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Sent: Friday, 17 February 2023 9:08 PM
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Subject: RE: AM2020/99, AM2021/63, AM2021/65 - Aged Care Work Value | HSU response to questions posed by the Commission at hearing on 13 February 2023 [MBC-VIC.FID4764043]

Dear Associates,

We are the solicitors for the HSU.

Please see attached for filing the HSU's response to questions posed by the Commission at hearing on 13 February 2023 including the summary of evidence referred to and annexed at paragraph 20 of the submissions. This has been attached as a separate file to this email and labelled as "Home Care-examples of evidence showing mix of duties".

The parties to the matters are copied into this email by way of service.

Regards,
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IN THE FAIR WORK COMMISSION

Applicants: **HEALTH SERVICES UNION OF AUSTRALIA and others**

Matter: **APPLICATION TO VARY THE AGED CARE AWARD 2010; APPLICATION TO VARY THE SOCIAL, COMMUNITY, HOME CARE AND DISABILITY SERVICES INDUSTRY AWARD 2010; APPLICATION TO VARY THE NURSES AWARD 2020**

Matter No: **AM2020/99; AM2021/65; AM2021/63**

HEALTH SERVICES UNION RESPONSE TO QUESTIONS POSED BY FULL BENCH AT HEARING ON 13 FEBRUARY 2023

INTRODUCTION

1. Pursuant to the questions asked by the Full Bench at the hearing of this matter on 13 February 2023 the HSU makes the following submissions. The HSU continues to rely upon its earlier submissions including the oral submissions made on 13 February 2023.

APPROACH TO JOINT EMPLOYER EVIDENCE FILED ON 9 FEBRUARY 2023

2. The Joint Employers filed the statements of Mr Brockhaus, Mr Shaw, Mr Corderoy and Ms Jenkins at 4.47pm on 9 February 2023 (**Joint Employer evidence**). The Commission has admitted the Joint Employer Evidence, but

invited (at PN163, PN171) submissions from the parties as to the weight to be placed on the statements.

3. The HSU submits that the Joint Employer evidence should be given little weight given that it:

   a. is not, as the HSU argued at PN123 –PN124, evidence in reply given that it is not *responsive* to any evidence filed by the other parties in Stage 2 of these proceedings;

   b. dealt with issues, namely, the impact on business of the commencement of the interim increase determined by the Full Bench, which were addressed in the Joint Employers' submissions dated 20 January 2023;

   c. was not filed in accordance with the amended directions of the Commission dated 6 December 2022, which required the evidence in chief of the parties to be filed by 20 January 2023; and

   d. was filed one business day before the hearing of the matter on 13 February 2023.

4. The union parties should have had a period of over three weeks to deal with what was a substantial amount of evidence; instead, they had a single working day. They faced an invidious choice: as a fair opportunity to properly test the evidence would involve seeking an adjournment and delaying the resolution of the proceedings. As a consequence of the evidence being filed so late in proceedings:

   a. the union parties were effectively deprived of the opportunity to put on reply evidence, without there being an unacceptable delay to the resolution of the question of interim increases; and

   b. the union parties were denied a reasonable opportunity to understand, and then to properly challenge and test that evidence on the hearing date that had been allocated for months prior.

5. Fairness does not require that the employer parties be given the very best opportunity to advance their case when they have elected, without a proper explanation, to conduct their case in a way that unfairly prejudices other parties. The Commission is entitled to have regard to that unfairness in giving (little) weight to the evidence upon which the Employer parties now seek to rely given the limited opportunity that has been afforded to test that evidence.

6. The evidence would be given little weight in any event. It does not, as required, set out the basis for the opinions it contains. For example, the assertion at paragraph 34 of the statement of Mr Corderoy (Exhibit JE4), in relation to the alleged overall costs of the interim increase across the aged care sector, is provided without the basis of the calculation being exposed or the method of its calculation being apparent. The assertions made by Mr Shaw, Mr Brockhaus and Ms Jenkins in relation to the financial circumstances of the providers for which they work are provided without any documentary support or in a manner which permits any interrogation by the union parties or the Commission. Absent substantiation or source documents, this evidence should be given little weight.

EVIDENCE AS TO NATURE OF WORK PERFORMED BY HOME AGED CARE WORKERS

7. In its Statement and Directions issued on 10 February 2023 ([2023] FWCFB 32), question 3 raised by the Full Bench concerned the application of the interim increase to employees in Schedule E of the Social, Community, Home Care and Disability Services Industry Award 2010 (**SCHADS Award**). Question 3 is as follows:

> *Whether the interim increase should be applied to all employees in Schedule E of the SCHADS Award, or whether it should exclude Home Care Employee*

Level 4 and/or Level 5, noting the implications for internal relativities in the Award if increases are not applied to supervisory workers who are not providing direct care.

8. The HSU addressed question 3 in oral submissions on 13 February 2023: PN388-PN396. In short, the HSU submits that the interim increase should apply to all levels of home care employees in Schedule E from Level 1 to Level 5 for reasons including:

9. The Joint Statement regarding Stage 2 and 3 of the Work Value Case dated 16 December 2023 included an agreement that the interim increase should apply to all levels of home care employees. The Joint Statement recorded in the introductory section:

> *On 4 November 2022, the Fair Work Commission (FWC) decided that a 15% interim wage increase for direct aged care workers would be justified for work value reasons (the Decision). Direct aged care workers are defined in the Decision and include employees in the aged care sector covered by the Aged Care Award 2010, Social, Community, Home Care and Disability Services Industry Award 2010 and Nurses Award 2020 in caring roles, including nurse practitioners, registered nurses, enrolled nurses, personal care workers, assistants in nursing, and all classifications of home care workers (together the Direct Aged Care Workers).*

10. It is not correct to assume that home care employees at Level 4 and Level 5 are not involved in direct care work, at least in the sense of attending the homes of client to provide supervision, mentoring and support, providing advice, guidance and supervision in relation to direct care work and dealing with incidents or emergencies in relation to direct client care. For example, the evidence of Lori Seifert described attending the homes of clients on a regular

basis to supervise the work of carers (Seifert Statement, 6 October 2021 particularly at [70]-[78]).

11. Applying the interim increase to the rates of pay for home care employees at Level 1 to Level 3, but not at Level 4 and Level 5, would disrupt the relativities in the classification scale in Schedule E of the SCHADS Award. The effect of a 15% increase at Level 1 to Level 3 only would be that employees at Level 2 and Level 3 would receive higher rates of pay than all Level 4 employees and Level 3.2 would receive a higher rate of pay than Level 5 employees. Those rates have been set historically on the basis of a comparable work value between the different roles and the relativities should be maintained.

