

# Above & Beyond: Gendered Austerity & Comparative Wage Theft in Long Term Care Work

Professor Tamara Daly, York University [dalyt@yorku.ca](mailto:dalyt@yorku.ca).

Distinguished Professor Sara Charlesworth, RMIT [sara.charlesworth@rmit.edu.au](mailto:sara.charlesworth@rmit.edu.au)

Professor Ian Cunningham, University of Strathclyde [ian.cunningham@strath.ac.uk](mailto:ian.cunningham@strath.ac.uk)

Professor Donna Baines, UBC [donna.baines@ubc.ca](mailto:donna.baines@ubc.ca)

Associate Professor Deb King, Flinders University [deb.king@flinders.edu.au](mailto:deb.king@flinders.edu.au)

Ms. Wendy Taylor, RMIT <https://decentworkgoodcare.com/>



# Decent Work Good Care: International Approaches to Aged Care\*

## Overarching Study

How do state **policies** (including funding & employment regulations) operationalised through **organisational practices & work design**, shape experiences of **decent work & quality care** on the frontlines of aged care?



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# Wage Theft in Context

## 1. Workers who experience wage theft

- Teens (Barnetson, 2015)
- Migrant and temporary workers (Berg and Farbenblum, 2017; Bittle and Snider, 2018; Clibborn and Wright, 2018; DeVaro and DeVaro, 2014), refugees (Carpenter, 2018),
- Re-classified as independent contractors / gig economy (Cherry and Aloisi, 2017a)
- Low wage workers (Dasse, 2012)

## 2. Employers and Organizations

- Lawful means to underpay wages /or/
- Unlawful means to steal from employees

## 3. Re-dress of wage theft:

- Regulation and standards deployment (Fine and Bartley, 2019)
- Court challenges (Cohen, 2018a)
- Community-Government coalitions (Fine, 2017; Fine and Bartley, 2019)
- Community-Labour coalitions (Dossard and Gamal, 2016)
- /or/ Silence: Not reported and no action taken (Farenblum and Berg, 2018)

