May 2022, PN4556.

⁹⁴² Transcript, 3 May 2022, PN4557.

⁹⁴³ Transcript, 3 May 2022, PN4558.

⁹⁴⁴ Transcript, 3 May 2022, PN4559-PN4561.

“You're required to leave the premises if you're inside the premises, and call your customer service officer straightaway, and they usually let you know, but that is not – they're not – the phones, sometimes you could be waiting five, 10, 15 minutes for them to answer a phone.”⁹⁴⁵

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.266 Ms Digney gave the following evidence about her duties:

(a) **Appointments.** Ms Digney attends to two types of appointments as a support worker:

(i) *“social support shift”*,⁹⁴⁶ and

(ii) *“domestic assistance shift”*.⁹⁴⁷

(b) **Domestic Duties.** She described “domestic duties” as including “washing and vacuuming floors, cleaning the bathrooms, including the toilets & showers, cleaning kitchens and living space, making beds and wiping down all surfaces”.⁹⁴⁸ During cross-examination, Ms Digney provided the following explanation:

“Well, you can go into a client's place – I think you can go into a client's place and do domestic. Domestic on a lot of their, you know, work schedules and that is vacuuming floors. So you get given an hour to vacuum a full house of floors, mop, clean the toilet, clean the shower, make a bed – so you get allocated an hour. You also get allocated an hour to do a unit. So some of those allocations aren't long enough and you're under the pump. You're running around, you're just under the pump to get everything done in an hour.”⁹⁴⁹

(c) **Social Support.** She described “in home social support work” as including taking a client to “appointments, shopping, or to do their banking”.⁹⁵⁰

(d) **Progress Notes.** The procedure is that support workers are required record client notes (also described as “progress notes”) via the app.⁹⁵¹ Ms Digney expressed frustration with the app describing it as “almost non-functional”.⁹⁵² Ms Digney

⁹⁴⁵ Transcript, 3 May 2022, PN4545 .

⁹⁴⁶ Statement of Susan Digney dated 27 October 2021 [21].

⁹⁴⁷ Statement of Susan Digney dated 27 October 2021 [13], [22].

⁹⁴⁸ Statement of Susan Digney dated 27 October 2021 [19].

⁹⁴⁹ Transcript, 3 May 2022, PN4521.

⁹⁵⁰ Statement of Susan Digney dated 27 October 2021 [19].

⁹⁵¹ Statement of Susan Digney dated 27 October 2021 [52]; Transcript, 3 May 2022, PN4542.

⁹⁵² Statement of Susan Digney dated 27 October 2021 [52].

preferred the paper system that existed before the app.⁹⁵³ During cross-examination, Ms Digney gave the following evidence about progress notes:

- (i) *“When I leave, if I’ve showered a client and that, yes, I took progress notes, but sometimes you could be there to do a domestic shift and someone – like, I did a domestic shift and the lady said I’m not feeling real good, I feel a little faint, so I sent a note. In the 10 minutes I had to go from one shift to the other, I managed to stop alongside the road and write a note.”*⁹⁵⁴
- (ii) *“Some clients used to have books in their houses where we write, where we wrote a progress thing. In the notes we now have, our agency likes us to put in notes that are, you know, not just oh I mopped and I did this.”*⁹⁵⁵

Ms Digney referred to “pressure” to complete work in allocated time slot (noting clients on packages usually select the cheapest option, but retain high expectations).⁹⁵⁶ During cross-examination, Ms Digney also confirmed that the extent of her responsibility is to provide care in accordance with the care plan, if there is a change required, for example when a resident requires a longer shower, she will notify the case manager who will then assess the situation⁹⁵⁷.

(viii) *Environment - Conditions under which Work is Done*

2.267 Ms Digney gave the following evidence:

- (a) **Risk Assessment.** ILA “sometimes”⁹⁵⁸ require support workers to complete a “workplace health and safety analysis on a client’s home”. This check will be completed during a “rostered shift” for that specific purpose.⁹⁵⁹

During cross-examination, Ms Digney stated that the OH&S assessment is usually completed by the case manager:

*“Yes. They usually go in – well, for years they’d always go in first up, assess the property and different things, and put down hazards and that, yes. Now you could be called upon to do that. You could be the first one going in there to visit that client.”*⁹⁶⁰

⁹⁵³ Statement of Susan Digney dated 27 October 2021 [53].

⁹⁵⁴ Transcript, 3 May 2022, PN4538.

⁹⁵⁵ Transcript, 3 May 2022, PN4539.

⁹⁵⁶ Statement of Susan Digney dated 27 October 2021 [20].

⁹⁵⁷ Transcript, 3 May 2022, PN4575

⁹⁵⁸ Transcript, 3 May 2022, PN4533.

⁹⁵⁹ Statement of Susan Digney dated 27 October 2021 [36].

⁹⁶⁰ Transcript, 3 May 2022, PN4532.

This may be allocated to a care worker if the case manager had yet to complete one.⁹⁶¹

- (b) **WHS Home Check.** ILA requires support workers to complete a WHS Home Check, a copy was attached to her statement.⁹⁶² ILA provide training on how to complete this form.⁹⁶³ Ten minutes is allocated as part of each package to complete this assessment.⁹⁶⁴
- (c) **Incident Reporting.** Incidents are reported. At one stage, ILA used an app “EKEY”. That app had access to all ILA policies and procedures as well. Incidents are now reported directly to the “*Team Leader*” who has the responsibility to complete the “*safety report and file it*”.⁹⁶⁵ Ms Digney provided an example of an incident relating to “*bleach*” being found at a client’s home.⁹⁶⁶

2.268 Ms Digney gives evidence that support workers do not have access to client notes prior to appointments,⁹⁶⁷ that safety checks are conducted with respect to the environment and there are clearly defined procedures for what a support worker is to do if an issue or problem arises.

⁹⁶¹ Transcript, 3 May 2022, PN4530.

⁹⁶² Statement of Susan Digney dated 27 October 2021 [37], SD-01.

⁹⁶³ Statement of Susan Digney dated 27 October 2021 [37], SD-01.

⁹⁶⁴ Statement of Susan Digney dated 27 October 2021 [37], SD-01.

⁹⁶⁵ Statement of Susan Digney dated 27 October 2021 [38].

⁹⁶⁶ Statement of Susan Digney dated 27 October 2021 [39].

⁹⁶⁷ See Statement of Susan Digney dated 27 October 2021 [57]-[58].

(s) Susan Toner -- Home Care Worker -- Anglicare

(i) Period of Service in Role

2.269 **19 years.** Ms Toner is employed by Anglicare in Queensland.⁹⁶⁸ She is a “home care worker”.⁹⁶⁹ She has had the role for around 19 years.⁹⁷⁰ Throughout that time, Ms Toner also worker other casual roles and/or took time to care for her father.⁹⁷¹

(ii) Period of Service in Industry

2.270 **19 years.** Ms Toner has worked in the industry for 19 years.

(iii) Qualifications and Training

2.271 **Certificate III and IV.** Ms Toner has the following qualifications:

- (a) Certificate III in Aged Care; and
- (b) Certificate IV in Aged Care.⁹⁷²

2.272 Anglicare require home care workers, as a minimum, to have a Certificate III.⁹⁷³

2.273 **Mandatory Internal Training.** Anglicare provide a series of in-house/online training for employees. This includes modules with respect to manual handling, dementia, fire safety, etc.⁹⁷⁴

(iv) Submissions as to Weight

2.274 Whilst Ms Toner was not required for cross-examination, it is submitted that the following passage of Ms Toner’s statement should attract little (if any) weight:

- (a) **Financial Hardship.** As [14], Ms Toner gives evidence that she “*can’t survive on 20 hours fortnight*”.⁹⁷⁵ That evidence provides little assistance to the Commission as it is void of surrounding context. Ms Toner is silent as to the reason for her choice to remain in the role (for 19 years) despite being unable to “*survive*” off the work. Noting in [1] that Ms Toner refers to having additional roles -- including personal care commitments for her father -- the critique at [14] should attract little weight.

⁹⁶⁸ Statement of Susan Toner dated 28 September 2021 [1], [6].

⁹⁶⁹ Statement of Susan Toner dated 28 September 2021 [1].

⁹⁷⁰ Statement of Susan Toner dated 28 September 2021 [1].

⁹⁷¹ Statement of Susan Toner dated 28 September 2021 [1].

⁹⁷² Statement of Susan Toner dated 28 September 2021 [2].

⁹⁷³ Statement of Susan Toner dated 28 September 2021 [2].

⁹⁷⁴ Statement of Susan Toner dated 28 September 2021 [9]-[11].

⁹⁷⁵ Statement of Susan Toner dated 28 September 2021 [14].

(b) **“Advanced” Dementia.** At [28], Ms Toner refers to doing “a lot of advanced dementia work”. She does not explain what constitutes “advanced dementia work”. It appears that Ms Toner is referring to working with clients that she considers display “advanced dementia”.⁹⁷⁶ Not being a diagnostician, absent notation on a care plan, Ms Toner is not qualified to make that assessment. The extent of her training is via Certificate III, IV and online modules that address dementia.

(v) *The Nature of the Work Performed*

2.275 Ms Toner’s evidence based upon her observations at Anglicare since 2002, identified the following changes since her commencement:

- (a) Clients are staying longer at home;
- (b) Less family support; and
- (c) Clients have difficulty accessing aged care packages due to technological barriers (i.e. not familiar with using a computer).⁹⁷⁷

2.276 Ms Toner also referred to clients having high expectations as to the service provided. For example, in relation to cleaning appointments. Ms Toner stated “they can think we are formally trained professional cleaners when we are not”.⁹⁷⁸

(vi) *Supervision*

2.277 Ms Toner refers to three people she may contact for assistance throughout an appointment:

- (a) team leaders;
- (b) RNs;
- (c) client liaisons.⁹⁷⁹

2.278 Her evidence discloses a protocol that Ms Toner is to contact one of those three persons when assistance is required. However, she expresses frustration at being a “lone worker” waiting for a team leader, RN or client liaison to get back in touch (if not available when first called).⁹⁸⁰

⁹⁷⁶ See Statement of Susan Toner dated 28 September 2021 [29].

⁹⁷⁷ Statement of Susan Toner dated 28 September 2021 [39].

⁹⁷⁸ Statement of Susan Toner dated 28 September 2021 [20].

⁹⁷⁹ Statement of Susan Toner dated 28 September 2021 [36].

⁹⁸⁰ Statement of Susan Toner dated 28 September 2021 [36].