12. During the hearing on 13 February 2023, a further question was raised in relation to the application of the interim increase to home care employees to the extent that those employees are engaged in domestic work. The question posed at PN397 was as follows:

> *It's also on the Schedule E question. There's two other dimensions which one is that the home care sector isn't confined to the provision of personal care, but also domestic assistance and home maintenance. Given that the interim increase is only in respect of personal care, any determination, I presume, would have to separate out that part of home care from the balance.*

13. The Commission raised a question as to whether it was appropriate to delineate between personal care, domestic assistance and maintenance services provided by Home Aged Care employees in the making of any variation to the SCHADS Award to give effect to the interim increase. The HSU submits that any increase to rates of pay, including on an interim basis, should be applied to all "home aged care employees" as that cohort is defined in the Health Services Union's application, that is:

> *"Home aged care employee means a home care employee providing personal care, domestic assistance or home maintenance to an aged person in a private residence".*

14. Based on the evidence before the Commission, it would be impossible, and also inappropriate, to distinguish between workers performing "personal care" tasks, and those performing "domestic assistance."

15. The starting point is that, in the Decision, the Full Bench found (at [931]) that the interim increase should apply to "direct care workers" in the residential and in-home aged care sector. The concept of a "direct care worker" is defined (at page 6) as follows:

> *Employees in the aged care sector covered by the Awards in caring roles, including nurse practitioners, RNs, ENs, AINs, PCWs and HCWs.*

16. A "HCW" is given as an example of a "caring role". The term "HCW" is defined at page 7 of the Decision as 'Home care worker or Home care employee', the description for each of the 5 levels of classification in Schedule E. It appears to have been the effect of the Decision of the Full Bench that all home care workers under the SCHADS Award, relevantly working in aged care, are in a "caring role" so as to be a direct care worker.

17. That reflects the evidence that all home aged care workers are involved in caring work both because, overwhelmingly, those workers perform a mixture of personal care work and other duties and because domestic and social support work itself including medication prompting, when provided to aged persons in their homes, is properly to be regarded as involving caring work.

18. As the Lay Witness Evidence Report to the Full Bench (**the Report**) made clear, most of the home care employees performed a mix of "personal care" and other duties. At [128], the Report acknowledged that mix.

> *[128] Twenty-five witnesses gave evidence about their experience as a care worker performing in-home care: Lyn Cowan, Marea Phillips, Camilla Sedgman, Antoinette Schmidt, Susanne Wagner, Susan Morton, Lyndelle Parke, Sally Fox, Bridget Payton, Karen Roe, Susan Toner, Paula Wheatley, Susan Digney, Catherine Evans, Catherine Goh, Lillian Grogan, Theresa Heenan, Teresa Hetherington, Sandra Hufnagel, Ngari Inglis, Julie Kupke, Maria Moffat, Michael Purdon, Veronique Vincent, and Jennifer Wood. Such employees assist residents with a variety of personal care and domestic and personal support. Witnesses gave evidence that they may be allocated 'domestic', 'personal care' or 'social support' duties or a mix of these duties in a shift, such as half an hour personal care and an hour domestic support. (emphasis added)*

19. That paragraph also makes clear that many of the workers performed "social support" duties, which involved taking clients out into the community for reasons as varied as social outings and medical appointments. That category of work, requiring significant interpersonal interaction with the clients, and the application of principles of person-centred care, is essential to ensure the well-being and welfare of clients and is properly regarded as involving care for the client and is to be properly understood as part of "care work". For example, Jenna Wood in her evidence (Report at [146]) related how in her social support appointments she took clients for walks, or engaged them in other ways to enhance their mobility.

20. Further, the Report and the witness evidence demonstrates that the employees who gave evidence, in virtually all cases, perform a mix of duties and or tasks across their various daily engagements. Even Jenna Wood, the Home Care Worker witness with the narrowest remit of tasks, duties and responsibilities, details her provision of direct care via the provision of social support, direct interactions with clients, responding to health related issues that emerge by

identifying and photographing injuries, noting changes or symptoms, reporting these to a registered nurse, observing changes in the demeanour of clients indicating a deterioration in their health, initiating the taking of clients to unplanned medical appointments, calling an ambulance, advocating for changes to care plans and dealing with grieving clients and clients who had suffered sexual abuse. A summary of some of the relevant evidence in annexed to these submissions.

21. Indeed, when performing work in the home of an aged customer, domestic duties or home support are not divorced from the direct provision of care. For example, Theresa Heenan (Heenan Statement, 20 October 2021 at [72]-[80]) gave evidence about how, whilst performing apparently mundane domestic tasks for one of her clients, she endeavours to develop his independence. Instead of simply preparing and serving the porridge for him, she got the client to stand by her and learn how to make it for himself. She also enlisted him to wash the dishes as she swept the floor nearby. Those efforts engaged and empowered him, and she noticed his increasing pride in his home. Ms Heenan's approach to that work took longer than if she simply did it all herself as quickly as possible, but it empowered and included the client.

22. The theme of the HSU's case, illustrated in too many instances to name, was that the increasing frailty and isolation of the clients, and the requirements to provide home care in a person-centred way, meant that the work they perform is now significantly more complex and demanding, and they are a more important point of connection between the client and the community, often being the only person, the client sees on a regular basis. It is inapposite to conceive of the "domestic assistance" they perform as a qualitatively different category of work; the work isn't comparable to the provision of cleaning services in an empty building. Even when performing domestic work home aged care workers are still required to interact with the client, and assess and

act on any issues that arise as they are the only one there, so that responsibility falls on them. They are the eyes and ears of the provider.

23. It would not be appropriate to seek to define a direct care category of home aged care employee for the purpose of excluding the remainder from the application of the interim increase. All home aged care employees should be regarded as working in caring roles. Given the mix of duties, it would also not be practicable to delineate home aged care employees who perform direct care work from those who do not. It would be productive of uncertainty and confusion and would not aid achievement of the objective in s.134(1)(g) of ensuring a simple and easy to understand modern award system.

Head Chefs/Cooks

24. In its Statement and Directions issued on 10 February 2023 ([2023] FWCFB 32), question 4 raised by the Full Bench concerned the application of the interim increase to Head Chef/Cooks under the Aged Care Award. Question 4 was in the following terms:

> *In relation to the interim increase for "Head Chef/ Cooks" how are the positions eligible for the increase identified within the Aged Care Award given the range of classification levels applicable to the roles?*

25. The starting point is that, in its Decision, the Full Bench (at [935]) noted the submission of the Joint Employers that an increase in minimum wages for Head Chefs/Cooks is justified by work value reasons. The Full Bench decided not to provide for an increase in respect of this classification in the Decision itself, but rather invited the parties to give further consideration to the question and indicated that, if the parties were able to agree, it would give further consideration to determining an interim increase for these employees.