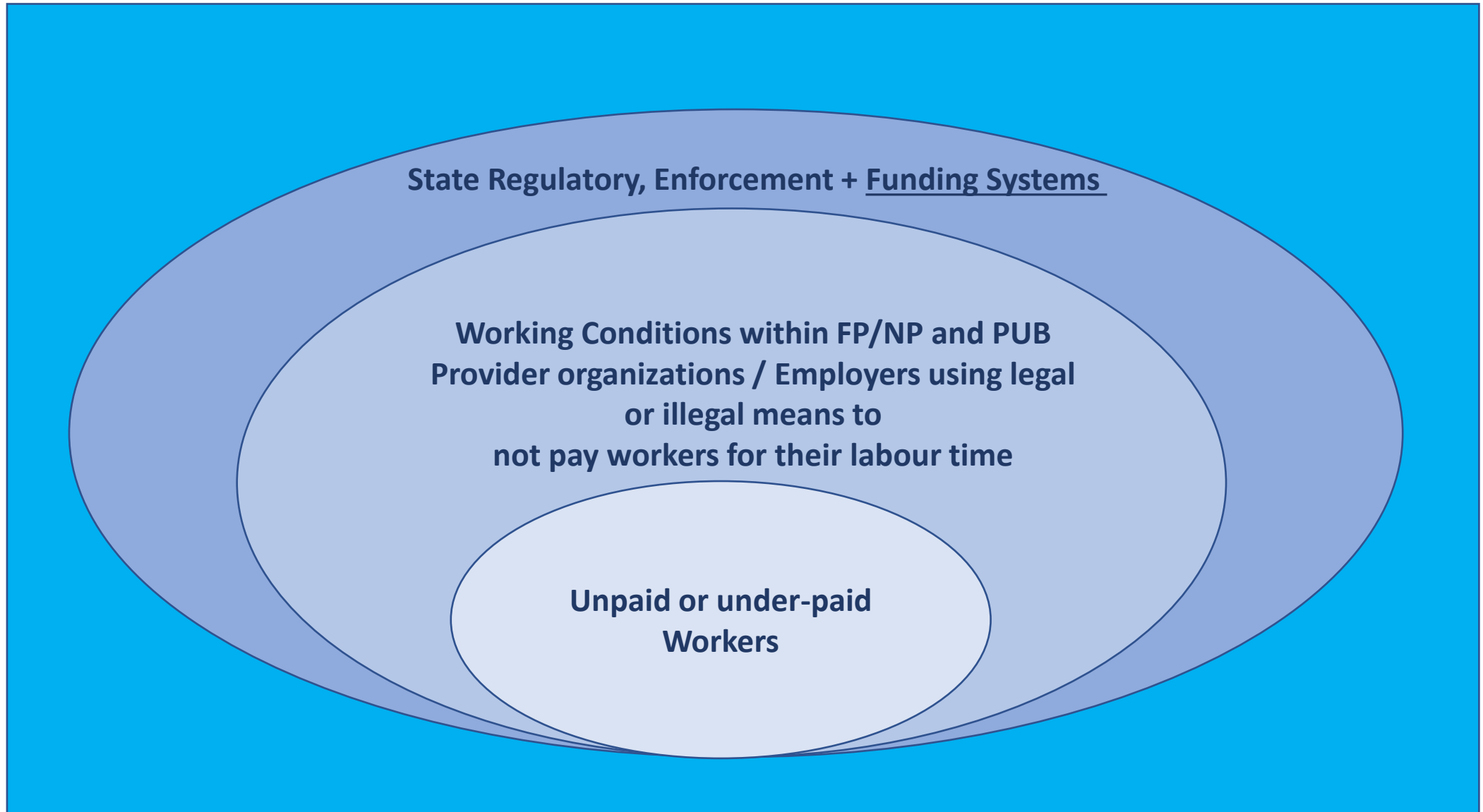
# Wage Theft Defined

- ***Unlawful non-payment & underpayment*** of wages
- ***Legal underpayment & non-payment*** by employers made possible by gaps in employment regulation & inadequate enforcement
- ++ there are insidious forms of it (Bittle and Snider, 2018)
  - Unpaid overtime (Bobo, 2011)
  - Bankruptcy leading to theft of pensions (Clark, 2019)
- +++ Wage theft in care work must involve an understanding of the state ***funding context*** (Macdonald *et al* 2018)

# Aged Care Work in Context

- Funding for Home Care and LTC:
  - State under-funding of the sector (**austerity**)
  - ↑ Private out of pocket payment
  - High degree of profit-taking by providers
  - **Gendered work** + highly feminized labour force

# Operationalizing Wage Theft



# Aged Care Work in Context

- **Poor working conditions** with chronically **low wages** → **Poor outcomes**
  - Care **sector** outcomes → difficulty recruiting & retaining workers, and under-staffing
  - Care **worker** outcomes → turnover, burnout, high rates of illness and injury
  - Aged care **recipient** outcomes → poorer quality, rushed care because of not enough staff time

# Interventions Affecting Wage Rates

	Home Care	LTC
New Zealand	<b>Equal Pay Settlement (2017)</b> Increased hourly wage Paid travel time Guaranteed hours mechanism	<b>Equal Pay Settlement (2017)</b> Increased hourly wage
Scotland, UK	<b>Real Living Wage (2016)</b> Increased hourly wage Paid for travel and sleepover	<b>Real Living Wage (2016)</b> Increased hourly wage
Canada	Ontario: <b>“Investment” in Personal Support Workers</b> Wage increase over minimum wage (2016) + 2.50 over minimum wage Travel time not covered	Union / facility level collective bargaining
Australia	<i>Royal Commission into Aged Care Quality &amp; Safety</i> recommended that “the Aged Care Workforce Industry Council Limited ↑ lead the Australian Government and the aged care sector to a consensus to support applications to the Fair Work Commission to <b>improve wages based on work value and/or equal remuneration</b> , which may include redefining job	



# How can we understand wage theft in care work?

## Gender

- Gender Order, Regimes & Relations
  - Gendered norms & public care systems sit within the gender order
    - Politics of gender & larger patterns of gender inequities of contemporary society
  - Gender order of a society + Gender regimes of an institution (gendered division of labour) are aligned in aged care work.
    - Reproduce the pattern of social relations that configure our gender arrangements.
  - “Gender relations are made and re-made in everyday life...and constituted in routine interactions” and people are held accountable for behaving according to their presumed sex category
    - Ways to provide “good” care