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.279 Ms Toner gave the following evidence about her duties:

- (a) **Care Plan.** Ms Toner describes that her work is set out in the client’s care plan and “we can only follow the care plan”.⁹⁸¹
- (b) **Appointments.** She described the work to be done as “scheduled” via her phone.⁹⁸² As to the number of appointments scheduled on a single day, she stated it can vary between 3-7 appointments.⁹⁸³ The work schedule on her phone is how Ms Toner knows which client she is seeing, for how long and for what reason (for example, house clean - 1.5 hours).⁹⁸⁴
- (c) Ms Toner provided examples of the work she does at client appointments:
 - (i) Appointment 1: showering, dressing, toileting -- 30 minutes.⁹⁸⁵
 - (ii) Appointment 2: showering, breakfast and “meds” -- 45 minutes.⁹⁸⁶
 - (iii) Appointment 3: house clean -- 1.5 hours.⁹⁸⁷
 - (iv) Appointment 4: respite (which includes shower, clean, lunch and “pills”) -- 2.5 hours.
 - (v) Appointment 5: social support (taking client to doctor, shopping or coffee/meal).⁹⁸⁸
 - (vi) Appointment 6: “assisted medication prompts” -- 30 minutes.⁹⁸⁹
- (d) **Medication Prompt.** As to Ms Toner’s reference to “meds”, “pills” and “prompts”, she provides the following explanation of the work performed:
 - (i) The client’s medication is contained in “Webster paks”.⁹⁹⁰

⁹⁸¹ Statement of Susan Toner dated 28 September 2021 [34].

⁹⁸² Statement of Susan Toner dated 28 September 2021 [13].

⁹⁸³ Statement of Susan Toner dated 28 September 2021 [14].

⁹⁸⁴ Statement of Susan Toner dated 28 September 2021 [15].

⁹⁸⁵ Statement of Susan Toner dated 28 September 2021 [15].

⁹⁸⁶ Statement of Susan Toner dated 28 September 2021 [15].

⁹⁸⁷ Statement of Susan Toner dated 28 September 2021 [15].

⁹⁸⁸ Statement of Susan Toner dated 28 September 2021 [15].

⁹⁸⁹ Statement of Susan Toner dated 28 September 2021 [15].

⁹⁹⁰ Statement of Susan Toner dated 28 September 2021 [21].

- (ii) She is to follow the “5 rights”⁹⁹¹ system.⁹⁹² For these checks, reference is made to the Webster pak and the care plan. The care plan contains a list of the medications for the client.⁹⁹³
- (iii) Should a client refuse “*the protocol we follow is to ring an RN and let them know that the client has refused, or spat up, or vomited the medication and why*”.⁹⁹⁴
- (e) **Skin Tear.** Ms Toner also referred to the responsibility to be “*careful about their skin integrity*” when showering.⁹⁹⁵

(viii) *Environment - Conditions under which Work is Done*

2.280 Beyond what is summarised above, Ms Toner’s statement provided limited evidence on the conditions under which work is done and did not address initial client assessments and risk assessments performed at the home.

⁹⁹¹ Right patient, Right medication/dose, Right time, Right day, Right route: see Statement of Susan Toner dated 28 September 2021 [22(a)-(e)].

⁹⁹² Statement of Susan Toner dated 28 September 2021 [22].

⁹⁹³ Statement of Susan Toner dated 28 September 2021 [22(b)].

⁹⁹⁴ Statement of Susan Toner dated 28 September 2021 [21].

⁹⁹⁵ Statement of Susan Toner dated 28 September 2021 [17].

(t) Susanne Wagner -- Support Worker -- CBS

(i) Period of Service in Role

2.281 **4 years.** Ms Wagner is employed by CBS in Moonah, Tasmania. Her employment is covered by an enterprise agreement.⁹⁹⁶ Her classification under the agreement is “*home care worker level 3 pay point 2*”.⁹⁹⁷ She is employed as a “*Support Worker*” on a part time basis.⁹⁹⁸ She has worked with CBS for around 4 years.⁹⁹⁹

(ii) Period of Service in Industry

2.282 **21 years.** Ms Wagner has around 21 years’ experience working in home care. She spent 17 years in the UK and since 2018 she has worked as a support worker in Tasmania.¹⁰⁰⁰

(iii) Qualifications and Training

2.283 **Certificate III.** Ms Wagner has a Certificate III in Individual Care.¹⁰⁰¹ During cross-examination, Ms Wagner confirmed that “*domestic work*” is not taught under the Certificate III course (for example, “it doesn’t really talk about house cleaning”).¹⁰⁰² She gave the following evidence about the Certificate III:

(a) The reference to “*work certification*” at [32] of her statement is a reference to the Certificate III qualification.¹⁰⁰³

(b) She confirmed that her evidence at [46] refers to the competencies she developed during the Certificate III.¹⁰⁰⁴ The relevant passage is extracted below:

“My certificate III in individual care requires me to take into account the economic diverse social, spiritual, emotional, cultural, physical experiences, needs, disabilities and geographical factors relevant to each client and co-worker having particular regard for the needs and experience of indigenous people.”¹⁰⁰⁵

(c) She confirmed she applies skills acquired via a Certificate III every day in her job.¹⁰⁰⁶

⁹⁹⁶ Statement of Susanne Wagner dated 28 October 2021 [166].

⁹⁹⁷ Statement of Susanne Wagner dated 28 October 2021 [166].

⁹⁹⁸ Statement of Susanne Wagner dated 28 October 2021 [2].

⁹⁹⁹ Statement of Susanne Wagner dated 28 October 2021 [7].

¹⁰⁰⁰ Statement of Susanne Wagner dated 28 October 2021 [5], [7].

¹⁰⁰¹ Statement of Susanne Wagner dated 28 October 2021 [8].

¹⁰⁰² Transcript, 10 May 2022, PN10259

¹⁰⁰³ Transcript, 10 May 2022, PN10260

¹⁰⁰⁴ Transcript, 10 May 2022, PN10266- PN10267

¹⁰⁰⁵ Statement of Susanne Wagner dated 28 October 2021 [46].

¹⁰⁰⁶ Transcript, 10 May 2022, PN10270- PN10271

2.284 **Mandatory Internal Training.** She also undertakes mandatory training provided by CBS throughout the year.¹⁰⁰⁷

2.285 **First Aid.** Ms Wagner is also first aid certified.¹⁰⁰⁸

2.286 **Additional Research.** During cross-examination, Ms Wagner also explained her reference to “*self-education*”. This is not a reference to further qualification and/or training, but rather, as Ms Wagner confirmed ‘googling’ to research about nutritional requirements for a client wanting to eat better and/or about a cultural background to help her communicate better with them.¹⁰⁰⁹

(iv) *Submissions as to Weight*

2.287 The following aspects of Ms Wagner’s evidence are relevant to weight:

- (a) **UK Work Experience.** Ms Wagner has 17 years’ working experience in aged care in the UK. That experience is not relevant to the assessment of work value reasons in Australia. The relevant part of her evidence is that as a support worker for CBS from 2018. For example, the description of the UK clientele should not factored into the Commission’s assessment.¹⁰¹⁰
- (b) **Opinion.** Ms Wager provides a series of opinions that do not assist the Commission:
 - (i) She states “*NDIS plans appear to me to have a lot of funding for clients but seem to provide very little change to before they were on NDIS*”.¹⁰¹¹
 - (ii) She refers to the benefits of having “*a choice of a minimum hours contract that reflected a reasonable and liveable wage... would provide better job security and satisfaction*”.¹⁰¹² That opinion is not relevant to the work value assessment before the Commission. It should attract no weight.
 - (iii) She describes managers and executive being on “*fantastic salaries, while worker who are doing the actual tangible work are so poorly remunerated...*”.¹⁰¹³

¹⁰⁰⁷ Statement of Susanne Wagner dated 28 October 2021 [9].

¹⁰⁰⁸ Transcript, 10 May 2022, PN10316

¹⁰⁰⁹ Transcript, 10 May 2022, PN10268-PN10275

¹⁰¹⁰ See Statement of Susanne Wagner dated 28 October 2021 [28]-[30], [41]-[42]

¹⁰¹¹ Statement of Susanne Wagner dated 28 October 2021 [98]

¹⁰¹² Statement of Susanne Wagner dated 28 October 2021 [167].

¹⁰¹³ Statement of Susanne Wagner dated 28 October 2021 [160].

- (iv) She comments that “[w]orkers cannot budge their lives because a lot of their work is ad-hoc and we are not given appropriate consistency”.¹⁰¹⁴
- (v) “I would be more willing to work in the industry if pay compensated for the physical, emotional, and intellectual demands, the free use of my vehicle for company activities, and the insecurity of work above my minimum contracted hours”.¹⁰¹⁵

Each opinion is advanced without reference to any evidence, save for her “belief” as to information recorded in her statement. In that form, and to the extent of any relevance, absent corroboration that evidence should not attach any weight.

- (c) **Opinion and Hearsay.** Ms Wagner speculates as to the motivation of her colleagues:
 - (i) “**Several of my colleagues** have considered leaving the industry because of how difficult the work is and how low the remuneration is, along with poor management in the company”,¹⁰¹⁶ and
 - (ii) “Myself and **my colleagues** will also endeavour to provide the best care possible, but we sometimes feel stifled by company policies, low pay, and funding considerations.”¹⁰¹⁷

To the extent Ms Wagner gives evidence as to the experience and/or opinion of colleagues, that hearsay evidence should attach no weight. Even if accepted as statements as to Ms Wagner’s belief, her opinion about retention issues and commentary on remuneration are of limited utility to the Commission for the purposes of assessing work value, particularly in circumstances where there is no reference to any supporting evidence or data.

- (d) **Rostering Issues.** Ms Wagner gives evidence that she is on a “30 hour minimum” contract and if the hours are not met with actual shifts, CBS are required to make up the difference. At [18]-[19], this is raised as a criticism of CBS and impacting upon her earnings. This, however, does not assist with the Commission with assessing whether minimum award rates should be increased based on work value reasons.
- (e) **Stress Resulting from Direction.** Ms Wagner refers to feeling “stress” in response to a direction given by her supervisor. She raised an issue with her coordinator,

¹⁰¹⁴ Statement of Susanne Wagner dated 28 October 2021 [160].

¹⁰¹⁵ Statement of Susanne Wagner dated 28 October 2021 [156]

¹⁰¹⁶ Statement of Susanne Wagner dated 28 October 2021 [155] (emphasis added).