26. As such, it is appropriate to go back to the Joint Employer's submission at 5.19-5.20 of their submissions in reply to closing submissions filed on 19 August 2022 in response to Question 8 in Background Paper 5 from the Commission as follows:

> *Question 8 for the Joint Employers: Are the Joint Employers contending that an increase in minimum wages is justified on work value grounds in respect of these classifications of employees?*
>
> *5.19 At [4.47] of closing submissions, we submit that "based on the evidence given during the hearing, the work undertaken by the following classes of employee in residential aged care has significantly changed over the past two decades warranting consideration for work value reasons":*
>
> *(a) RNs;*
>
> *(b) ENs;*
>
> *(c) (Certificate III) Care Workers; and*
>
> *(d) Head Chefs/Cooks.*
>
> *5.20 The employer interests contend that an increase in minimum wages is justified on work value grounds in respect of these types of employees.*

27. Subsequent to the Decision, and taking up the invitation of the Commission, discussions took place and it was agreed between the relevant stakeholders that the interim increase should be applied to persons in the food services stream from Aged Care Employee Level 4 to Level 7. The position of the parties is set out at paragraph 3 of the Joint Statement dated 16 December 2022 where it says:

> *The classifications of Recreational Activities Officers and 'head chefs and head cooks' (the latter being employees in the food services stream of the Aged Care Award 2010 at Aged care employee levels 4 to 7) should also have a 15% interim increase applied to their pay rates at the same time as the Direct Aged Care*

Workers. These classifications were not included in the definition of Direct Aged Care Workers by the Fair Work Commission other than those Recreational Activities Officers who are classified and paid as Direct Aged Care Workers under the Award.

28. That is the position agreed between the stakeholders. The Joint Employers, in their submission dated 15 February 2023, now submit (at [2.8]) that the interim increase should apply to employees from Level 4 to Level 7, but that the implementation "will require the classification structure … to be reviewed and settled as the application from the Joint Employers' perspective was to the most senior chef/cook in the facility with ultimate menu and nutrition responsibility, not a series of chefs or cooks within the catering team".

29. First, the HSU understood the position to have been settled in the Joint Statement, namely, that the agreed position between the parties was that the interim increase should be applied to all food service stream employees from Level 4 to Level 7 (that is, Senior cook (trade), Chef, Senior chef and Chef/Food services supervisor). The position set out in the Joint Statement did not contemplate any delineation of the employees who were the "most senior" chef/cook at a facility. The position agreed by the relevant stakeholders, pursuant to the invitation extended by the Full Bench in the Decision at [935] should be given effect to by the Commission. To the extent that the Joint Employers now depart from the Joint Statement, the change of position should not be given effect to by the Full Bench.

30. Second, the position of the Joint Employers appears to be that the interim increase should only apply to a single, and the most senior, chef or cook at a residential aged care facility and "not a series of chefs or cooks within the catering team". The evidence does not suggest that there are facilities at which multiple chefs/cooks are employed at Level 4 or above under the Aged Care Award. Relevant evidence was given by Mark Castieau, Anita Field and Darren

Kent. Both Mr Castieau and Ms Field are the only chef/cook at the facility at which they work. Mr Kent gave evidence of there being another cook at the facility who performs limited work in the nature of making sandwiches and salads: Kent Statement, 31 March 2021 at [28](b). Although there is no evidence of the grading of that employee, given the tasks performed it is highly unlikely that the other cook was classified at Level 4 or above. In those circumstances, there is not an evidentiary basis for not extending the interim increase to all food service stream employees from Level 4 to Level 7.

31. Third, the proposal that the classification structure in the Aged Care Award be reviewed and settled in order to separate out the "most senior" chef/cook at a facility is likely to be productive of uncertainty and confusion and, having been raised at this stage, delay. Separating out the "most senior" cook also does not make sense. Indeed, if the interim increase were to be limited to the "most senior" chef/cook at a facility, there is no utility in limiting the increase to Levels 4 to 7. Provision for the interim increase to apply to all employees in the food services stream from Level 4 to Level 7 is straightforward and easy for employers to implement and for employees to understand.

MARK GIBIAN SC | H B Higgins Chambers

LISA DOUST | 6 St James Chambers

LEO SAUNDERS | Greenway Chambers

Dated: 17 February 2023

Examples from the evidence of a co-mingling of duties (domestic, personal care, etc) done by home care workers	
Home Care Witness	**Excerpt**
Catherine Evans (HSU) Witness statement of Catherine Evans, 26 October 2021	37. However, primarily, as a home service worker, I provide aged care to elderly people in their own homes. My duties vary, but primarily include personal care – including assistance with showering, toileting, grooming and the like, assistance with medication, and domestic assistance – including cleaning and washing, and help with meals and so on. 38. A typical Monday for me looks like the following: a. … b. Because this client is in a wheelchair and requires a sling lifter to be brought up out of bed, Regis' policy is that there needs to be two care workers present. So, I meet up here with another co-worker. At present, this is the only client I see with another carer. I see all my other clients, including other clients who are in wheelchairs, alone. c. When we arrive, we use the sling lifter to get the client up and out of bed. He is still able to weight bear at this point, so we get him briefly into a standing position before sitting him down on to his wheelchair. d. One of us then makes the bed while the other shaves his face. e. The two of us together then take him into the shower. This part takes two people as there is a lip at the edge of the shower which we have to manoeuvre him over. One of us then leaves to continue to clean up in the bedroom, while the other cleans this gentleman's legs, back and perianal area. When we do this, we are on the lookout for excoriated areas under this gentleman's skin aprons or fungal infections between his toes. This is something we do with every client. f. This particular client does not wear pants or underpants (that is, he is naked below the waist). That is to make it easier for his wife to help him to the toilet throughout the day when no carer is present. However, this also means the skin on his legs does not have the layer of protection pants provide, so I have to be careful to ensure there are no skin tears or bruises. Because this particular client is a client of another aged care provider but goes through Regis for his showers, if I notice any skin tears or bruises that require a dressing, I point this out to his wife as she is usually pretty good at getting him seen to. However, I also report it back to the office to pass on to his case manager regardless as this is a requirement. g. … h. … i. I see this client for 30 minutes. This is an elderly gentleman with Alzheimer's. Physically he is quite mobile. This client lives with his wife but requires help with showering.

