

Decent Work Good Care:

Identifying conducive policy & regulation in aged care systems

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Context

- Changes in OECD countries in LTC systems (Gori et al 2016)
 - Ageing of pop & increased longevity = increased demand for frontline care workers & more complex care provision
 - Increasing LTC expenditure = pressures to constrain funding
 - + shift to 'consumer choice' & individualised funding → ? Impact on job quality and care quality (Da Roit et al 2016)
- Presentation
 - Part of larger project: Decent Work & Good Care*
 - Aims: Investigate impact of national policy, funding & employment regimes, operationalized through organisational practices and work design, on quality of work & care
 - Methods: cross-national regime mapping and in-depth case studies
 - Key features of aged care systems shaping decent work & good care
 - National funding models & systems
 - Industry structure
 - Employment regimes
 - (Care service quality systems)

Meso-level Framings

- Feminist political economy: how economic & political institutions shape & interact with gender, care & employment regimes (Aronson & Neysmith 2006; Vosko 2010; Pocock 2005; Vosko 2002; Folbre 2001)
- Feminist approaches to care work (Folbre 2008; England 2005; Palmer & Eveline 2012; Hebson et al 2016; Lily 2008)
 - Profound & gendered undervaluing of care work & care workers
 - Understandings of how gender norms in care work structure/ are structured thru care systems & employment regulation
 - Impact of spatial location of care work – private homes vs institutional
- ‘Regime-mapping’ (Williams 2012)
 - Interaction & intersection of care, gender and employment regimes
 - Importance of national context

Cross-National Comparison

Why these four countries?

- Little comparative LTC research on Australia, NZ & Scotland
- Similarities & differences
 - Aged care markets similarly gendered
 - Different mixes of public/private provision
 - Different extent of marketization
 - All formal employment regimes but different regulatory gaps
- ‘Anglosphere’ – policy lesson potential

National Context: LTC & Gender Norms

- Importance of familial care in underpinning formal LTC systems
- Overwhelmingly female workforce
 - Institutional: Aust 87%; NZ 97%; Scotland: 85%
 - Home Care: Aust 89%; Canada 96%; NZ 96%; Scotland: 82%
- Majority female recipients, esp 80yrs+
- High % of migrants relative to national LFs
 - Australia: Home care 34% - Institutional 44% (Census 2011)
 - Canada (Ontario): H/Care & Institutional: 38% (England & Dyck 2012)
 - NZ: Homecare: 16% - Institutional: 25% (Ravenswood & Douglas 2017)
 - Scotland: Homecare: 42% - Institutional: 4% (SSSC 2009)

National Context: % GDP on LTC

Country	GDP Spend
Australia (2011)	0.8%
Canada (2010)	1.2%
New Zealand (2010)	1.3%
UK (2014)	1.2%
OECD11 (2011)	1.6%

Sources: OECD 2013; OECD 2017; Fernandez & Nadash 2017

Key Indicator 1: Funding Systems

- All 'formal' LTC systems but:
 - Distinctions between aged & disability LTC services
 - Funding quantum varies inc over time
 - Declined in UK
 - ✚ Means testing – impacts on coverage and intensity of public funding (eg per capita LTC spend):
 - Australia (US\$1895) vs England (US\$508) (Campbell et al 2016)

Scotland: Free Personal Care (Bell 2010)

- 2002 – no charge for 'personal' home care
 - Normal charges for 'domestic' care eg shopping
 - Increased coverage of pop 65+ Scotland (8.1%) vs England (5.8%)
 - Increased importance of HC relative to institutional care
 - But pushed 'domestic work' out of *formal* LTC LM –impact on job quality?
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- Coverage of LTC services varies by country & by form of LTC

Coverage of LTC Services

LTC Users as % of Pop 65+ (2011)

	H/Care	Instit	Total
Australia	7.3%	7.2%	14.5%
Canada		3.4%	
New Zealand	12.4%	5.2%	17.6%
UK (2009)	6.9%	4.2%	11.1%
OECD21	8.7%	4.1%	12.7%

- Growing importance of HC
- Quality of care where services limited eg UK?
- Optimal HC share of LTC with growing complex & severe needs (Muir 2017)?
- ‘Visibility’ of HC sector to employment regulation & enforcement?