¹⁰¹⁷ Statement of Susanne Wagner dated 28 October 2021 [157] (emphasis added).

seeking to assist a primary carer (i.e. not the client) and was instructed to proceed with her appointments. Putting aside the hearsay, the evidence provides an example of Ms Wagner following protocol (see below) and being dissatisfied with the decision. The decision was well within the responsibility of the coordinator and Ms Wagner's "*emotions*", without passing comment upon them, are simply not relevant to the assessment before the Commission.

- (f) **Union Representation.** At [165], Ms Wagner refers to communications made by the Union to workers regarding a reduction to minimum contracted hours. That evidence is not relevant to work value. The Commission should attach no weight to this evidence.
- (g) **Living Situation.** At [161], Ms Wager gives evidence about being "*unable to find a rental or take out a housing loan*".¹⁰¹⁸ To the extent that evidence is relied upon to suggest award minimum rates are low, the Commission should attach no weight to it as evidence. It is not relevant.

(v) *The Nature of the Work Performed*

2.288 The following evidence of Ms Wagner is relevant to the nature of the work performed:

- (a) She observes an increased prevalence with clients having "*dementia and increased decline*".¹⁰¹⁹
- (b) She observes clients are remaining in their homes longer.¹⁰²⁰
- (c) She describes clients with disabilities, trouble with cognition, amputations, blindness, limb function issues and dementia.¹⁰²¹
- (d) Duties are focused on "*home care and house cleaning because of the changes to the clientele who are more reliant on these types of services as they age*" -- "*the need for these services increases because the clients are losing their independence*".¹⁰²²

¹⁰¹⁸ Statement of Susanne Wagner dated 28 October 2021 [161].

¹⁰¹⁹ Statement of Susanne Wagner dated 28 October 2021 [82], [162], [164].

¹⁰²⁰ Statement of Susanne Wagner dated 28 October 2021 [27], [162]-[163].

¹⁰²¹ Statement of Susanne Wagner dated 28 October 2021 [24]-[25]

¹⁰²² Statement of Susanne Wagner dated 28 October 2021 [27].

- (e) She refers to being aware of *“the client’s right to the dignity of risk”*.¹⁰²³ This reflects the emphasise upon person-centred care. As does her repeated reference to respecting the autonomy and choices of her clients.¹⁰²⁴

(vi) *Supervision*

2.289 **Coordinator.** Ms Wagner confirmed that her supervisor is *“my coordinator”*.¹⁰²⁵ She gave evidence that the coordinator has qualifications, however, she was not certain as to what they were.¹⁰²⁶

2.290 During cross-examination, Ms Wagner confirmed the coordinator is responsible for the following:

- (a) **Initial Assessment.** Setting the client up when they first commence with CBS;¹⁰²⁷ and
- (b) **Care Plan.** They are responsible for writing the care plan,¹⁰²⁸ which includes *“ensur[ing] that they have their services and to inform them on the services they should - they could have. They look after the client’s package basically”*.¹⁰²⁹

2.291 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

- (a) **Change to Care Plan.** Ms Wagner explained the process is to communicate to the coordinator that the care plan needs changing. For example, *“David doesn’t want to shower in the morning, he wants it in the afternoon”*.¹⁰³⁰ The coordinator is responsible for making any changes to the care plan, Ms Wagner is then required to *“support”* those arrangements (noting her work is dictated by the care plan).¹⁰³¹

She also observed that sometimes, the coordinator will determine when certain changes cannot be made. For example, Ms Wagner cited *“mouldy”* food alongside fresh food in a client’s fridge. She reported this observation to the coordinator. The coordinator told Ms Wagner to leave it because the items in the fridge belong to the client’s son. (It should be stated, by that evidence, Ms Wagner is not suggesting she used (or was instructed to use) the mouldy produce or was without safe food to

¹⁰²³ Statement of Susanne Wagner dated 28 October 2021 [34].

¹⁰²⁴ See Statement of Susanne Wagner dated 28 October 2021 [58]-[59]

¹⁰²⁵ Transcript, 10 May 2022, PN10283

¹⁰²⁶ Transcript, 10 May 2022, PN10284-PN10286

¹⁰²⁷ Transcript, 10 May 2022, PN10287

¹⁰²⁸ Transcript, 10 May 2022, PN10288

¹⁰²⁹ Transcript, 10 May 2022, PN10287

¹⁰³⁰ Transcript, 10 May 2022, PN10289-PN10290

¹⁰³¹ See Statement of Susanne Wagner dated 28 October 2021 [158].

provide the client. She was simply not permitted to dispose of food she saw in passing - because it was not her food).¹⁰³²

- (b) **Difficulty during Appointment.** Ms Wagner also confirmed that if she was struggling to deal with somebody with mental health issues, she would contact the coordinator. This is because *“they'd have to assess the care plan, and find better ways that the service can receive good - the client can receive good service.”*¹⁰³³
- (c) **Difficulty Breathing.** Ms Wagner said she would report this to the coordinator as *“higher needs”* and *“then the care plan would then structure care surrounding supporting that condition”*.¹⁰³⁴
- (d) **Serious shortness of breath.** Ms Wagner explained the procedure to be followed: *“Ring triple 0, and you inform the coordinator, and if necessary perform CPR.”*¹⁰³⁵
- (e) **Skin Tear.** Ms Wagner stated that if she observed a skin tear she would *“respect the client’s autonomy”* and inform them of the observation and confirm *“what they would like me to do”*. Ms Wagner continued:

*“MS WAGNER: Depending on the nature of the skin tear I would recommend they see a doctor or a nurse. I would put it - I would note it in the progress notes and I would also inform the coordinator so they're well aware of what was happening so that they can also ensure that it's followed up and checked.”*¹⁰³⁶

MR WARD: And I take it then if there's some different health practitioner required to call then they would follow that up?

*MS WAGNER: Yes, and we also make sure, because - you know, sometimes coordinators are busy or things slip by so it's sort of we have to also ensure that it has been followed up, and that's through progress notes and through talking to the client and just ensuring that things are being looked after.”*¹⁰³⁷

During re-examination, Ms Wagener qualified that response *“I mean it's dependent on the skin care, if it's minor, but if it's major, of course it needs reporting.”*¹⁰³⁸

- (f) **Deep Cut on Finger.** Ms Wagner explained that she provided *“first aid”* but it is ultimately the choice of the client to see a doctor.¹⁰³⁹ She would *“encourage”* them

¹⁰³² Statement of Susanne Wagner dated 28 October 2021 [72(e)]

¹⁰³³ Transcript, 10 May 2022, PN10331

¹⁰³⁴ Transcript, 10 May 2022, PN10291

¹⁰³⁵ Transcript, 10 May 2022, PN10298

¹⁰³⁶ Transcript, 10 May 2022, PN10292

¹⁰³⁷ Transcript, 10 May 2022, PN10293

¹⁰³⁸ Transcript, 10 May 2022, PN10348

¹⁰³⁹ See Statement of Susanne Wagner dated 28 October 2021 [58]

to attend the doctor. She may also leave a note for the family to follow up. Ms Wagner would then inform the coordinator.¹⁰⁴⁰

- (g) **Serious Matter.** For serious matters, the protocol is that Ms Wagner is to call triple-0.¹⁰⁴¹
- (h) **Concern about a client.** Ms Wager provides an example in which a client showed signs of being “*delirious or hallucinating*” during an appointment. She contacted the coordinator who told her to get an ambulance. Ms Wagner waited until the ambulance arrived.¹⁰⁴²
- (i) **No Response from Client upon Arrival.** The procedure is to “knock on doors, look in windows, ring the client, and if I still don't get an answer then I ring the coordinator and they take over from there with instructions.”¹⁰⁴³ She provides an example in her statement.¹⁰⁴⁴
- (j) **Unsafe.** Ms Wagner explained the procedure:

“It depends on the nature of what's not safe, but in any situation, especially working with people for example with behavioural problems or dementia, things like that, we always have to ensure that we're positioned in a place where we can put ourselves safely, so (indistinct) through the exit, we're not blocking exits and things like that, because if for example a client were to be violent we can't defend ourselves because we're then at risk of injuring the client. So the best we can do is remove ourselves from the situation and then report to the coordinator, and fill out an incident form.”¹⁰⁴⁵

2.292 In Ms Wagner's statement she also referred to the following protocols:

- (a) **Reporting requirements.** She described being required to report “observations to the supervisor”:

“I am required to identify changes in the person's health or personal support requirements, and report or take action on each. In the case where a client has a primary carer - often family member - I am also required to note and report on the wellbeing of the carer and the carer/client relationship in case of relationship

¹⁰⁴⁰ Transcript, 10 May 2022, PN10317

¹⁰⁴¹ Transcript, 10 May 2022, PN10319

¹⁰⁴² Statement of Susanne Wagner dated 28 October 2021 [83]-[84].

¹⁰⁴³ Transcript, 10 May 2022, PN10306

¹⁰⁴⁴ Statement of Susanne Wagner dated 28 October 2021 [80]-[81]

¹⁰⁴⁵ Transcript, 10 May 2022, PN10309

breakdowns, be a sympathetic listener for the carer, and refer them to resources such as Carer-Gateway, as the carer is vital to the client's wellbeing."¹⁰⁴⁶

- (b) **Report Safety Issues.** Ms Wagner identified a requirement to report safety issues, for example, should concerns arise with respect to risks related to transferring a client in and out of the shower.¹⁰⁴⁷

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.293 Ms Wagner gave the following evidence about her duties:

- (a) **Types of service.** She works in home care providing:
- (i) **Personal care**¹⁰⁴⁸- this may involve assisting the client in the shower and cleaning the bathroom. She describes "*normally having 2 personal care shifts in the morning*". The time allocated on the roster per appointment is 15 minutes.¹⁰⁴⁹
 - (ii) **Social support**¹⁰⁵⁰ - this involves meal preparation,¹⁰⁵¹ shopping, companionship and assisting clients with administration tasks.¹⁰⁵²
 - (iii) **Domestic work (or "Housework")**¹⁰⁵³ - this includes cleaning and is usually scheduled for the afternoon (for example, vacuuming, mopping, cleaning bathroom, cleaning the kitchen, dusting, making beds, disposing of rubbish, bringing in washing, etc¹⁰⁵⁴). Domestic shifts can range from 1-2 hours in duration.¹⁰⁵⁵ Ms Wagner works a maximum of three 1 hour "domestic assistance shifts" daily.¹⁰⁵⁶
- (b) **Care Plan.** Ms Wagner stated she first sees a client's care plan when they appear in her roster. The care plan would note if the client had mental health issues.¹⁰⁵⁷

¹⁰⁴⁶ Statement of Susanne Wagner dated 28 October 2021 [35]

¹⁰⁴⁷ Statement of Susanne Wagner dated 28 October 2021 [44]

¹⁰⁴⁸ Transcript, 10 May 2022, PN10253

¹⁰⁴⁹ Statement of Susanne Wagner dated 28 October 2021 [20], [72(c)]

¹⁰⁵⁰ Transcript, 10 May 2022, PN10258

¹⁰⁵¹ Statement of Susanne Wagner dated 28 October 2021 [20], [72(a)].