	j. This client has quite diminished cognitive capacity. Some days are better than others. Usually, he requires a lot of prompting. This client does not look at people's faces, rather he will have his head turned to the side when standing in front of you. So often I have to use a mix of verbal and physical prompts. k. I have to tell him 'come on, we're going for a shower'. I have to prompt him to take his clothes off, take his dentures out to give to me to soak, and so on. On his worst days, he does not respond to my prompts, so I have to physically undress him, and put my fingers into his mouth to remove his dentures, and so on. l. Depending on whether this client is having a better or worse day, he either washes himself with little assistance, or I need to wash him all over. m. I then get him out of the shower, dry him off and dress him. Again, I have to prompt at every step, telling him to 'give me your right arm' with a tap on his right arm, and then 'give me your left arm' with a tap on his left arm, and so on. n. I then finish cleaning his dentures and give them to him to pop back in or pop them back in for him. I then take him out to his wife in the kitchen, while I clean up the bathroom. o. Recently, this client's wife had a glass shower wall installed. This created difficulties for the client as he could not see that it was there and would walk into it. I spoke to his wife about this and had her put a decal on it to stop this from happening. p. This client has a high level of general confusion. For example, if he sees himself in the mirror, he will say there's a man in the mirror and try to reach into the mirror. q. This is harmless, but it does mean I have to be careful and take things slowly and patiently with this client so as not to upset him. I only have 30 minutes with this client to shower him – sometimes this can be enough, however if he is having a bad day or feeling non-cooperative, it can take longer. r. ... s. The husband is still quite cognitively astute. He is the carer for his wife, who has Parkinson's and early-stage dementia. t. This visit is for a medication prompt and welfare check. When I arrive at the house, I go in and unlock the medication safe, and dispense medication out of blister packs for both the wife and her husband. While the husband has a home care package too, I come in under his wife's package. However, I do the medication prompt for both of them. u. I watch them take the medication and note it down in their care book which is left at their property. If I notice that the medication chart hasn't been filled in for a previous time, I assume they have missed a round of medication and ring up the office to speak to their case manager to inform them medication has been missed, tell them the reason why (if know) and then the case manager decides what has to be done. This happened recently. I noticed when I attended the couple on Monday that they had not had their medication the day prior. It turns out the couple had not been at

		home when their carer for that day arrived. Thus, the medication prompt had been missed. I reported this to the office.
	v.	The wife is not very good with her fluid intake, so I remind her of the need to drink her fluids throughout the day. I usually make her up a drink bottle of water with some cordial to leave with her for the day. She also has a walker which she doesn't like to use, but I remind her of the need to use it and make sure she has it next to her before I leave. While I'm there I talk to them about how they're going and whether they need any help with anything else.
	w.	…
	x.	This client has bad cellulitis on her legs and uses a four-wheel walker to move about. She is also on oxygen.
	y.	The client used to be one of my regulars, and she has been asking to have me back on her roster for some time. She had taken a liking to me and I think saw me as a social connection. This means that when I see her for a welfare check, she wants to have a chat and a catch up. I try my best to have a chat to her while I'm working to give her that support, but I'm always conscious that I am not there to sit and catch up – even though some social connection and support can be so important for our elderly clients, particularly those who are isolated from family and friend networks. Regis likes us to be working while we're talking to clients. So, I try to do as much as I can and incorporate a chat with what I'm doing, like washing the dishes, vacuuming and mopping, and so on.
	z.	I then see another client between 1.00 and 1.30pm for a medication prompt, however I do a range of things for this client which are requested by the client's family.
	aa.	...
	bb.	With this client, in addition to her medication, I put the hose on her front garden, take the washing off the line, do the dishes, sweep the floor, and sometimes feed her chickens. At times I have even been asked to do things like sweep the back verandah or clean up chicken poo. This is a pretty full-on service as I'm doing a lot of things that are in addition to the care plan in only a 30-minute period, however it is easier just to do what is requested than have the family complain. If we are asked to do extra tasks, we are meant to ring up the office to check that it's ok, however there's not always time to sit on the phone trying to sort it out – particularly with a 30 minute service – so often it's easier just to try to get it done.
	cc.	Unfortunately, with this client, I often end up with dirt on my clothes from the chicken coop and wet if I have to use the hose outside. There's nothing worse than turning up to your next client wet and dirty.
	dd.	For this client's medication – which is a mix of medications and vitamins and minerals – I pop what she is required to take out of blister packs. Before doing this, I check her medication chart and compare this with what's on the blister pack to make sure it corresponds with the time she is meant to take it.

	ee. This can be quite laborious when there are 6, 7, or even 10 tablets to take. Sometimes the names of the medication in the book at a client's house won't match the name of the medication on the blister pack, for example, the medication may have a brand name that differs from the drug name. For example, Venlafaxine – an antidepressant medication – is also known as Effexor. I sometimes use google to check, however if I am not certain I ring up the office to ask for clarity.
Bridget Payton (HSU) Statement of Bridget Payton, 26 October 2021	32. For my aged care clients, my duties involve a mixture of personal care (including toileting and showering), domestic assistance (including cleaning, cooking, gardening and ironing), and transportation (including to and from appointments and shopping). I also provide social support and companionship, liaise with family members, and monitor my clients for any changes in their behaviour or health which may indicate they require additional assistance. [Witness then goes on to provide an example of shift with a mixture of domestic and personal care – see as follows] 47. Another of my clients is a woman who has had a stroke which has left her unable to walk or speak clearly and with uncontrollable tremors in her arms. She is also a larger lady. While this client can balance on her legs for a short period, she can't walk, so uses a wheelchair. Because of all these factors, this client requires a lot of care. 48. One day per week, I spend six and a half hours between 10.00am and 2.00pm and 7.30 to 10.00pm with this client. 49. When I arrive, I get her up out of bed and into her wheelchair. I have to provide physical assistance to the client in helping to pull her into a seated position using my body. This takes a lot of strength and effort. 50. I then move her legs over the side of the bed, and then use a standing machine which helps her to pull herself up into a standing position. With the wheelchair in place, I then turn the machine, and then sit her down into the chair and attach the footplates. 51. In a residential facility, with a client like this, these tasks would be done with two carers. However, in home care, you are on your own. 52. I then take the client into the bathroom, remove the footplates and apply the brakes, help her grasp a pole to pull herself to standing, remove her underwear, and help her sit down on the toilet. I offer whatever assistance is required during toileting. 53. When she is finished, I help her grasp the pole again to pull herself to stand, pull up her underwear and clothing and bring the wheelchair behind her into a position where she can sit back into her wheelchair. I then re-attach the footplates and stand behind the chair so she can push on the plates to bring herself into a comfortable seated position. I apply hand sanitiser for her. 54. I then move her to the shower chair, and we repeat the procedure with a pole attached to the wall by the chair. I again remove the footplates and help her to stand up, pull down garments and help her twist and sit down into her shower chair. 55. Having selected what clothes she will wear, I undress her and put all her used clothes in the wash basket. I wash her all over, including her hair, and check her skin for sore spots. I then dry her carefully, including between each toe as she has

