

# Let's bring this home.

Home support workers have had some significant wins over the last few years. From the equal pay victory, to guaranteed hours, to in-between travel payments... the hard work of union members has paved the way for a better sector. However, most home support workers are finding that some significant issues remain, and hard work isn't being rewarded fairly. We know what we need to make this sector thrive – now let's bring this home.

## About home support

### Home-based support is a vital service

It enables many older people and those with disabilities to continue living at home by assisting them with personal cares, health needs, and household chores. It also provides support to those who have been injured and are getting support from ACC for household tasks and personal cares, as well as supporting those who have had a serious injury and need help to enable them to remain at home.

### It saves the country a lot of money

Supporting people to live at home is less costly than hospital or residential care.

### Home support relies on a workforce who do not have decent jobs

Despite efforts, home support work is still not reliable for workers incomes, especially with guaranteed hours not being properly implemented. There is still a 30% turnover and the average working week is still only 21 hours.

### Standards of support are variable

The District Health Boards (DHBs), Ministry of Health (MOH) and ACC, as the funders of services, don't have nationally consistent amounts of care provided across the country and tend to have different models of care.

### Home support continues to be the lowest funded part of the health sector

Despite the importance of this service to our communities, this continues to be the most under-funded part of the health sector.

### We face a crisis if nothing changes

The population is aging (for clients and workers) and client needs are becoming more complex. The demands for home support will continue to grow. To be prepared for the future, we need a sustainable and growing home support workforce that is highly trained in order to provide services that contribute to the wellbeing of people living in New Zealand.

### The quality and availability of home support matter to all of us

Many of us have family members who need this support. We will probably want and need home support ourselves one day.

# Timeline

**2011:** Unions won the sleepover case that saw support workers working sleepover pay at the minimum wage for every hour worked, and sleepovers are recognised as work.

**2012:** Service and Food Workers Union filed the equal pay case.

**2012:** The Human Rights Commission published the *Caring Counts* report.

**2013:** Unions filed the in-between travel case in court.

**September 2014:** The in-between travel settlement agreement was reached between unions, providers, and funders.

**July 2015:** Home support workers started getting paid travel time payments for the first time.

**August 2015:** The Director General's reference group report *Towards better home and community support services* was released with recommendations. These focused on regularising the workforce and providing nationally consistent funding, contracts, and models of care.

**March 2016:** Home support workers started getting paid on average 50 cents per kilometre for travelling between clients.

**March 2016:** The MOH reported back which recommendations they would and would not support from the Director General's reference group.

**October 2016:** A variation to the in-between travel settlement was reached between the parties to implement guaranteed hours for home support workers.

**April 2017:** Guaranteed hours for home support workers were introduced.

**July 2017:** Pay equity rates were introduced for all care and support workers.

## But despite these wins and improvements...

- Turnover of workers is still 30%.
- For many support workers, guaranteed hours have been reduced.
- Many new workers are employed on minimal permanent hours.
- Support workers are subsidising their job by not being reimbursed properly for travel time and costs and being requested to provide tools for the job, including their own phone for employers' use.
- Many clients' care times have been slashed – for some clients, what was 30 minutes of care has been reduced to only 15 minutes. We have seen rostered times for medication reduced to just seven minutes.
- Support workers are often not rostered for travel time nor rest breaks, being told to take rest breaks from clients' care time. Some eat their meals while driving between clients.

## What do we need?

- **Proper funding for the sector.** The funding approach that has been taken to the home support settlements has been a band-aid approach: funding to address particular issues rather than taking a whole of contract approach to an already under-funded sector. These funding approaches have determined provider behaviour with respect to their regularisation approach. A funding catch-up from the years of historic under-funding was intended to happen at the same time as sector changes occurred, as described in the Director General reference group report.
- **A review of the in-between travel payments and the structure and amounts at which these are set.** These currently leave support workers unpaid for some of their time, and out of pocket for costs related to their vehicles and travel. These payments were intended to be an interim measure until a proper regularisation of the workforce occurred, with the intention that the home support workforce would operate like other health workforces.
- **Regularisation of the workforce.** The operation of guaranteed hours has significant problems from a workforce perspective, and overall has not resulted in decent regular jobs for support workers. The funders must get involved to ensure regularisation is properly realised.
- **Paid breaks.** Workers are being systematically underpaid by providers, and providers are not funded to allow for breaks. This, along with other stresses, is creating serious health and safety issues for the workforce and clients.
- **A nationally consistent funding framework.**
- **Better procurement processes.** These processes are not well managed and often leave support workers and clients disadvantaged. Some union members have worked for four home support employers in the last six years.
- **Workforce issues considered in the Ministry of Health workplace Models of Care work.** For example, there is a gap created in the client assessment process by support workers being excluded from the process. The home support workers are the eyes and ears of clients' lives yet are not involved in client assessment, missing an important opportunity to pass on their feedback on the clients' needs and whether their needs have changed. The workforce must be an integral part of any new models of care developed in the sector – they will be the people delivering it.
- **Coordination of home support sector receiving more attention as settlements are implemented.** There has been little increase in pay across this workforce and few additional resources put in by the sector to deal with the increasing and already complex work that the coordination staff do.
- **Employers providing and paying for the tools of the trade.** Some employers are now making home support workers provide their personal phones for work or asking them to buy one from the company for work. It feels like we fix one problem where workers are subsidising employers and the funders, then another one crops up where workers continue to subsidise work.
- **The implementation of a case mix case load mechanism for the workers agreed to as outlined in the in-between travel settlement agreement.**
- **Recommendations 3 and 7 of the Director General of Health's Report relating to the implementation of the in-between travel settlement to be implemented.**