¹⁰⁵² Statement of Susanne Wagner dated 28 October 2021 [26], [72(d)]

¹⁰⁵³ Transcript, 10 May 2022, PN10259; Statement of Susanne Wagner dated 28 October 2021 [72(b)].

¹⁰⁵⁴ Statement of Susanne Wagner dated 28 October 2021 [23], [72(b)].

¹⁰⁵⁵ Statement of Susanne Wagner dated 28 October 2021 [20]-[21].

¹⁰⁵⁶ Statement of Susanne Wagner dated 28 October 2021 [22].

¹⁰⁵⁷ Transcript, 10 May 2022, PN10325-PN10326

- (c) **Progress Notes.** Ms Wagner completes “*electronic*” progress notes at the end of a session.¹⁰⁵⁸ She confirmed a progress note may be as simple as “*Showered the client today*”. She also noted that “*our coordinators prefer that we do is also comment a little bit on the client, you know, did they appear a little bit depressed, were they happy, so that they get a picture of the client and not just the work that's done.*”¹⁰⁵⁹
- (d) **Medication Prompts.** Ms Wagner described this duty as being limited to “*supervise and assist[ing]*” the client to take their own medication”.¹⁰⁶⁰ She does not “*dispense or give medication to the client*”.¹⁰⁶¹ She confirmed the “*workplace will put workers through medication training*” before doing a medication prompt.¹⁰⁶² Ms Wagner did not do this specific training as she advised CBS, it appears she may have been assumed to be “*medication competent*”.¹⁰⁶³
- (e) **Observation.**
- (i) In Ms Wagner’s statement she refers to observing the client “*and I listen and look for cues on how they’re feeling. There are many trained and learned skills that apply to every client you see and that become second nature to apply. I use them on every visit and with each client.*”.¹⁰⁶⁴
- (ii) She notes that she will check a client’s skin and report on any changes (for example, moles, sores, rashes, bruises, etc).¹⁰⁶⁵
- (iii) “*We need to be aware of and identify signs of abuse and neglect and reporting for follow up and possible action*”;¹⁰⁶⁶
- (iv) She states she is “*required to be aware of the sign of under nutrition and dehydration*” and be “*alert to a person’s usual eating patterns*”;¹⁰⁶⁷
- (v) She notes she is required to report on her observations of her clients to her supervisor.¹⁰⁶⁸

¹⁰⁵⁸ Transcript, 10 May 2022, PN10294

¹⁰⁵⁹ Transcript, 10 May 2022, PN10295

¹⁰⁶⁰ Transcript, 10 May 2022, PN10300

¹⁰⁶¹ Transcript, 10 May 2022, PN10300-PN10301

¹⁰⁶² Transcript, 10 May 2022, PN10300

¹⁰⁶³ Transcript, 10 May 2022, PN10304-PN10305

¹⁰⁶⁴ Statement of Susanne Wagner dated 28 October 2021 [31].

¹⁰⁶⁵ Statement of Susanne Wagner dated 28 October 2021 [66].

¹⁰⁶⁶ Statement of Susanne Wagner dated 28 October 2021 [79].

¹⁰⁶⁷ Statement of Susanne Wagner dated 28 October 2021 [76].

¹⁰⁶⁸ Statement of Susanne Wagner dated 28 October 2021 [35]

2.294 During cross-examination, Ms Wagner gave evidence that the Certificate III does not teach her how to deal with schizophrenia, personality disorders, bipolar, depression and anxiety disorders. As such, she will research and watch “*YouTube videos*” (for example, on “*dementia and dealing with difficulty problems with dementia*”) to assist her to provide care to clients with those issues.¹⁰⁶⁹

2.295 In Ms Wagner’s statement, she also identified “*requirements outside of the scope of [my] own role*” (i.e. that she is not permitted or qualified to do):

(a) “*I can’t give medical advice or make a diagnosis*”;

(b) “*I cannot dress or treat wounds*”; and

(c) “*I can’t initiate exercises – even if I had the training because it’s not my role*”.¹⁰⁷⁰

2.296 Ms Wagner considers it is important to be aware of those limitations, because it assists with her identification of when additional intervention is required. She states:

(a) “*I need to identify that other care is or might be required and suggest they visit a doctor or allied health professional, or I contact their case manager to ensure they get a referral or assessment, and I need to follow up with the client to ensure the service is meeting their needs and goals*”;¹⁰⁷¹ and

(b) “*I must be able to identify and respond to routine difficulties during support visits and report more complex problems for referral or action by others*”.¹⁰⁷²

(viii) *Environment - Conditions under which Work is Done*

2.297 In her statement, Ms Wager describes that in her work she is sometimes working in a “*hazardous workplace or a quite heated environment*” (the reference to “*heated*” concerns high temperatures based on client’s preferences).¹⁰⁷³ She identifies some hazards:

(a) frayed electric cords;

(b) poor lighting;

(c) cluttered furniture; and

(d) clients themselves (for example, if they have “*cognitive decline*”).¹⁰⁷⁴

¹⁰⁶⁹ Transcript, 10 May 2022, PN10327- PN10330

¹⁰⁷⁰ Statement of Susanne Wagner dated 28 October 2021 [56]

¹⁰⁷¹ Statement of Susanne Wagner dated 28 October 2021 [56]

¹⁰⁷² Statement of Susanne Wagner dated 28 October 2021 [56]

¹⁰⁷³ Statement of Susanne Wagner dated 28 October 2021 [159].

¹⁰⁷⁴ Statement of Susanne Wagner dated 28 October 2021 [149]-[153].

2.298 In addition to identifying hazards she referred to a protocol of being “*required by my employer to report such things*”.¹⁰⁷⁵

2.299 During cross-examination, Ms Wager confirmed that safety protocols exist, in particular, that there are procedures for reporting hazards:

(a) **Risk Assessment.** Ms Wagner conducts “*an environment assessment*” when going to a client’s home.¹⁰⁷⁶

(i) She described the task as “*something we do all the time*”.

(ii) In her statement she stated:

*“I am required to conduct environmental risk assessments and to take measures to remove or reduce any hazards or risks when I first attend a client or fix anything that’s changed since my last visit. I must maintain infection control, including identifying and working with communicable diseases....”*¹⁰⁷⁷

(iii) For example, if she “*notices something*” she would “*fill out a hazard report or risk report*”.¹⁰⁷⁸ That form is then provided to the coordinators.¹⁰⁷⁹ During cross-examination, she explained what is included in that assessment:

*“So it includes firstly when arriving to looking at the outside environment, the footpaths, how steep it is, stairs that are involved, whether the path is slippery or not, so I’m inspecting for hazards and accessibility and also the suitability for the client. And then when we go inside it’s a similar thing, we look - we’re doing a hazard check, the risk check, we’re looking to see if the environment is appropriate for the client and that there aren’t any issues that might be making things difficult for them.”*¹⁰⁸⁰

(b) **Hazard Identification.** She gave evidence that she undertakes this “*checking*” “*always*”.¹⁰⁸¹ During re-examination, Ms Wagner identified some examples of hazards: “*Lack of hand rails outside the door for the client and they’re finding it difficult to navigate a step to get outside, so that a hand rail is needed for safety of the client, frayed loose rugs on the mats that could be a trip hazard.*”¹⁰⁸²

¹⁰⁷⁵ Statement of Susanne Wagner dated 28 October 2021 [152].

¹⁰⁷⁶ Transcript, 10 May 2022, PN10276; Statement of Susanne Wagner dated 28 October 2021 [37].

¹⁰⁷⁷ Statement of Susanne Wagner dated 28 October 2021 [37]

¹⁰⁷⁸ Transcript, 10 May 2022, PN10278

¹⁰⁷⁹ Transcript, 10 May 2022, PN10279

¹⁰⁸⁰ Transcript, 10 May 2022, PN10277

¹⁰⁸¹ Transcript, 10 May 2022, PN10280-PN10281

¹⁰⁸² Transcript, 10 May 2022, PN10340

- (c) In her statement Ms Wagner also referred to the additional “*physical exertion*” in pushing clients in a wheelchair and the need to be “*constantly aware of safe pathways*”.¹⁰⁸³

¹⁰⁸³ Statement of Susanne Wagner dated 28 October 2021 [100].

(u) Theresa Heenan -- Home Care Employee -- Warramunda Village

(i) Period of Service in Role

2.300 **3 years.** Ms Heenan is employed by Warramunda Village in Kyabram, Victoria (**Warramunda**).¹⁰⁸⁴ Her employment is regulated by the SCHADS Award. She is classified as a “*Home Care Worker Level 4, pay point 1*”.¹⁰⁸⁵ She is employed on a permanent part-time basis.¹⁰⁸⁶

2.301 **Disability Work (5 years).** Ms Heenan is also employed by Community Living & Respite Services (**Community Living**). Her employment is regulated by the SCHADS Award (following the termination of a former enterprise agreement). For that employment, she provides disability support services work and is classified as a “*Social and Community Services*” employee at “*level 2, pay point 4*”.¹⁰⁸⁷

2.302 For the purpose of these proceedings, Ms Heenan’s role at Warramunda is relevant.

(ii) Period of Service in Industry

2.303 **40 years (on and off).** Ms Heenan has worked in the aged care industry “*on and off*” over her 40 year career.¹⁰⁸⁸ Ms Heenan was trained as an EN around 40 years ago.¹⁰⁸⁹ At one stage she took an 11 year break from nursing and was unable to maintain her EN registration.¹⁰⁹⁰ She returned to the industry in 2006 as a home care worker.¹⁰⁹¹

(iii) Qualifications and Training

2.304 **Certificate III and IV.** Ms Heenan has the following qualifications:

- (a) Certificate III in Home and Community Care;
- (b) Certificate IV in Dementia Practice with Alzheimer’s Australia;
- (c) Certificate III in Individual Support (Disability);
- (d) Certificate III in Individual Support (Aged Care); and
- (e) Certificate IV in Disability.