	no feeling in her feet and I have to ensure her skin integrity is good. I then apply creams and lotions as required. 56. Once she is dry, she pulls herself to standing by holding a pole attached to the wall, and I pull up underwear and clothing and position the wheelchair behind her so she can sit into it. I then put toothpaste on her toothbrush for her and pour mouthwash for her to use. 57. I then take her into the other room and make her breakfast. She has modified spoons and cups to enable her to feed herself. I then put her feet on a foot circulation machine for half an hour while I dry her hair and apply any makeup she would like to wear. 58. This 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. I am always braced and on alert during these processes as this client is a falls risk due to her various struggles. She is also a choke risk due to effects of her stroke and she frequently coughs and chokes while eating. Her diet has to be modified and she is unable to eat certain things. It is my responsibility to make sure she has the correct food at the correct temperature. 59. Once that is done, I do the housework. This involves making her bed, cleaning the bathroom and toilet, vacuuming and mopping the floors, and washing any dishes in the sink. This client has a laundry service, so I make sure to put all dirty towels and clothes in a basket outside the front door for collection. I prompt her to take her medications, and before 11.00am press the MePacs (personal alarm system) to advise that all is well. I also send emails for her, and texts, as it is difficult for her to control her hand movement. 60. After that is done, I take this client out for an injection which she receives every week from her doctor. This involves me wheeling the client out to my car. I remove the footplates and put her wheelchair right up against the car in a position where the client can lean forward and get a hold of the top of the open car door. I apply the wheelchair's brakes. I then use my body to hold the door steady so she can pull herself up to balance on her feet. I then maneuver the door so she can sit down on the car seat, and I move the wheelchair out of the way and pick up her legs to swivel them into the car. I have scratches on the side of my car from the wheelchair, despite using a towel to cover the area which bears the brunt of the action, however this is the only way to do it. 61. Once my client is in the car, I remove the wheelchair's back and seat to collapse it and put into the boot of my car. When we get back out of the car, I have to be careful to ensure the chair is put back together properly. 62. The process of getting into the car takes about 5 minutes. This is the same for the process of getting out of the car. 63. Due to COVID-19, the doctor now comes out to the car to administer the injection. Previously we would have to repeat the process of getting out of the car and back in to enter the doctor's surgery. 64. I then take the client shopping. We repeat the process to get out of the car and back in again. 65. I use the client's credit card to pay for items, making sure all receipts etc are provided for her daughter, who manages accounts. Sometimes we need to visit the disabled toilets and again I have to help with removing footplates, pulling down clothing and underwear, manoeuvring from chair to toilet and re-dressing. 66. Once we have the shopping, we return home, transfer back into the wheelchair, usually transfer to toilet again and then I make the client lunch and

	monitor her while she eats. I make sure that everything she needs is where she needs it to be before I leave as she has a couple of hours alone until the next care worker arrives.
Camilla Sedgman Statement of Camilla Sedgman, 5 October 2021	Witness describes a typical Friday which shows the mix of duties both in a day and during a shift (at [35]): 35. A typical Friday for me looks like the following: a. The Tweed run on a morning shift is go-go-go. I see 11 clients (until recently, this was 12 clients) between 7.00am and 3.45pm. b. Until recently, my morning shift on a Friday started at 6.30am with the man who recently passed away. c. Now, my first client is at 7.00am in Kingscliff. This client is about a 12km drive from my house. It takes me around 15 minutes to drive to her. I am not paid for my time or kilometres travelling to my first client. d. I see this client for 25 minutes. This client is the same 95-year-old lady with vision impairment I see second on my Monday afternoon shift. This visit is for a medication prompt. The client has two tablets, which I pop out into her hand for her. I also get out her eye drops for her, which she puts in herself. I note the medication down on her medication chart in her folder. I then usually make her some toast for breakfast and, if her son hasn't come earlier and dropped her off a coffee, I make her coffee. e. I then have 5 minutes to get around the corner to my second client at 7.30am, who I see for 25 minutes. This is a lady in her early 90s who I see for a shower. This client just had a new pacemaker put in, and recently had a fall. So, she is getting assistance with her showers every morning at the moment as she is a bit unsteady on her feet. I stand outside the shower with this client and wash her hair, back and feet – the areas she can't reach. She can do most of her body herself. I then help her dry and get dressed and make her bed. This is tight to get done in 25 minutes. This client is quite good – she knows I am coming, and that time is limited, so she has her clothes out and ready to go before I get there. I sign in her folder that I've been, and make any notes as required, before leaving for my next client. f. I then have another client around the corner in Kingscliff. I get to this client for around 8.00am and see her for a 15-minute welfare check. This client is 102 years old. This client has a bad back and had a fall not long ago. I use my 15 minutes with her to make sure she's ok and is managing her pain. I also check if she has any appointments coming up in the following week to prompt her memory and to keep track myself. I sign in her folder that I've been, and make any notes as required, before heading to my next client. g. I then go to my next client in Casuarina, about 6km away. With traffic, this drive often takes me a good 15 to 20

		minutes. I am paid a 72c allowance for the kilometres to drive to this client. h. I usually arrive to this client at around 8.30am. This is the same client who suffers from PTSD who I see fourth on my Monday afternoon shift. i. On a Friday morning, I see this client for 40 minutes. It is quite a full-on service involving a shower (unless he has decided to go to the gym that day), medication prompt, and breakfast. j. This client always likes to have breakfast before he showers. So, I get him his breakfast ready. This involves making coffee and cutting up fruit for him. I then do his morning medications – again popping his tablets out from a webster pack into a cup for him to take with his breakfast and noting this down on his medication chart. I then do the dishes while he eats his breakfast and drinks his coffee. k. After he's finished his breakfast, if he's having a shower, I turn the taps on for him and stay nearby. He can wash himself and will sing out if he needs help or when he's finished. When he's finished, I help him dry himself – particularly his back – and help him get dressed. If it is a day when he is going to take himself to the gym, he won't have a shower, however I help him get dressed in his gym clothes instead. He then often asks me to put some washing on or hang some washing out. l. This client won't have a shower until he's finished his breakfast, so if he takes his time with that, I can be delayed quite a lot in this service. As it is, although I am meant to finish with this client by 9.10am, I often go at least 10 minutes over time with this client. Before I leave, I am required to complete his folder – marking off that I've attended and writing in any notes as required. m. My next client starts at 9.30am. Thankfully, he is only 5 minutes around the corner, so even if I go 10 minutes over with my last client, I can usually get to him on time. However, I am not paid for my time between 9.10am and 9.30am. n. My 9.30am client is a 15-minute welfare check. This just gives me time to have a quick catch up with the client and to check to see if he's doing ok or needs anything in particular. I usually apply some cream on his arms and legs as his skin can be quite dry. I sign in his folder that I've been, and make any notes as required, before leaving for my next client. o. I then head to Hastings Point, about 7km away. This drive usually takes me around 10 minutes. I usually arrive to this client at 10.00am. p. This client is in her late 80s or early 90s, and I see her for 25 minutes for a shower. This client is a bit slow, but she manages pretty well by herself. With her shower, I get the water ready for her, then stay nearby and make her bed so she can call out if she needs a hand. However, she is usually ok to wash herself. After she's finished in the shower, I help her to dry and get dressed. This process usually takes the