Sources: OECD 2013; OECD LTC Resources & Utilization

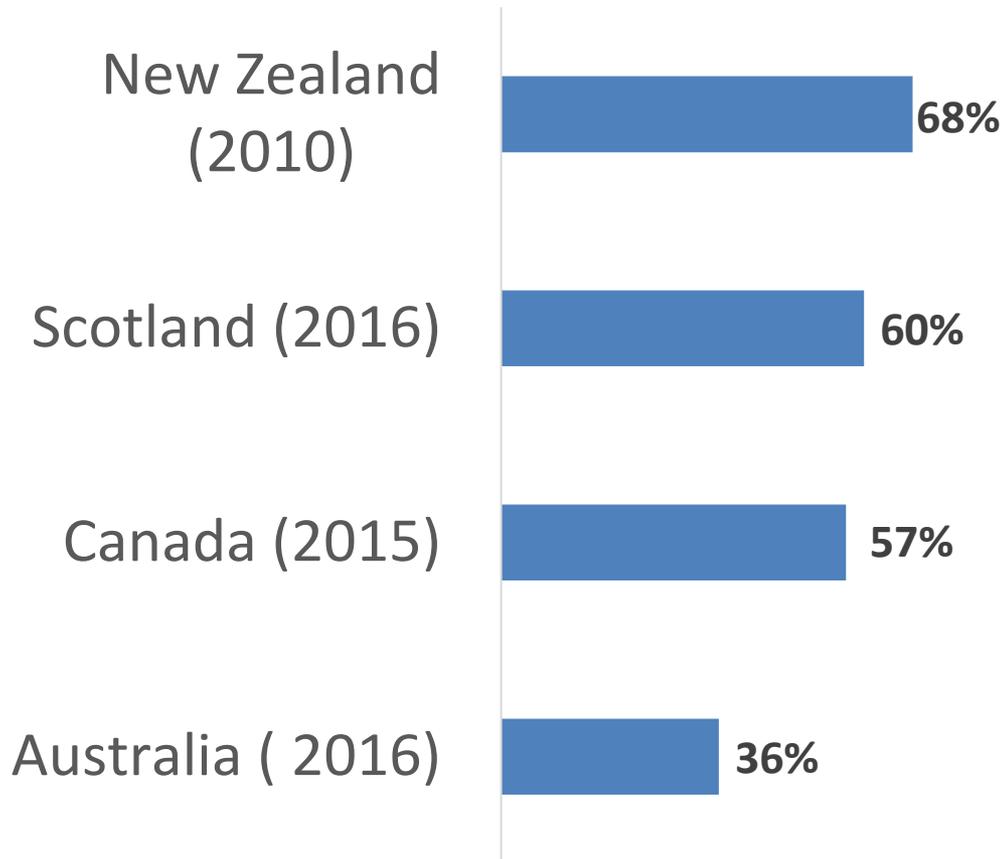
Marketisation of LTC

Marketisation = Contracting out of govt direct delivery of LTC, privatising funding streams & commercialising LTC services (Harrington et al 2017)

- Extent & type of private ownership
 - Very different history & extent across countries eg
 - In Scotland (36%) of home care contracted out to private sector vs England (81%)
 - In UK & Canada private ownership associated with poorer staff ratios & more violations of quality standards (Harrington et al 2017)
 - Reverse marketisation? Ontario govt to directly provide HC services
- Extent & type of 'cash for care' funding model
 - Individualisation/personalisation of care
 - Service user = employer?
 - Impact on job quality?
 - Paid care stripped back to time-limited tasks (Theobald et al 2017)
 - Employer compliance with minimum wages/ labour standards?

Key Indicator 2: Industry Structure

Private ownership: Residential LTC



Scotland (2006-2016)

20% ↓ in total no. of homes

3% ↓ FP vs 40% NFP

Canada (2009- 2014)

FP ↓ (47% → 37%)

Australia

FP ↑ and ↑ size 100+ beds

FPs awarded 63% of new beds in 2015

Private LTC Ownership

Types, Trends & Risks

- Growth of private equity firms in all 4 countries. Concerns:
 - Level of debt
 - Large number of places they control
 - Lack of transparency
- Franchises – increasing presence in homecare
- Private chains:
 - Canada: 5 largest chains control 23% of beds (Harrington et al 2017)
 - UK: 5 largest providers – all chains - control 35% of beds
 - International chains eg BUPA: 70 homes in Aus; 60 homes in NZ; 30 homes in Scotland (>250 in UK)