¹⁰⁸⁴ Statement of Theresa Heenan dated 20 October 2021 [2].

¹⁰⁸⁵ Statement of Theresa Heenan dated 20 October 2021 [45], [47].

¹⁰⁸⁶ Statement of Theresa Heenan dated 20 October 2021 [46].

¹⁰⁸⁷ Statement of Theresa Heenan dated 20 October 2021 [49]-[51].

¹⁰⁸⁸ Statement of Theresa Heenan dated 20 October 2021 [1].

¹⁰⁸⁹ Statement of Theresa Heenan dated 20 October 2021 [6].

¹⁰⁹⁰ Statement of Theresa Heenan dated 20 October 2021 [10].

¹⁰⁹¹ Statement of Theresa Heenan dated 20 October 2021 [11].

- 2.305 Each Certificate III was either paid for in full or subsidised by an employer.
- 2.306 **Mandatory Internal Training.** Warramunda provides annual training which is delivered online. The modules include manual handling, fire safety, medication safety, food handling, etc.¹⁰⁹² During cross-examination, Ms Heenan confirmed the training consisted of “*mainly videos*” which were followed by a quiz.¹⁰⁹³ In her statement Ms Heenan noted she is “*paid one hour*” to complete each topic (but it “*often takes much longer*”).¹⁰⁹⁴
- 2.307 **Medication Training.** Warramunda has also provided RN-led medication training.¹⁰⁹⁵
- 2.308 **First Aid and CPR.** She is also required to undertake annual CPR training and first aid training every three years.¹⁰⁹⁶

(iii) *Submission as to Weight*

- 2.309 The following aspects of Ms Heenan’s evidence should attract little (if any) weight:
- (a) **Disability Work.** Throughout her written and oral evidence, Ms Heenan referred to her work as a disability support worker with Community Living.¹⁰⁹⁷ That work falls outside the scope of the applications before the Commission. It is not relevant to the evaluative exercise to be undertaken by the Commission.
 - (b) **COVID-19.** To the extent that Ms Heenan’s evidence addresses the impact of pandemic,¹⁰⁹⁸ we rely upon submissions at Section 5.
 - (c) **Financial Pressure and Staying in the Job.** Ms Heenan gave evidence as to the following:
 - (i) Her reasons for commencing and leaving a career in nursing.¹⁰⁹⁹
 - (ii) Her reasons for entering aged care.¹¹⁰⁰
 - (iii) The requirement to work “*at least 30 hours a week... to earn a sufficient wage to pay my living expenses*”.¹¹⁰¹

¹⁰⁹² Statement of Theresa Heenan dated 20 October 2021 [42].

¹⁰⁹³ Transcript, 6 May 2022, PN7930

¹⁰⁹⁴ Statement of Theresa Heenan dated 20 October 2021 [43].

¹⁰⁹⁵ Transcript, 6 May 2022, PN7934

¹⁰⁹⁶ Statement of Theresa Heenan dated 20 October 2021 [44].

¹⁰⁹⁷ See Statement of Theresa Heenan dated 20 October 2021 [23], [53].

¹⁰⁹⁸ Statement of Theresa Heenan dated 20 October 2021 [113]-[112].

¹⁰⁹⁹ Statement of Theresa Heenan dated 20 October 2021 [123]-[124].

¹¹⁰⁰ Statement of Theresa Heenan dated 20 October 2021 [125]-[126].

¹¹⁰¹ Statement of Theresa Heenan dated 20 October 2021 [127].

- (iv) The requirement to *“have and maintain a decent car, and cover all registration, insurance, and maintenance costs off our own bat”*.¹¹⁰²
- (v) The requirement to wear and pay for a uniform.¹¹⁰³
- (vi) *“I don’t think the wages paid to home care workers reflect the difficult and varied work we do on a day-to-day basis”*.¹¹⁰⁴

Whilst that evidence includes a combination of emotive statements paired with a summary of related expenses incurred by Ms Heenan, the evidence is of limited relevance or assistance to the Commission, particularly in circumstances where statements as to expenses are not supported by corroborating or objective evidence. At its highest it is evidence of Ms Heenan’s opinion and/or belief.

(v) *The Nature of the Work Performed*

2.310 The following aspects of Ms Heenan’s evidence is relevant to the nature of the work performed:

- (a) Ms Heenan observes that a Certificate III qualification is *“now an entry requirement for home care workers performing personal care”*. She notes when she commenced work with Southern Cross this was not the case.¹¹⁰⁵
- (b) She observes that people want to *“stay in their homes longer and longer”* and considers *“there are more services available to aged people in their homes which allow people to do this”*.¹¹⁰⁶ She does not identify them.
- (c) She considers the role of home care workers has expanded over time as evidenced by the addition of *“medication prompts”* as part of her work.¹¹⁰⁷
- (d) She notes she has clients with dementia.
- (e) She describes care services as becoming *“rushed”* which impacts the time she is able to spend with clients.¹¹⁰⁸

¹¹⁰² Statement of Theresa Heenan dated 20 October 2021 [128].

¹¹⁰³ Statement of Theresa Heenan dated 20 October 2021 [129].

¹¹⁰⁴ Statement of Theresa Heenan dated 20 October 2021 [130]

¹¹⁰⁵ Statement of Theresa Heenan dated 20 October 2021 [106]-[107].

¹¹⁰⁶ Statement of Theresa Heenan dated 20 October 2021 [111]

¹¹⁰⁷ Statement of Theresa Heenan dated 20 October 2021 [112]

¹¹⁰⁸ Statement of Theresa Heenan dated 20 October 2021 [78]

(vi) *Supervision*

2.311 During cross-examination, Ms Heenan confirmed she reports to a Team Leader. That person is not a RN.¹¹⁰⁹ However, should she need to contact a RN, she contacts a RN on the home care admin team directly.¹¹¹⁰

2.312 Should Ms Heenan have an appointment outside of office hours she has two options:

(a) call the “*Village Hostel*”;¹¹¹¹ and/or

(b) text the “*on-call phone*”.¹¹¹²

2.313 Ms Heenan confirmed that client case managers are mainly RNs. They are also involved in the initial assessment of a new client. Ms Heenan is not involved in that process.¹¹¹³

2.314 During cross-examination she also confirmed the procedures set in place that she is to follow for a range of incidents/scenarios. For example:

(a) **Bruise.** Ms Heenan stated she would text the RN with “*a description of what the bruise looks like and where it is*”.¹¹¹⁴

(b) **Issue with medication (example, earlier pills not taken).** Ms Heenan confirmed that the protocol is she would contact the Team Leader immediately.¹¹¹⁵ Ms Heenan has also contacted the RN if a pill was missing.¹¹¹⁶

(c) **Hazard identification.** Ms Heenan explained that safety issues are reported to the Team Leader, the Team Leader is then responsible for handling any changes to the care plan.

She referred to an example of a need to modify the bathing arrangements of a client, due to the layout of a shower over a bath, the client was required to step over the side of the bath - which presented a falling hazard.¹¹¹⁷ Following reporting that hazard to the Team Leader, the Team Leader updated the care plan so that all carers would know not to shower the client in the bath.¹¹¹⁸

(d) **Client fall.** The protocol in place is that Ms Heenan is to call the ambulance.¹¹¹⁹

¹¹⁰⁹ Transcript, 6 May 2022, PN7877-PN7878

¹¹¹⁰ Transcript, 6 May 2022, PN7879

¹¹¹¹ Transcript, 6 May 2022, PN7880

¹¹¹² Transcript, 6 May 2022, PN7882

¹¹¹³ Transcript, 6 May 2022, PN7885- PN7887

¹¹¹⁴ Transcript, 6 May 2022, PN7957

¹¹¹⁵ Transcript, 6 May 2022, PN7965-PN7966

¹¹¹⁶ Transcript, 6 May 2022, PN7968-PN7969

¹¹¹⁷ Transcript, 6 May 2022, PN7990-PN7992

¹¹¹⁸ Transcript, 6 May 2022, PN7992- PN7993.

¹¹¹⁹ Transcript, 6 May 2022, PN8001

- (e) **Issue with alert device for a client.** Ms Heenan contacted the Team Leader (see [72] of statement).¹¹²⁰

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.315 Ms Heenan gave the following evidence about her duties:

- (a) **Appointments.** The home care services provided by Ms Heenan include:
- (i) **personal care** including help with showers and help with meals (sometimes this involves short 15 minute services to drop off and heat up meals for clients, or a longer 30 minute service if the client needs someone to sit with them while they eat);¹¹²¹
 - (ii) **social support** and welfare checks;¹¹²²
 - (iii) **medication prompts** which she explained is *“limited to medication from webster paks and drops”*.¹¹²³ During cross-examination, Ms Heenan confirmed the process involve checking the pills in the blister pack against the information recorded on the blister pack. There is no separate medication chart.¹¹²⁴ If the client is capable, Ms Heenan lets the client pop the pills. However, if she does it, she will do so *“into a cup and I count the tablets, then make sure it's the correct amount”*.¹¹²⁵
 - (iv) **measuring blood pressure** - which she described as some *“clinical-type support”*¹¹²⁶ - Ms Heenan stated she will measure blood pressure if *“it's in the notes”*. She could not remember being specifically trained by a RN with Warramunda;¹¹²⁷
 - (v) **community access**, for example *“taking clients out to the shops”*;¹¹²⁸
 - (vi) **domestic assistance** with laundry and some cleaning (approximately 10 hours of cleaning per week).¹¹²⁹

¹¹²⁰ Transcript, 6 May 2022, PN8002

¹¹²¹ Statement of Theresa Heenan dated 20 October 2021 [60].

¹¹²² Statement of Theresa Heenan dated 20 October 2021 [60].

¹¹²³ Statement of Theresa Heenan dated 20 October 2021 [60].

¹¹²⁴ Transcript, 6 May 2022, PN7962-PN7964

¹¹²⁵ Transcript, 6 May 2022, PN7968; Statement of Theresa Heenan dated 20 October 2021 [63].

¹¹²⁶ Statement of Theresa Heenan dated 20 October 2021 [60].

¹¹²⁷ Transcript, 6 May 2022, PN7959- PN7960

¹¹²⁸ Statement of Theresa Heenan dated 20 October 2021 [60].

¹¹²⁹ Statement of Theresa Heenan dated 20 October 2021 [62].