		whole 25 minutes to complete. I sign in her folder that I've been, and make any notes as required, before heading to my next client. q. I then have another client just around the corner in Hastings Point. I usually get to this client just after 10.30am. I see this client for 25 minutes for what's called personal care; however this service is more of a meal prep and welfare check service. r. This client is a larger lady who spends a lot of time in bed. When I arrive, she is usually still in bed. However, occasionally she might be out of bed and sitting in the lounge room. s. I make this client a coffee and get some Weetbix ready for her. I then bring her coffee and food to her either in her bed or in the lounge room. I then spend a minute having a chat and checking in with this client to make sure she's doing ok and to see whether there's anything she needs. This lady likes to talk, so it can sometimes be hard to get out of there. But I do my best to leave on time by around 11.00am. I sign in her folder that I've been, and make any notes as required, before heading to my next client. t. I then head back to Casuarina, another 7km drive. This drive again takes me around 10 minutes. I arrive at around 11.15am for a 15-minute welfare check. u. This client is a nearly 99-year-old lady who lives alone. I spend 15-minutes catching up and checking in with this client and making sure she is ok. She has a skin tear at the moment, so I check on that and apply some cream. I sign in her folder that I've been, and make any notes as required, before heading to my next client. v. Depending on how I'm going for time at this point, I either have a 10-minute tea break if I'm running on time, or if I'm running over, I just keep going. Even where I can take a 10-minute tea break, this just involves me grabbing a takeaway coffee to have on the drive to my next client. w. My next client is in Cudgen, about 5km away. This drive usually takes me 10 minutes. It is usually around 11.45am by this point. I see this client for 25 minutes. This is an elderly client who lives with his wife. He has some respiratory issues, so can get quite wheezy and breathless. x. I help this client with a shower. While he is capable of getting himself into the shower and cleaning himself, I am there to assist in case he overdoes it and finds himself out of breath. As this client is a very tall and solid man, if he were to pass out, he could really injure himself. So, I am there to make sure he is ok throughout his shower. y. After his shower, I help him dry off and apply cream to his legs before helping him get dressed. I sign in his folder that I've been, and make any notes as required, before heading to my next client.

	z. I then have about a 10km drive up to Fingal Head to my next client. This drive takes me a good 15 minutes. I usually arrive by about 12.30pm or later, depending on how I'm tracking for time by this point. aa. I see this client, an elderly lady, for 25 minutes for a shower. However, given it's lunch time by then, this lady has often showered herself by the time I get there. I feel awful that I can't get there any earlier for this lady, however the Tweed run has become too long and busy. I have reported to the office that often I am too late to provide her shower to her in a time that's useful to her, and I understand they are looking at moving her to a different run in order to accommodate her for a morning shower. bb. If this client has already had her shower by the time I arrive, I sit and have a chat with her and she often asks me to help with some dishes, getting some washing off the line or putting some washing out. Whatever she needs doing. I sign in her folder that I've been, and make any notes as required, before heading to my next client. cc. I then head back towards Banora Point, which is about a 10km drive that takes me around 10 or 15 minutes. My next client is the same client I see second on Monday morning – the 92-year-old client I take out for social support and community access. I usually arrive to this client by about 1.15pm. I see him for 2.5 hours on a Friday. dd. I take this client out for most of the 2.5 hours I am with him on a Friday. Usually, I take him for a drive down past the beach, which he enjoys. He likes to get fish and chips for lunch, so we stop and do that. We then might drive up to a look out or to the shops, depending on what he feels like. Before I leave him, I fill in his folder to say I've been and to make any notes as required. ee. I finish with him at 3.45pm. I then usually take my lunch break for half an hour, and finish up about 4.15 or 4.30pm, depending how I've done for time during the day. ff. I am only 5 minutes from home by that point. So, I head straight home after this. I am absolutely exhausted by the time I finish on a Friday and fall in a heap when I walk in the door.
Veronique Vincent (HSU) Statement of Veronique Vincent, 28 October 2021	18. However, I also prefer to work in the community. While Home Support Workers are required to provide the whole gamut of services from domestic help to personal care, medication services, social support, and community access, often in tight timeframes and without any support, I enjoy being able to provide one-on-one support to elderly people. … 51. As Home Support Workers, we are 'Jills of all trades'. We provide the whole range of services to our aged clients, from personal care (which includes help with toileting, showering, personal grooming, dressing, and so on), to domestic assistance (which includes help with house cleaning, linen changing, washing,

	and so on), food services (which includes help with food preparation and shopping), social support, welfare checks, and some clinical care (which includes medication prompts, blood pressure checks, wound management, and so on). 52. We're never just going to a client for one task. Although a service might be technically limited to a medication service, or a welfare check, for example, we're required to provide a universal service to our clients. [witness also sets out a typical day which shows the range of different duties she performs across the course of a day – see para [66]].
Susan Digney (HSU) Witness statement of Susan Digney, 27 October 2021	19. When I started working in home care, I would be allocated personal care work or a light domestic duties shift. Now we are being asked to do both during the same shift and the expectation is to undertake full domestic duties which means washing and vacuuming floors, cleaning the bathrooms, including the toilet/s & showers, cleaning kitchens and living space, making beds and wiping down all surfaces. Sometimes clients have different expectations. I can be booked to provide 'in home social support' to a client, but they actually want domestic assistance instead. Or the service is booked for domestic assistance, but it is social support a client wants, so I take them to appointments, shopping, or to do their banking. This means I can't be sure what I'm doing until I arrive at the client's home. … 23. I saw a client a few weeks ago who appeared really depressed. I offered to shower this client, but she was too depressed to engage with that request. This was my first time seeing her and I hadn't been briefed about her complex mental health needs. The depression was apparent, even though I believe it was undiagnosed. When I went into the house, the client was crying, uncommunicative and distant. 24. Despite the client being distant, I convinced her to work with me to wash her while she was in her chair. I washed her hair and rinsed this with a cup and a bucket. After this, she said she felt so much better and thanked me for urging her to have a shower. 25. She told me that when she refuses to shower some other workers leave and do not engage with her. Sometimes she does not feel up to washing but workers are under too much pressure and they don't have time to talk to her or take the time that's needed to convince her to shower.
Sally Fox (HSU) Witness statement of Sally Fox, 29 March 2021	48. At the beginning of a community shift, I am given a sheet of paper which lists the clients I am to visit that day, the services I am to provide, and the amount of time allocated for each service. I am not supposed to spend more time than allocated performing a service. 49. The services to be provided and the amount of time spent on each service is determined by the Community Care Coordinator, with reference to the funding they have through their Home Care Package, and the services the client has asked for. 50. The majority of the services that I provide to community clients are showering and home care, including cleaning, washing, tidying and cooking. 51. I attend Community clients' homes on my own. I am not directly supervised on my Community shifts, but have a Community Care Coordinator that I report to and can seek guidance from if needed. 52. Tasks I regularly perform in a Community client's home include: (a) Showering and drying a client;