(Connell 1987, 2002)

## Austerity

- Neoliberalism & New Public Management
  - Austerity
    - Cuts to public services/ underfunding + neoliberal commitment to outsourcing, marketization & NPM techniques (Baines & Cunningham 2015);
    - State shifts focus to accountability & reduces role in service provision (Daly et al. 2016)
  - Austerity in care systems
    - Reduction in gov’t funding to care services & employer profit taking reflects both systemic gendered undervaluing of care work & disregard for care quality
  - Austerity within care providers (employers):
    - Employer practices leading to wage theft strongly shaped by gendered norms of unpaid care work & design of public care systems (Macdonald et al 2018: 82)

# Methods

- Document and policy analysis across 4 jurisdictions
- Purposive site selection based on key informants + reputation for decent work
- Rapid Team Ethnographies

- Australian Research Council funded sites

- Key Informant interviews (**n=138**)

- Work observations

- **Australia**

1. AUS 1 NP LTC
2. AUS 2 NP LTC & HC
3. AUS 3 NP LTC

- **New Zealand**

4. NZ 1 NP LTC
5. NZ 2 NP HC
6. NZ 3 FP HC

- **Scotland**

7. SCOT 1 FP HC
8. SCOT 2 FP LTC

- Canadian Institute of Health Research funded sites

- Key Informant interviews (**n=205**)

- Work observations

- **Ontario**

1. ONT Pilot FP Retirement
2. ONT 1 NP LTC
3. ONT 2 PUB (NP) LTC

- **Nova Scotia**

4. NS 1 NP LTC
5. NS 2 NP LTC

- **British Columbia**

6. BC 1 NP LTC
7. BC 2 PUB LTC

- **Alberta**

8. ALB 1 PUB LTC
9. ALB 2 NP LTC

# Findings

# Austerity → Understaffing

Underfunding in the sector leads to understaffing and understaffing leads to rushed care and too much to do in the time allotted to do it

“P: it's **our government, they don't give us — they just don't give enough money to these facilities.** You've got to have government funding as well, but I think that — I don't know what percentage and all that kind of stuff is, but it does boil down to your ... I know it does. Like I do — and there is just not enough money. **There's not enough money for [this facility]** — there's just not.

I: So if we could be your voice and giving a message to government —

P: The politicians, yeah. ... **Get off the check book and come on over** — bring it into these facilities, you need it, these people have done their time, they've worked hard all their life, they deserve this. They deserve the best care that they can get. They are getting good care, there's no question about that. Could they get better? Absolutely. Yeah, **they could have more care, so they could have more one-on-one;** even if you could bring **an extra floating nurse down here to do some other things to take off some of that other load,** so that we could sit, and just be with them. And you know take a little bit longer with them, you know you don't want to rush. **We don't want to rush these people. And they don't deserve that — but sometimes I just feel it's just too rushed. It's just too rushed.”**

*Interview ALBERTA 2 NP LTC Licensed Practical Nurse*

# Austerity → Understaffing → Rushed Care

Too few staff to provide quality social care

I: Yeah. And how is it now compared to when you first started?

P: When I first started it's a lot of different.

I: Okay, yeah. How?

P: Very, very different. Like everything is like rush, rush, rush.

I: Before or now?

P: Before...You have all the time and a lot of time to spend with clients and talk to them and, you know, **laugh** with them, **sing** together, we used to do that a lot. ... But nowadays **no time**. ... Very rushed. **Everything is rushed. Rush, rush, rush. All you have to do is get them up ready for this and that. You don't spend any time with them...**

I: Do you miss that?