- (b) **Roster.** Ms Heenan works around 17 hours per week with Warramunda.¹¹³⁰ She provide home care services to both HCP and NDIS funded clients.¹¹³¹ She described the roster as “reasonably regular”.¹¹³²
- (c) **Care Plans.** Ms Heenan reads notes about a client via the roster system on her work phone. To see the full care plan, it would need to be requested.¹¹³³ Ms Heenan provided an example of a note that may be entered: *“The client likes to, you know, just sit on the couch”* or *“check that the medications have been taken”*.¹¹³⁴
- (d) **Progress Notes.** Ms Heenan stated that she would “send texts” to her Team Leader or a RN.¹¹³⁵ However, Ms Heenan confirmed that progress note “texts” are only sent if there is *“something different, something out of the ordinary”*. She stated: *“if everything flows smoothly there's no need to do a text”*.¹¹³⁶
- (e) **Emails to Team Leader.** At [103] of Ms Heenan’s statement she referred to spending unpaid time writing lengthy emails to Team Leaders. During cross-examination, she confirmed this would be required *“if something happens out of the ordinary, or different, or something goes wrong”*. Ms Heenan also gave the following evidence:
- “MS RAFTER: But these lengthy emails wouldn't be after every appointment?”*
- MS HEENAN: No. No, no.”*¹¹³⁷
- (f) **Certificate III.** Ms Heenan gave evidence about the connection between her Certificate III training in aged care and the skills she uses as a home care worker:
- (i) She described the training as *“validat[ing]”* what I was already doing and *“gave me a different aspect about care, and it was great to hear from what other people were doing as well and different experiences. Yes, it just broadened by knowledge”*.¹¹³⁸
- (ii) She confirmed that she learnt *“new strategies”* by completing the Certificate III but also acknowledged that *“I learn each day with my work as well”*.¹¹³⁹

¹¹³⁰ Statement of Theresa Heenan dated 20 October 2021 [55].

¹¹³¹ Statement of Theresa Heenan dated 20 October 2021 [58].

¹¹³² Statement of Theresa Heenan dated 20 October 2021 [67].

¹¹³³ Transcript, 6 May 2022, PN7888

¹¹³⁴ Transcript, 6 May 2022, PN7892

¹¹³⁵ Transcript, 6 May 2022, PN7949- PN7954

¹¹³⁶ Transcript, 6 May 2022, PN7954-PN7955

¹¹³⁷ Transcript, 6 May 2022, PN8007

¹¹³⁸ Transcript, 6 May 2022, PN7975

¹¹³⁹ Transcript, 6 May 2022, PN7976

(iii) As to the use of “*validation*”, Ms Heenan accepted that the units of competency in Certificate III such as “*Support Independence and Wellbeing*” helped confirm she was “*on the right track*” in the performance of her role.¹¹⁴⁰ She accepted an example of this was when she employed skills that prioritise the independence of clients and seek to empower them.¹¹⁴¹

(viii) *Environment - Conditions under which Work is Done*

2.316 Warramunda provides home care services to clients that are HCP and NDIS funded. It also has a residential aged care facility. Ms Heenan does not work in the facility.¹¹⁴²

2.317 As to the conditions under which work is done, Ms Heenan gave the following evidence:

- (a) **Risk Assessment.** During cross-examination, Ms Heenan gave evidence that Warramunda organise a risk assessment of a client home prior to care services being provided and “*then they have 12-monthly ones where we take a form out and we have certain things to check off, such as, you know, power points and leads*”.¹¹⁴³ As part of that check, the shower and different aspects of the home environment that a career might have to be involved in would be inspected.¹¹⁴⁴
- (b) **Mobility Aids.** In Ms Heenan’s second statement she referred to physical demands associated with a client that requires a wheelchair.¹¹⁴⁵ During cross-examination, she accepted that the wheelchair assists with moving a client around with mobility issues. Further that absent a wheelchair there would be “*much increased difficulty in moving a person with that level of immobility*”.¹¹⁴⁶

¹¹⁴⁰ Transcript, 6 May 2022, PN7977

¹¹⁴¹ Transcript, 6 May 2022, PN7978

¹¹⁴² Statement of Theresa Heenan dated 20 October 2021 [58]-[59].

¹¹⁴³ Transcript, 6 May 2022, PN8016

¹¹⁴⁴ Transcript, 6 May 2022, PN8017-PN8018

¹¹⁴⁵ Transcript, 6 May 2022, PN8009; Second Statement [8].

¹¹⁴⁶ Transcript, 6 May 2022, PN8010-PN8011

(v) Lillian Grogan -- Care Coach -- Australian Unity

(i) Period of Service in role

2.318 **8 months.** Ms Grogan has worked in the Care Coach role for approximately 8 months¹¹⁴⁷. Ms Grogan also undertakes home carer duties.

(ii) Period of Service in Industry

2.319 **18 years.** Ms Grogan has worked in the industry for 18 years¹¹⁴⁸.

(iii) Qualifications and Training

2.320 **Certificate III.** Ms Grogan holds a Certificate in Aged Care Skills and Certificate III in aged and community care¹¹⁴⁹.

2.321 Ms Grogan states that she has clinical training by the head nurse of her employer which has allowed Ms Grogan to undertake tasks such as “*monitoring blood glucose levels, bowel care, urinary care, medication*”¹¹⁵⁰

(iv) Submissions as to Weight

1.1 **COVID.** To the extent that Ms Grogan’s evidence addresses the impact of pandemic, we rely upon submissions at Section 5.

(v) The Nature of the Work Performed

2.322 Ms Grogan provides direct care which can range from “*dusting shelves to helping someone die, and everything in between*”¹¹⁵¹

2.323 Ms Grogan describes her care coach role as being

*a mentoring role, so, within care - as a care worker coach I go out with other care workers that are new to the job and give them some on-the-job - sign them off as an on-the-job training sort of thing. Plus I also support existing care workers in their role if they are having any issues with client issues or other work related issues where they just want to talk to someone who does a similar job to what they do*¹¹⁵²

¹¹⁴⁷ Witness statement of Lillian Grogan, date 20 October 2021 at [3]

¹¹⁴⁸ Witness statement of Lillian Grogan, date 20 October 2021 at [1]

¹¹⁴⁹ Witness statement of Lillian Grogan, date 20 October 2021 at [3]

¹¹⁵⁰ Transcript dated 10 May 2022 at PN11266

¹¹⁵¹ Witness statement of Lillian Grogan, date 20 October 2021 at [18]

¹¹⁵² Transcript dated 10 May 2022 at PN11250

(vi) *Supervision*

2.324 In terms of supervision in her role as care coach, Ms Grogan states:

*We have quite a few people we can call upon. I have my supervisor - my people leader is my supervisor. Then there's the branch manager. We also have contact with the organisational head nurse who runs the coaching program, and we also – we have a team set up where we have channels with other coaches so we can call on each other for help as well.*¹¹⁵³

2.325 If Ms Grogan needs clinical assistance, she will go to the nurse who works in her branch¹¹⁵⁴.

2.326 **Tears/Bruises.** If Ms Grogan notices a skin tear on a client she will “*straight back to the service coordinator as the first point of reporting to*”¹¹⁵⁵, the “*service coordinator, who then would pass it on to the nursing staff.*”¹¹⁵⁶

2.327 **Falls.** If a client has a fall Ms Grogan has to “*all an ambulance straightaway, and you know, follow the direction of the Triple 0 call, and then report back to the office directly straightaway once it's happened.*”¹¹⁵⁷

2.328 **Non-response.** There is a procedure for non-response from a client, Ms Grogan will “*have to report that. We can't leave the client's home until we have contacted the office and reported it to them, and we have to wait for them to either contact that person's emergency contact before we can leave, and they'll get back to us and say no, it's okay for you to go on to your next job or something like that.*”¹¹⁵⁸

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.329 **Medications.**

(a) Ms Grogan “*can only distribute medications out of a blister pack*”¹¹⁵⁹, when pressed further, she agreed that this meant that she prompts and assists clients with their medications by removing them from the Webster-pak, put them in a cup to prompt the client to take the tablet¹¹⁶⁰

(b) Ms Grogan can assist with eye and ear drops¹¹⁶¹

¹¹⁵³ Transcript dated 10 May 2022 at PN11255

¹¹⁵⁴ Transcript dated 10 May 2022 at PN11264

¹¹⁵⁵ Transcript dated 10 May 2022 at PN11286

¹¹⁵⁶ Transcript dated 10 May 2022 at PN11284

¹¹⁵⁷ Transcript dated 10 May 2022 at PN11287

¹¹⁵⁸ Transcript dated 10 May 2022 at PN11294

¹¹⁵⁹ Transcript dated 10 May 2022 at PN11275

¹¹⁶⁰ Transcript dated 10 May 2022 at PN11277

¹¹⁶¹ Transcript dated 10 May 2022 at PN11278

- (c) Ms Grogan can assist with catheters by “*making sure the site's clean, reporting back if things don't look right. We change the bag - empty the bag, night bag; put it in day/night bags*”¹¹⁶²
- 2.330 **Progress notes.** Ms Grogan puts progress notes into the Procura app after every service. Hazards are also recorded in DoneSafe¹¹⁶³. These notes go to the service coordinator then the branch manager¹¹⁶⁴. In terms of content, this will depend on the “*care plan, how up to date their care plan is, or if something's changed from their care plan then I always report things back that we may have done that's not actually in their care plan, so that they know that that's a regular thing. But most of the time there is a (indistinct) note at the end of the service, yes.*”¹¹⁶⁵
- 2.331 **Communication.** Ms Grogan states that “*you need to know how to communicate to a high level*”¹¹⁶⁶
- 2.332 **Patience.** Ms Grogan states that you need patience to understand the client as they might not tell you the issues.
- 2.333 **Interpersonal Skills.** Ms Grogan states that “*you also need highly developed interpersonal skills to deal with clients' families who may be overbearing, or negative family dynamics (for instance if the client does not believe that they need the care but their children disagree).*”¹¹⁶⁷
- (viii) *Environment - Conditions under which Work is Done*
- 2.334 **Safety.** Ms Grogan states that she doesn't think that she has “*felt too unsafe within my workplace*”, however, she does have “*some clients with behavioural issues, which can be a bit scary at time*”¹¹⁶⁸
- 2.335 Ms Grogan has a procedure for when she feels unsafe “*Yes, well, like we can report that to again - but after hours we do - now we do have an after hours call number, which we never used to have, so that's an improvement, but I guess the procedure is to try and not - just be able to just leave if you can, if it's an unsafe house. Like if you feel like you're being - going to be attacked by someone, you know, try and just get out of the house.*”¹¹⁶⁹

¹¹⁶² Transcript dated 10 May 2022 at PN11281

¹¹⁶³ Transcript dated 10 May 2022 at PN11298

¹¹⁶⁴ Transcript dated 10 May 2022 at PN11296

¹¹⁶⁵ Transcript dated 10 May 2022 at PN11298

¹¹⁶⁶ Witness statement of Lillian Grogan, date 20 October 2021 at [20]

¹¹⁶⁷ Witness statement of Lillian Grogan, date 20 October 2021 at [19]

¹¹⁶⁸ Transcript dated 10 May 2022 at PN11303

¹¹⁶⁹ Transcript dated 10 May 2022 at PN11304

Risk Assessment. Ms Grogan states “we do get involved in risk assessments in that we are risk assessing every time we go into someone's house because it changes from one visit to the next. So it is our responsibility to always report back anything that's changed within that household or within that dwelling, within that person's conditions or whatever. So I would say we're very involved in risk assessing because we do it every day”¹¹⁷⁰

¹¹⁷⁰ Transcript dated 10 May 2022 at PN11301

3. HOME CARE EMPLOYEE: COORDINATOR

(i) *Period of Service in Role*

3.1 **4 years.** Mr Peter Doherty gave evidence as to his experience working as a Coordinator at St Andrews Community Care. Mr Doherty has worked in this role for four years¹¹⁷¹.