	(b) Helping a client dress; (c) Changing sheets; (d) Doing laundry; (e) Vacuuming; (f) Mopping; (g) Cleaning toilets, bathtubs, showers and sinks; (h) Folding, hanging and putting away clothes; (i) General tidying of the home; and, (j) Preparing food and cooking meals in accordance with the client's preferences.
Sally Fox (HSU) Supplementary witness statement of Sally Fox, 28 October 2021	21. I have described the work I undertake when performing community shifts providing in home care to aged people in the community. In my First Statement I describe some of the things I need to consider, watch for and document when providing seemingly simple care for a resident. The same skills, observations and reporting occurs when assisting a client in the community. The only difference is that I am on my own, and I report any concerns or changes to the coordinator and/or record it in the client notes. 22. Even when I am undertaking domestic duties, I will be taking account of the client and their house. Some clients can be quite rude and demanding, changes in their behaviour towards others can be an indication they are unwell or not managing, and they can be scared they won't be able to stay at home.
Julie Kupke, Witness statement of Julie Kupke, 28 October 2021	67. This client is on a level 4 Home Care Package. He is 80 years old and lives alone in a social housing flat. He has been diagnosed with Parkinson's, suffers with depression and anxiety, has a neck fracture, and has recently been diagnosed with Charcot foot. In the result, he has some trouble walking and is also in a lot of pain from both his neck and foot. He is also an alcoholic. 68. I provide a range of care to this client – including a medication prompt, domestic assistance with cleaning, shopping, and cooking, some gardening and maintenance tasks, and some personal care. 69. This client takes medication four times a day at 7.00am, 11.00am, 4.00pm and in the evening. His medication is kept in blister packs marked with the day and time. 70. When I arrive, I check that he's taken his 7.00am and 11.00am doses, and that his 4.00pm and evening blister packs are still full. I have to keep an eye on this, as sometimes this client pinches his sleeping pills from his night-time pack during the day. 71. Recently I arrived on a Monday to find he hadn't taken any of his medication over the weekend or on Monday morning. I rang head office on this occasion and asked for them to arrange to have his case manager call him. 72. This client used to have a nurse that visited him for his medication. However, this cost him $2,000 a year. The case manager decided to take the nurse off, and it became my job to check on his medication from then on. 73. I check that he's had some lunch, and then I do a clean – this involves changing the linen on his bed, putting a load of washing on and hanging it out, and doing some ironing. I also clean the toilet and bathroom, vacuum and mop all floors and clean down all surfaces in the kitchen. I take his bins out and water his plants for him. 74. I sometimes order meals for him, but often I cook him meals too and make sure he eats. I have cooked stir fries and casseroles for him, made fruit salad,

	and even cooked him cakes. On my last visit he asked for sausage rolls, so I cooked those up for him. I see him again on a Wednesday, so I make sure he has enough food prepared to get him through until then. 75. I do whatever needs doing. I change light globes and replace batteries in remotes as needed. Recently, I filled his Census form in for him. Today, I arrived to this client having dropped a bottle of wine on the floor out of the fridge, so I had to clean that up. … 107. However, many of my clients are not just elderly people, they are very high care clients with complex needs – including dementia, Parkinson's, and deafness. My duties range from cleaning, cooking, medication prompts, showering, toileting, providing community access and social support. I work in people's private homes. I am usually rushing from client to client, driving a lot, and in and out of my car a lot. I am dealing with clients from all walks of life in all manner of living situations. It is a challenging, and physically and emotionally exhausting job.
Marea Phillips (HSU) Witness statement of Marea Phillips, 27 October 2021	17. In my Current role at SECC, the average day can be really varied**.** I have a group of approximately 10 clients who I regularly work with across the span of a week. My morning is usually spent with clients at their homes and who I help to shower, dress, feed and ensure they take their medication. My day can include a. Domestic duties like cleaning and laundry. b. Cooking and meal preparation. c. Taking the client out shopping. d. Socialising and talking to the client. e. Taking the client to medical or personal appointments. f. Doing exercises that are part of the care plan with the client, eg: sit ups/walk to end of drive/road. g. Helping clients setting up their home so they can do things alone. 18. Providing home care is a big responsibility; you are there on your own. You need to be confident and comfortable, if you make a mistake on paper, you can rub it out but not when you're dealing with people. 19. All these duties require me to be very aware of a client's needs and there is rarely a chance to stop and collect my thoughts. I enjoy the work. I like to help resolve problems with clients and if the clients are happy the work is more enjoyable.
Michael Purdon (HSU) Witness statement of Michael Purdon, 6 October 2021	26. For my aged care clients, my duties vary and can include respite care, domestic assistance (like cleaning and shopping) and personal care (including assistance with showering and toileting). … 60. For example, I had a 96-year-old client, a lovely guy who I had become really close to. He lived alone. 61. This client used to receive dialysis three times per week. I would pick him up from the hospital after his dialysis, take him home, give him a shower, and make him some food. 62. One day, I had brought him home from the hospital and had just finished his shower, when he started complaining of chest pain. I assumed the worse – that he was having a heart attack. 63. This client had an emergency buzzer which he wore around his neck which we tried to use to alert the ambulance. However, after a few minutes with no

	response it became clear to me the buzzer wasn't working. So, I called an ambulance and waited with him till it arrived. 64. Ultimately, I learnt that the client had in fact been having a heart attack. Later, this client told me he was very appreciative that I was there. I dreaded to think what might have happened if I hadn't been. 65. More recently, I had a shift with the same client. I brought him home from his dialysis, did his shower and made him lunch as usual. Nothing seemed out of the norm. However, I found out the next day that he had died in his sleep that night. I was absolutely devastated. 66. Although common sense told me that this 96-year-old man who was on dialysis three days a week wasn't going to live forever, it still came as a shock and was very upsetting to me. He was such a cheerful old gentleman who never complained, and I sometimes thought he was as good for me as I was for him. 67. I had another experience with a client, who I was providing palliative care. On one visit, I had just given him a shower, but couldn't get his temperature up again after. He was shivering and freezing cold. 68. His son was present and called an ambulance. I don't know why – perhaps because my client was palliative and considered lower priority – but the ambulance took hours to arrive. I stayed with him the whole time, wrapping him in blankets and sitting him in front of the fireplace. His son rang hospital three or four times.
Susanne Wagner (HSU) Witness statement of Susanne Wagner, 28 October 2021	7. When I returned from the UK, I commenced my role with Community Based Support in 2018. As a support worker with aged care clients, I am tasked with domestic duties, assisting clients with shopping, social support, planning social outings with the client and then accompanying, and transporting them on social outings, assisting with or undertaking meal preparation and planning, personal care work, and shower assistance.
Theresa Hetherington (UWU) Witness statement of Teresa Hetherington, 19 October 2021	54. On most days, I will see my first client at 7.00am. 55. In the morning, I can expect to perform between 2 and 4 personal cares, followed by 1-2 cleans. 56. Duties involved in morning personal care routines can include bed bound clients requiring hoist transfer out of bed, physical showering, dressing and putting into a chair, making breakfast, pre-making lunch, laundry and rinsing of catheters. 57. After my morning clients, I will then usually proceed on a meal break, which is usually characterised as a split shift. 58. I will then recommence work at 5.00pm for clients who require meal preparation and bed checks. Some days, I will finish work as late as 9.00pm. … 61. A working day can span up to 16 hours, which may be split into 2 or 3 shifts. 62. Usually where there is a break in the shift, there is insufficient time to go home, so I will regularly just sitthe car, waiting for the next scheduled client
Susan Toner (UWU)	13. As a HCW or a SSW we are very much alone at each client's and with each scheduled task to complete. We are expected to follow the scheduled run on our phones and this is scheduled differently every day. We get given the run for Monday, Tuesday and Wednesday on the Sunday before, and then on Monday