# What can we do?

Home support workers and people concerned about the issues facing the sector can take a lead in making sure our voices are heard.

Contact your local Members of Parliament and people on your local DHB to tell them we need:

## 1. New funding rules

Nationally consistent funding at the right level to deliver quality care and consistent procurement practices, with worker participation and proper accountability.

## 2. Full implementation of the Director General's home support reference group report

## 3. The voice of workers in all decision making

We need to ensure highly skilled support workers (who are appreciated as skilled health professionals) can be a part of assessing client needs.

## 4. Decent jobs

We need real guaranteed hours that don't change every few weeks or months, real income security and permanent employment, fair pay for coordination and administration staff, and a more serious focus on common workplace issues such as fair treatment at work and poor health and safety practices.

## 5. Ability to meet the needs of clients

Decent allocated time based on client needs, with some flexibility to ensure needs can genuinely be met.



## Home support workers say...

***My name is Tarsh and I am a home support worker.***

*I have worked in aged care facilities as a health care assistant and I have hospital level experience. I provide high and complex needs care for some of our most vulnerable.*

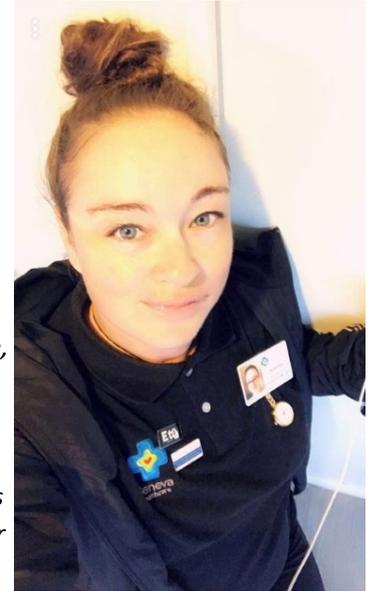
*As a support worker I am my clients' eyes and ears and I am deeply committed to helping them live their best lives; yet I'm not even included in compiling my clients' care plans or their reassessments. Reassessments can take months, and sometimes they don't take place at all. They can also be too little too late, causing injury - and in some cases, death.*

*As support workers we are stuck in the middle, between a system that is unresponsive, and a client whose needs are not met. Our funders – DHBs and Government - fail us both. In a job where day to day I see no one from my office and only have an app on my phone to report through (and occasionally a voice at the other end of the phone line), this lack of action and response to crucial emails, incident reports, and messages is heart-breaking. I feel like we are not respected and not listened to. Not because our providers don't care, but because the system is set up to fail all of us.*

*We don't have enough co-ordination staff. They are overworked, understaffed, and inexperienced. We don't have enough input into the care our clients really need, and we're moved around so clients don't get the continuity of care they deserve. My work is organised and paid in such a piecemeal way that I can't even rely on my pay being correct each week. I wish I didn't need to worry and stress about how my mortgage will be paid, but at the moment I regularly consider leaving the sector because I need reliable wages to provide for my family.*

*As a solo mum, the cost of this job is my health - I'm worn out. Sometimes I need to nap before cooking dinner because I've given everything to helping my clients and I'm left with no energy for my family. Some days I question whether I'm in the wrong job, because burn out is close. It's exhausting, and it's made even more exhausting when we are ripped off with low mileage and travel rates that don't even come close to covering our costs, with no paid tea breaks to catch our breath, and with the constant feeling of being undervalued. It's hard some days. I love my work, and thankfully my lovely clients help to make up for the challenges of being a support worker. They really value and appreciate the visits and time we spend with them, assisting them, supporting them.*

*I love my work - I just want a decent job.*



***My name is Jenny and I am a home support worker in Christchurch.***

*It feels like despite the significant wins the members of the unions have achieved (such as sleepovers, travel time, guaranteed hours and equal pay rates), we still haven't got it right. We win these victories, but they don't get implemented well and then we are back at square one again. We are still fighting for paid tea breaks, and our guaranteed hours are changed so often that we aren't actually guaranteed to have regular incomes.*