(ii) *Period of Service in Industry*

2.336 **4 years.** Mr Doherty has four years directly in the industry. Prior to this, Mr Doherty worked as:

- (a) Lead Organiser running the in-bound call centre in the Western Australian Branch of the Union between 2008 and 2010¹¹⁷²;
- (b) Organiser for the Queensland Branch of the Union between 2011 and 2012¹¹⁷³;
- (c) Regional Organiser for the Far North Coast of NSW in 2012 until 2017¹¹⁷⁴.

2.337 Mr Doherty describes the focus of his Regional Organiser role as being “*home care workers and school cleaners*”¹¹⁷⁵.

(iii) *Qualifications and Training*

2.338 **Diploma.** Mr Doherty has a Diploma in Business Studies¹¹⁷⁶

(iv) *Submissions as to Weight*

2.339 The following aspects of Mr Doherty’s evidence should attract little (if any) weight:

- (a) **Enterprise Agreement.** Mr Doherty compares his rate of pay under the SCHADS award to the rate of pay which would be applicable to him, should he be covered by the St. Andrew’s Village Ballina, Ltd., NSWNMA and HSU NSW Enterprise Agreement 2017-2020. Respectfully, this is matter which is not relevant to a work value consideration as the rates under the Agreement are a negotiated amount and should be given little to no weight. ¹¹⁷⁷

¹¹⁷¹ Witness Statement of Peter Doherty, dated 28 October 2021 at [2]

¹¹⁷² Witness Statement of Peter Doherty, dated 28 October 2021 at [6]

¹¹⁷³ Witness Statement of Peter Doherty, dated 28 October 2021 at [7]

¹¹⁷⁴ Witness Statement of Peter Doherty, dated 28 October 2021 at [7]

¹¹⁷⁵ Witness Statement of Peter Doherty, dated 28 October 2021 at [8]

¹¹⁷⁶ Witness Statement of Peter Doherty, dated 28 October 2021 at [16]

¹¹⁷⁷ Witness Statement of Peter Doherty, dated 28 October 2021 at [20] - [25]

- (b) **Staffing.** Mr observes that his job is increasingly difficult due to not being able to recruit staff due to low wages and the cost of petrol. Whilst Mr Doherty’s opinion is that this is the root cause of the issue, he has not provided supporting evidence to support his claim. Therefore, little to no weight should be given to this evidence.¹¹⁷⁸
- (c) **Acting up.** Mr Doherty states that he has been required to act up, and has been given extra duties to perform, although there is no scope in the Award for an increase in pay. Whilst this may be frustrating, these are not matters relevant to setting a minimum rate of pay.

(v) *The Nature of the Work Performed*

2.340 Mr Doherty describes the work as being the “*front line*”¹¹⁷⁹ for enquiring about home care packages. Mr Doherty will “*triage*” an inquiry before a home care package coordinator will do an assessment to determine the needs of the client¹¹⁸⁰:

*Yes, basically we've got a form that we fill out and we email it to those guys and explain - they've already got a package with another provider, they want to come to us or, yes, they'll explain. So we do that initial triage, obviously (1) to make sure it's something that we can actually deliver on and then it goes to the next stage that they would actually then make the phone call and generally they would go and meet them in the home and do that first initial assessment.*¹¹⁸¹

(vi) *Supervision*

2.341 Mr Doherty’s manager is the Director of Community Care¹¹⁸², however he states that he doesn’t get a lot of “*supervision or support*”¹¹⁸³.

¹¹⁷⁸ Transcript dated 5 May 2022, at PN6347; Witness Statement of Peter Doherty, dated 28 October 2021 at [123] - [131]

¹¹⁷⁹ Transcript dated 5 May 2022, at PN6051

¹¹⁸⁰ Transcript dated 5 May 2022, at PN6048

¹¹⁸¹ Transcript dated 5 May 2022, at PN6053

¹¹⁸² Witness Statement of Peter Doherty, dated 28 October 2021 at [146]

¹¹⁸³ Witness Statement of Peter Doherty, dated 28 October 2021 at [147]

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.342 It is the home care package coordinator who will discuss how the funding works, gather what the needs of the resident are, write the care plan¹¹⁸⁴ and undertake a risk assessment¹¹⁸⁵. However:

(a) if there are clinical needs that need to be assessed then “an RN would go and do an initial assessment and, yes, ascertain whether RN visits are needed under a package”¹¹⁸⁶

(b) sometimes an OT will do an assessment as well¹¹⁸⁷ to see if there is any modifications for the home¹¹⁸⁸

2.343 **Rostering.** Mr Doherty is responsible for his own “region” (covering Byron Bay down to Wardell, including Ballina/Lennox Head).¹¹⁸⁹ This involves preparing a roster for 50 care workers. He states that the roster is his “one of the biggest stresses of my fortnight.”¹¹⁹⁰

2.344 The rostering program will allocate shifts that are regular, whereas Mr Doherty will then roster unallocated shifts. These shifts may arise when there is a new client or a carer is on leave¹¹⁹¹. Mr Doherty will then check the roster “*to check that the industrial requirements are being adhered to*”¹¹⁹².

2.345 Throughout the roster period, Mr Doherty will need to make changes to it on a daily basis¹¹⁹³

2.346 As there is CDC, Mr Doherty needs to “*balance the often competing interests and expectations of our clients, my superiors, and the care workforce – and at the same time ensure the Award is complied with in terms of breaks and overtime.*”¹¹⁹⁴

2.347 Mr Doherty would let his staff know about the client’s home or if there is anything they need to be aware of through the system:

so we would modify and put stuff on, you know, be aware of the dog or you know, or any of the, you know, stuff around. You know, okay, there's 10 steps up there and all them kind of things that would obviously make it easier for the care worker to do the job. You know, everything from, you know, it's like hey, they're in the granny flat, not in the main house. The

¹¹⁸⁴ Transcript dated 5 May 2022, at PN6049

¹¹⁸⁵ Transcript dated 5 May 2022, at PN6066

¹¹⁸⁶ Transcript dated 5 May 2022, at PN6064

¹¹⁸⁷ Transcript dated 5 May 2022, at PN6084

¹¹⁸⁸ Transcript dated 5 May 2022, at PN6085

¹¹⁸⁹ Witness Statement of Peter Doherty, dated 28 October 2021 at [46]

¹¹⁹⁰ Witness Statement of Peter Doherty, dated 28 October 2021 at [69]

¹¹⁹¹ Witness Statement of Peter Doherty, dated 28 October 2021 at [54] - [56]

¹¹⁹² Witness Statement of Peter Doherty, dated 28 October 2021 at [58]

¹¹⁹³ Witness Statement of Peter Doherty, dated 28 October 2021 at [10]

¹¹⁹⁴ Witness Statement of Peter Doherty, dated 28 October 2021 at [60]

*access to this is, you know, this or you know, or the road up there is a difficult road to get up to. So any information that is, you know, to make the job easier for the care worker to deliver care we would then put on the system to say yes, which they would then access via their phones when they're doing the job, yes.*¹¹⁹⁵

2.348 **Care Plan.** Mr Doherty's input into the care planning is having initial conversations with the client. Mr Doherty will tell the RN or the home care package consultant that "This is what I've been advised" by the client¹¹⁹⁶

2.349 **Managing Clients and complaints.** Mr Doherty will assist clients with their queries and complaints. These can take up to 40 minutes to address and they could receive between 40 to 120 calls per day¹¹⁹⁷

- (a) This includes helping a client that calls about a carer running late¹¹⁹⁸;
- (b) If there is a complaint, he will undertake the initial triaging. If the matter is simple, such as a client complaining about a part of the service (ie dusting) not being performed he may be able to resolve it. If it is a serious matter such as theft he will take down the details to escalate the complaint to his boss for investigation¹¹⁹⁹;
- (c) If the query is about their services, he will triage it and refer the client to the home care coordinator or RN¹²⁰⁰;
- (d) If the query is about arranging transport or a one off additional service, Mr Doherty will book this;¹²⁰¹
- (e) Billing queries go to finance¹²⁰²;
- (f) Queries from family members may be resolved by Mr Doherty, but if it is about "clinical or plan basis, we triage and refer them on"¹²⁰³.