Witness statement of Susan Toner, 28 September 2021	you get the run for Thursday and Friday. Sometimes these runs can unexpectedly change and the onus is on us to double check which is also stressful. 14. Our contracts have us on a minimum of 20 hours per fortnight, so that is all that they are required to roster us for. In my experience, I can't survive on 20 hours a fortnight. Usually, it is more than that but it means that they can change the hours at really short notice. The problem is that you don't know, sometimes until the day itself, what your hours are going to be. Even when you get your run, that can sometimes change at short notice. So on some days I might do 7 appointments, on other days I might only do 3. I might get up at 6.30am for an early visit and then find I now don't have anything on until later in the morning. 15. On a work day, I would have the run put on my phone. When I view my scheduled run I observe which clients I need to visit and what tasks need to be completed while I am there. Examples of categories of work and time allowed for it are: a. Showering, dressing other personal care like toileting – 30 minutes b. Showering, breakfast and meds – 45 minutes c. House clean – 1.5 hours d. Respite, meaning shower, clean, give lunch and pills – 2.5 hours e. Social support – taking client out to doctor, or shopping, or for a coffee or a meal. f. Assisted medication prompts – 30 minutes 16. These tasks can be complex and I will explain them in more detail below.
Ngari Inglis (UWU) Witness statement of Ngari Inglis, 19 October 2021	12. In a typical day we might see 2-5 clients. Our time sheets are emailed to us fortnightly. But there are often many changes to these throughout that time. Sometimes we are given plenty of notice for but other changes maybe only an hour or so. This job requires you to be flexible and adaptive. In home care, most of your personal care (showers etc.) is done in the mornings and most of the home duty care (cleaning, shopping etc) is in the afternoons. The days are a mixture of personal care, cleaning, social visits, transports and shopping.
Sandra Hufnagel Witness statement of Sandra Hufnagel, 30 March 2021	**Employment History** <u>1989 to 1993</u> 12. From 1989 to 1993, I worked as a Personal Carer for Logan Nursing Home. My duties included: • making beds; • feeding residents; • showering residents / bed baths (top and tail); • assisting residents to wash hair, dry, get dressed & undressed; • emptying bed pans and sputum mugs; • assisting with toileting; • emptying commodes; • turning patients - 2 hourly turns (bed sore prevention); • assist in transporting residents via walker or wheelchair to meals and return to rooms; • removing 'urodomes' from male residents in the morning, prior to showering; • completing paperwork (progress notes, bowel movement records etc); and • administering suppositories. 3 <u>1993 – 2010</u> 13. During the period 1993 to 2010, my husband passed away and I started a business in another industry. 2010

	14. In 2010, I returned to working in the aged care industry and gained a Certificate III in Aged Care while on placement with Wishart Nursing Home. <u>2010 – 2021</u> 15. From 7 September 2010 to 3 March 2021, I worked as a PCW in community care (going to the homes of clients) for PresCare in Brisbane. My duties included: • administering medication; • showering clients; • meal preparation; • feeding clients; • shopping; • transporting clients (to and from medical appointments – anywhere the client needed to go); • domestic duties (cleaning – vacuuming, mopping, dusting, washing up, washing, folding, ironing, unpacking and putting shopping away); • gardening; • teaching & assisting clients to use mobile phones & computers; • personal care (including hairdressing – especially during covid-19 lockdowns, nail painting etc); • taking clients for walks (in wheelchairs or walkers); • buying household items (mobile phones, clothing, mattresses, appliances etc); • mentoring; • counselling when needed (depressed clients with no family required extra support); • putting rubbish bins out for collection and returning empty bins; • documentation management – including completing progress notes, medication records and dietary records – as per care plan; and • reading books to clients. **[Note, this witness left the aged care industry in 2021]**
Sue Cudmore (Employer) Statement of Sue Cudmore, 4 March 2020	**Nature of work undertaken by Alliance Employees** 27. Alliance Community mainly undertakes in-home care work. 28. In relation to the work performed by Alliance Community employees, this includes: (a) assisting the elderly with daily living task such as bathing, dressing and at meal time; (b) taking the elderly to the library, local bowling club and other types of community engagement; (c) providing companionship; (d) taking them grocery shopping or just generally to the shops; (e) assisting them with medication reminders; (f) undertaking domestic duties such as cleaning; (g) helping with meal preparation; and (h) assisting with travel.
Cheyne Woolsey (Employer) Statement of Cheyne Woolsey, 4 March 2022	**Home Care Work** 41. Our home care workers are the employees that our customers see and interact with most closely. Our home care workers go into customer homes, to perform services that have been arranged to occur in accordance with the care plan for that customer (and within the scope of their role). 42. Our home care workers perform these tasks autonomously and remote from any KinCare colleague. One of the biggest challenges our workers face is the

	environment, they don't know what situation you are walking into. However, their manager can be contacted by phone, email, text at any time. 43. This means our home care workers must be physically fit to match the personal and domestic tasks to be done. Example of this range from feeding and washing a pet, to carrying groceries, bathing and personal grooming, lifting or moving a customer, assisting with cooking, making beds and other physical tasks. 44. Our home care workers must also be capable of observing and detecting any change in the customer's health and wellbeing. Examples of this include: (a) **Physical** – such as observing impaired mobility, a lesion on a limb, a difficulty with buttons and laces and so on. (b) **Mental** – where the home care worker observes a change in speech, attention, mood and other indicators of health and wellbeing. (c) **Environmental** – such as a pet that the customer may not be able to care for or control, or someone in the home who may pose a threat of abuse to the customer or home care worker. 45. Our home care workers are not medically qualified, and are not making any diagnoses of our customers' needs. However, they are best place to be able to provide KinCare's customer care managers with the information that is essential to ensure that the care plan is appropriate to the customers' needs.