*We are still subsidizing the employers and the government to do this work out of our own pockets. We are now even being asked to use our personal phones for work, making yet another way for home support workers to subsidize the work of home support.*

*It's time to give us all decent work.*

# Home support workers say...



**My name is Sisi and I'm a home support worker in Auckland.**

*I got involved in the sector because I wanted to help people in my own pacific community, especially our elders and those with a disability.*

*I love my job and I really care about my clients, but it is a hard job. I work at all times of the day or night as well as weekends. I have to give up my own family time (even giving up going to church) to support other people. What we do is complex, and often critically important to the lives of the people we care for.*

*To work those hours is a big sacrifice for me, but I want to make sure the people who need my support work are well looked after. That means I put myself and my family second a lot.*

*But it's harder and harder to continue doing that when I feel we really don't have decent jobs. Despite some of the positives lately, like equal pay (thanks Kristine Bartlett!), we are paying more and more for petrol, paying to use our own cars, and a lot of support workers in the sector still pay to use their own phone – that means we are covering a lot of the costs to do our jobs, and those jobs aren't stable. Our hours are often changed because of the way our funding works so we can't even rely on our income.*

*For the sake of everyone – our clients, families, and communities, home support needs to be sorted out properly – we need sustainable, decent jobs, so we can provide the care our communities need. Sorting out home support is urgent - for everyone's sake.*

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**My name is Helen and I am a home support worker in Kapiti.**

*It's been a rocky few years for me in home support: I myself have had 3 employers in the last 6 years, while some of workmates have had as many as 4 employers.*

*The DHB has been out to tender a lot in my area of work, and has resulted each time in a new employer for my colleagues and me. Each new employer means not only new people to meet, but also new processes to learn and understand.*

*These tenders also often mean a change in clients, despite having supported some clients for years. I also feel like I have check my payslips every pay day, and have spent a lot of unpaid time chasing up my employer to ensure I get paid correctly.*

*The sector has had lots of teething problems since all the changes have occurred. We won good training provisions as part of our equal pay settlement and are becoming a well trained workforce, yet we are not seen as skilled enough to provide feedback into our clients' assessments about their wellbeing or whether their cares should be increased or decreased.*



*We are the eyes and ears of what is happening out there for our clients yet our voice is not heard. It's time to recognise us for our skills and the value we provide to communities, and trust us to be like other health workforces.*

## Statement from Grey Power Federation

*Grey Power Federation fully supports the home care workers' case for improved working conditions. Despite the positive step of achieving pay equity, home care workers' travel and other costs are not being fairly reimbursed. It is only fair that a care worker is paid the public service rate for the use of their own vehicle to travel between clients. In rural areas carers can travel long distances in any day and we are well aware of carers who cannot afford the cost of the travel involved. Some receiving care may need more than one visit per day and this cost must be met, to enable the person to remain living at home.*

*It is government policy to retain older people in their own homes as long as possible with the support of carers. With the increase of the ageing population there will be a growing need for more carers to meet the demand for care, this means that there must be a fair reimbursement of travel costs and decent jobs for carers. Sadly, we hear of cases from Members receiving care that the carer has not visited and the provider also has not advised that no carer is available. Grey Power expects all providers to have sufficient numbers of fully trained staff and relief staff to meet their contracted case load at all times.*

*It is our wish to support the case for working conditions that fully meet the financial costs of carers so that they can deliver care to those in need.*

## Home and community health association – Provider Perspective

The underlying issue to all of the identified issues is the lack of consistent sustainable funding to address the needs of the sector. Funding should be appropriate, nationally consistent, and recognise issues to be addressed.

The Director General's reference group report in 2015 noted the fragile financial state of the sector and recommended that action be taken to ensure the sustainability of the sector. Despite this, changes have been implemented that further erode provider sustainability by the Government not fully funding legislated elements of pay equity, regularisation and training. Funding has not been provided to address relativity issues created by support worker pay equity legislation, and a number of funders have elected to fund the legislated changes by eliminating or reducing other funding to providers for 'business as usual' cost pressures.

Funding that has been provided has been isolated to the minimum for individual components of change, without a holistic overview, and without considering the potential impact of one change upon other introduced and legislated changes.

Implementation of 'regularisation' through 'guaranteed hours' has been attempted to be introduced without appropriately defining what 'regularisation' within the HCSS sector is, or appropriately funding such a change. It has failed to consider the characteristics of a sector, the impact of guaranteed hours on travel costs, and the importance of appropriately matching worker qualification to client needs.

Providers are supportive of the intent of changes for pay equity, regularisation and training, but cannot resolve perceived current deficiencies in implementation alone. The requirement is for greater certainty as to 'regularisation', together with a nationally consistent and appropriate funding mechanism that fully considers the interaction of these changes and the characteristics of the HCSS sector.

# Let's bring this home.

To find out more information, contact PSA or E tū



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