Risks for service users, LTC workers & government funders

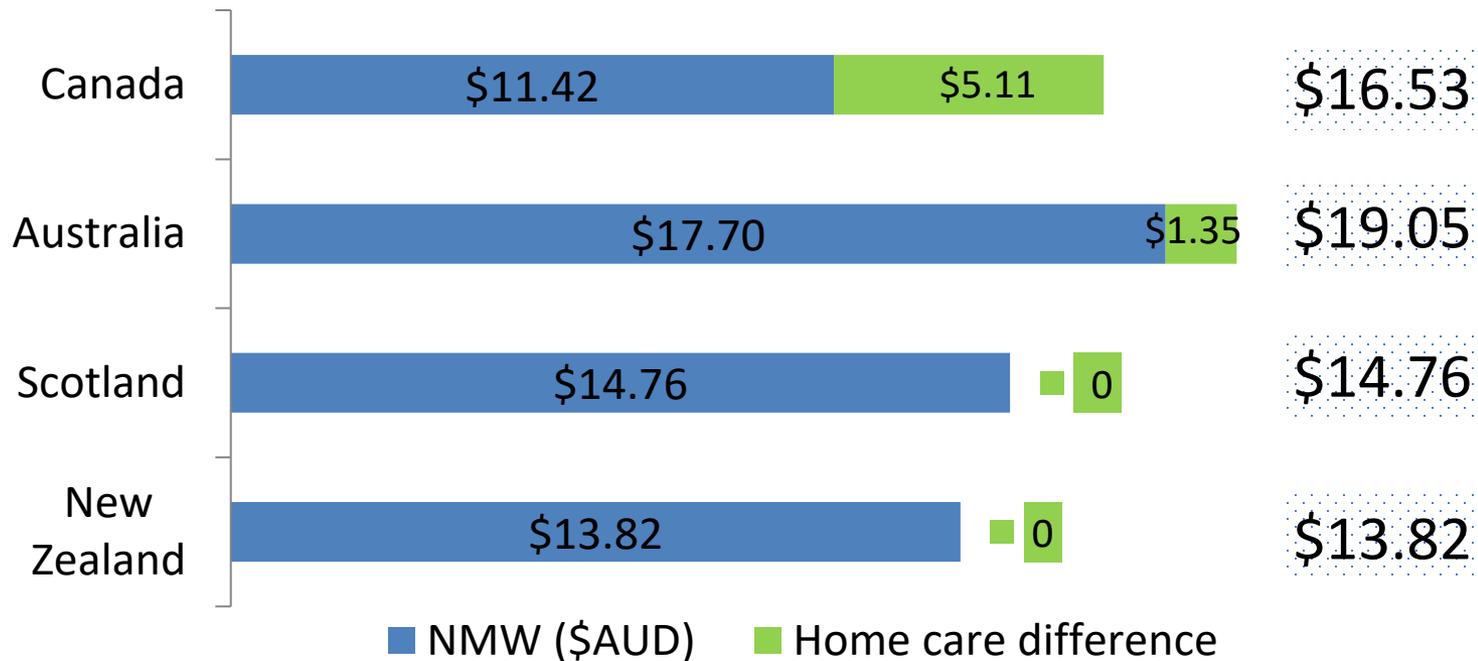
- 2011 collapse of Southern Cross in UK – ran 750 homes (98 in Scotland with ~3000 residents)
- 380+ UK care home businesses declared insolvent since 2011

Key Indicator 3: Employment regime

Main features of employment regimes:

- ‘min’ or ‘max’ systems eg NMW & WT conditions
 - Australia (max) vs the rest (min)
- Employment status
 - Workers vs employees
 - Casual vs ‘perm’ also zero hours
- Exemptions/ employer evasion eg travel time
- Recent changes in NZ to increase min hourly wage for aged care workers and provide ‘regularised hours’ despite lack of strong employment regulation

Differences between national minimum wages and minimum home carer wages (\$AUD)



Unionisation & Enforcement

- Unions
 - Union density
 - All low levels of unionisation in LTC except Ontario where 71% of residential LTC workers unionised (Daly & Armstrong 2016)
 - In Australia even where collective agreements – low wage increases
 - Typically lowest in non-govt home care
 - Union role: direct impact on wages & min conditions - Canada vs rest?
- Enforcement?
 - Worker knowledge of min standards/willingness to complain
 - Unions/labour inspectorates
 - Aus FWO vs UK HMRC

The shaping of decent work & good care

- GDP LTC spend important but not whole story
 - Coverage of pop 65 yrs+ & intensity of LTC services
- Type of LTC: Home care vs institutional
 - Dependent on meeting care needs of different LTC users
 - Shapes care quality for different groups
 - Structures reach of employment regulation
- Industry structure/private ownership impacts on:
 - Sustainability of LTC public funding
- The conditions of work are the conditions of care
 - Extent of marketisation / conditions & generosity of funding systems v important
 - Decent work not only dependent on emp regulation but also social dialogue (NZ)