2.350 **Managing and Supervision of home carer.** Mr Doherty receives calls from home care workers, either as an update (the carer is running late), to manage issues that arose during the service or if there has been a client decline. In this respect:

¹¹⁹⁵ Transcript dated 5 May 2022, at PN6083

¹¹⁹⁶ Transcript dated 5 May 2022, at PN622 - PN6263

¹¹⁹⁷ Witness Statement of Peter Doherty, dated 28 October 2021 at [78], [85] and Transcript dated 5 May 2022, at PN6295

¹¹⁹⁸ Witness Statement of Peter Doherty, dated 28 October 2021 at [81]

¹¹⁹⁹ Witness Statement of Peter Doherty, dated 28 October 2021 at [82]

¹²⁰⁰ Witness Statement of Peter Doherty, dated 28 October 2021 at [83]

¹²⁰¹ Witness Statement of Peter Doherty, dated 28 October 2021 at [83]

¹²⁰² Witness Statement of Peter Doherty, dated 28 October 2021 at [83]

¹²⁰³ Witness Statement of Peter Doherty, dated 28 October 2021 at [84]

- (a) If the decline in the resident is severe he would send *“it straight to the RNs, so both the director of care and the RN, and say hey, look, there's a severe need, or there's a severe wound or something”*¹²⁰⁴;
- (b) Mr Doherty would *“say to our director of care, look, a care worker has advised me that they need extra time, are you okay for me to make the shower time, you know, 35 minutes, yes”*¹²⁰⁵ before rostering extra time;
- (c) Mr Doherty sometimes will be the person to advise a client to call 000 if the RN cannot be contacted in the first instance¹²⁰⁶;
- (d) Mr Doherty will walk the carer through the no response plan if the client does not answer the door.
- (e) This may take *“anywhere from couple of minutes to an hour to deal with. A call may involve multiple calls to multiple other places to sort out – particularly if it has an impact on the roster”*
- (f) Mr Doherty states that he “performance manages” less serious issues with carers. During Cross examination, Mr Doherty stated *“look, ultimately it goes to the director of community care. We certainly - if things are raised, we certainly get involved in giving direction to the care workers.”*¹²⁰⁷
- (g) **Reporting.** Mr Doherty completes reporting for the Director of Community Care once a month.

(viii) *Environment - Conditions under which Work is Done*

2.351 Mr Doherty describes the work as challenging and being under constant pressure¹²⁰⁸.

¹²⁰⁴ Transcript dated 5 May 2022, at PN6309

¹²⁰⁵ Transcript dated 5 May 2022, at PN6311

¹²⁰⁶ Witness Statement of Peter Doherty, dated 28 October 2021 at [96]

¹²⁰⁷ Transcript dated 5 May 2022, at PN6264

¹²⁰⁸ Witness Statement of Peter Doherty, dated 28 October 2021 at [141]

4. HOME CARE EMPLOYEE: TEAM LEADER

(i) *Period of Service in Role*

2.352 **2 years.** Ms Seifert gave evidence as to her experience as a Team Leader at Illawarra Retirement Trust. She has worked in her position for two years¹²⁰⁹.

(ii) *Period of Service in Industry*

2.353 **2 years.** Ms Seifert previously worked in a disability group home¹²¹⁰.

(iii) *Qualifications and Training*

2.354 **Diploma.** Ms Seifert holds the following qualifications¹²¹¹:

- (a) a Certificate III in Disability work;
- (b) a Certificate IV in Home and Community Care;
- (c) a Certificate IV in Service Coordination (Ageing and Disability);
- (d) Diploma of Disability

2.355 Ms Seifert has also completed the following training¹²¹²:

- (a) Mental Health First Aid Course
- (b) Smoking Care Training
- (c) training in Disability, Sexuality & Responding to Abuse and Neglect of People
- (d) Working with People who have an Intellectual Disability and Dementia training;
- (e) Government training – Aged Care Statement of Attainment 2

2.356 Ms Seifert also undertakes yearly training in CPR, manual handling, fire safety. Ms Seifert undertakes first aid training every three years.¹²¹³

¹²⁰⁹ Witness statement of Lorri Seifert, dated 6 October 2021 at [2]

¹²¹⁰ Witness statement of Lorri Seifert, dated 6 October 2021 at [5]

¹²¹¹ Witness statement of Lorri Seifert, dated 6 October 2021 at [12] - [14]

¹²¹² Witness statement of Lorri Seifert, dated 6 October 2021 at [17]

¹²¹³ Witness statement of Lorri Seifert, dated 6 October 2021 at [17]

(iv) *Submissions as to Weight*

2.357 **Disability Care Comparison.** Ms Seifert compares her rate of pay to what she was paid while working in a disability group home. Ms Seifert would've been performing work within the SAC's stream of the Award and therefore her rates were subjected to the ERO. As such, any comparison to these rates should be given little weight¹²¹⁴.

2.358 **Salary.** Ms Seifert's concerns about her being "worse off" under the Salary Arrangement are not a matter which is relevant to a work value consideration. This appears to be an award compliance issue.

2.359 **Recruitment.** Ms Seifert discusses the difficulties with recruiting home carer's into her employer. Respectfully, this is Ms Seifert's opinion of the issues her employer is facing and should be given little to no weight¹²¹⁵.

(v) *The Nature of the Work Performed*

2.360 Ms Seifert describes her role as largely office based¹²¹⁶. She notes that she is also required to visit client homes as a "*random home visit*" with carer's twice per week¹²¹⁷.

2.361 Ms Seifert works with two other team leaders, who look after around 100 care workers¹²¹⁸. There is also three RN's who conduct assessments and attend to wound care and one EN¹²¹⁹

(vi) *Supervision*

2.362 Ms Seifert's direct reports are the Business Manager and Operations Manager for the Far South Coast¹²²⁰. She acknowledges that she does "*have a lot of support*" however she works "*mostly autonomously and am responsible for the decisions*"¹²²¹

¹²¹⁴ Witness statement of Lorri Seifert, dated 6 October 2021 at [8] - [10]

¹²¹⁵ Witness statement of Lorri Seifert, dated 6 October 2021 at [121] - [133]

¹²¹⁶ Witness statement of Lorri Seifert, dated 6 October 2021 at [36]

¹²¹⁷ Witness statement of Lorri Seifert, dated 6 October 2021 at [37]

¹²¹⁸ Witness statement of Lorri Seifert, dated 6 October 2021 at [38]

¹²¹⁹ Witness statement of Lorri Seifert, dated 6 October 2021 at [33]

¹²²⁰ Witness statement of Lorri Seifert, dated 6 October 2021 at [144]

¹²²¹ Witness statement of Lorri Seifert, dated 6 October 2021 at [145]

(vii) *The Level of Responsibility or Skill Involved in doing the Work*

2.363 **Supervision of Staff.**

- (a) Ms Seifert describes her supervisory duties as “direct and indirect in nature”¹²²² examples of this include: “*my indirect supervisory duties include time keeping and roster checks, and my direct supervisory duties include attendance at home visits with carers, and fielding phone call enquiries from carers throughout the day*”¹²²³;
- (b) Ms Seifert monitors the home carers movements against the roster¹²²⁴, she checks the time entries from the home carers for the day prior to check for “*any anomalies that need fixing or following up*”¹²²⁵. Ms Seifert will need to verify the reason for the anomaly.
- (c) Ms Seifert will check the kilometres and if there are any concerns (ie missing entries), she will advise the home carer to log these¹²²⁶.
- (d) Ms Seifert will attend client’s homes (subject to COVID) where she will “*check on care workers’ skills and training needs, and to check in with customers oneto-one to see if they are happy with the services IRT is providing or whether they require any additions or changes*”¹²²⁷ additionally Ms Seifert will also check “*that the carer has arrived on time, is wearing the correct uniform and their badge, and is in the correct PPE*” and whether they may need further training in manual handling¹²²⁸.
- (e) She is the first point of contact for all staff related issues. Customer related issues are to be referred to the customer relations manager. ¹²²⁹
- (f) Ms Seifert is responsible for approving leave¹²³⁰

2.364 **Meetings.** Ms Seifert chairs a meeting with the teams three times per month (noting that other team leaders are involved but do not chair the meeting)¹²³¹.

2.365 **Ensuring Staff Service Requirements are Up to Date.** Ms Seifert needs to ensure that her home carer’s mandatory licences and qualifications. Ms Seifert will run a report monthly

¹²²² Witness statement of Lorri Seifert, dated 6 October 2021 at [49]

¹²²³ Witness statement of Lorri Seifert, dated 6 October 2021 at [50]

¹²²⁴ Witness statement of Lorri Seifert, dated 6 October 2021 at [51]

¹²²⁵ Witness statement of Lorri Seifert, dated 6 October 2021 at [57]

¹²²⁶ Witness statement of Lorri Seifert, dated 6 October 2021 at [67]

¹²²⁷ Witness statement of Lorri Seifert, dated 6 October 2021 at [73]

¹²²⁸ Witness statement of Lorri Seifert, dated 6 October 2021 at [76]

¹²²⁹ Witness statement of Lorri Seifert, dated 6 October 2021 at [80]

¹²³⁰ Witness statement of Lorri Seifert, dated 6 October 2021 at [80]

¹²³¹ Witness statement of Lorri Seifert, dated 6 October 2021 at [86]

for each the particular licences and qualifications she wants to check. She will then either arrange for training or remind them when expiry is approaching¹²³²

- 2.366 **Staff development.** Ms Seifert is responsible for the staff development of her team. She will conduct an assessment of the work, review the employees self assessment then arrange *“a chat to talk about any areas of difference between the two assessments, and generally any issues or concerns or potential areas of development”*¹²³³
- 2.367 **Disciplinary.** Ms Seifert is responsible for the disciplinary processes (from conducting the investigation to sending out outcome letters¹²³⁴) for her employees. This could be from having a conversation with a home carer about the *“carer has not worn the appropriate uniform on a given day”*¹²³⁵ or a more serious matter such as stealing, which Ms Seifert will *“seek advice from my Business Manager and the HR department”*¹²³⁶.
- 2.368 **WHS.** Ms Seifert is *“responsible to ensure my team are aware of all work health and safety procedure”*¹²³⁷. In this respect she receives *“an email notification for the hazard or incident. I follow up with the customer relations manager of the customer, and the staff member involved, and make sure the proper procedure is done. I investigate if required, and make sure safety concerns are followed up on. I then write a report on the actions taken”*¹²³⁸.
- 2.369 **Reporting.** Ms Seifert provides reports to the *“Business Manager, the Operations Manager or HR”*¹²³⁹

¹²³² Witness statement of Lorri Seifert, dated 6 October 2021 at [94] - [102]

¹²³³ Witness statement of Lorri Seifert, dated 6 October 2021 at [103] - [105]

¹²³⁴ Witness statement of Lorri Seifert, dated 6 October 2021 at [113]

¹²³⁵ Witness statement of Lorri Seifert, dated 6 October 2021 at [108]

¹²³⁶ Witness statement of Lorri Seifert, dated 6 October 2021 at [109]

¹²³⁷ Witness statement of Lorri Seifert, dated 6 October 2021 at [116]

¹²³⁸ Witness statement of Lorri Seifert, dated 6 October 2021 at [117]

¹²³⁹ Witness statement of Lorri Seifert, dated 6 October 2021 at [134]