P: Yes. ... I do. ... And that's what they need I believe"

*Interview NZ 1 NP LTC Caregiver*

# Gendered Austerity: State Under-estimating Time → Stretching of the Workforce

State underfunds and the gap is filled on the backs of the workers

“So if I’m thinking of **one care home provider** that I remember having pay talks with, who was **getting, I think it’s something like £400 to £450 a week** for the elderly people coming into his care [home]. But **it was costing £750 a week to maintain that person in the care home**. And his answer to that was, but **we’re a charity, we’ll find the difference**. So it was almost like they’re perpetuating their own situation and of course, and as that gap between what they’re getting funded and what they need has grown and grown, what they’ve done is chosen *to stretch the workforce and stretch workforce and stretch the workforce.*”

Interview SCOT – labour representative

“In addition, the use of 15-minute visits means that care workers are being asked to work and are paid in 15 minute or short time slots and due to payment practice and contracts set out by **local authorities the care provider is asked to work and paid pro rata in 15 min time slots**. This means the provider is **unable to set out proper fair reasonable contractual terms to their workforce other than in these same 15 min timeslots**, if they do otherwise the support service and organisation/ business is functioning on an even less sustainable basis! This does not build up a relationship based on reciprocity, fairness or reasonableness.”

*SCOT -- Stakeholder letter from deidentified home care provider*

# Gender Regimes: Organizational Understaffing → Unpaid Work

Too much work to do in the time allotted

I: what do you think [NZ 1 LTC] could do to support you better?

P: ...“proper funding to actually get the right people in the right place, to at least have a little bit ... to share the load because in order to fully implement the household [model] we need to have the proper resources to do it, and believe me the Diversional Therapist side just ... **above and beyond**. Like, they know they have to report on a lot of people and if they **start at 8:30** they will **get at work at 7:00 just to catch up**, or they will leave probably, **if they finish at 4:00** they will **leave at 5:00, 5:30, so that they can catch up**.

I: They're doing lots of unpaid work then?

P: Yeah. Because the **paperwork needs to be entered on the system on a daily basis**. So if you have three or four things happening on the same day that's **a lot of people that you have to report on...Yeah, so it takes a lot of time.**”

*Interview at NZ 1 NP LTC with Recreation / Diversional Therapist*

Gender Regimes: Organizational  
Understaffing + Under-estimating Time →  
Increased Pace of Work → Stretching  
workforce

If you are too slow you will lose work with that client

“But generally there’s enough time, because if there isn’t we could always ask for extra time. *When* we ask...The thing is, when we ask then she says, “Okay, *you can’t do it in that time, so you’ll been (sic) transferred to the next client.*” So she changes. It has happened to me. When we say, “Okay, we need extra time,” *so they put the [other] carer who can just finish in that time.*”

*Interview NZ 3 FP HC -- Home support worker*



# Austerity: Discontinuity ← Split Shifts

Regulatory gap governing how split shifts should be handled:

“Iris” works 10 hour days and split shifts. On Monday to Friday she is out for 10 hours and paid for 10 hours. Those times are sometimes split. She works 7 am to noon and 4 pm to 9 pm [out for 14 hours]. They did not want to pay for the splits. But now she goes to the office during the splits. She does doctor appointments and shopping too. Most who do split shift sit on the side of the road. Iris goes into the office. She lives 58 KM away and comes from X. The drive is pretty good most of the way. If she leaves early, her commute takes 45 minutes. Later it is a 60-minute drive. Often she finishes by 10 pm and then she gets up by 5 am. If she does not have a split shift then she works from 9 am to 7 pm. Then she leaves to go pick up the kids from work, and they finish at 8 or 9. She then gets home at 8 or 9 pm. Before she changed her hours, she would do 400 KM a day. Now, on the new hours, she is doing only 150-200 km per day. In one instance, she has to do 72 KM for just one client. The job is all travel when it is 400 k per day.

*Observation notes: AUS 2 home care worker*

# Austerity: Discontinuity ← Split Shifts

Regulatory gap governing how travel time should be handled:

The hours now are from 8.00am to 2.00pm and there is a break between 2.00pm and 4.00pm and then from 4.00pm to 10.00pm. Her schedule, she has a two week schedule, so she works Monday, then she's off Tuesday/Wednesday. Then she works Thursday/Friday. She's off Saturday/Sunday and Monday. Then she works Tuesday/Wednesday, she's off Thursday/Friday then she works Saturday/Sunday. The trick though is that she is then working three days in a row because she works the following Monday. Because the shifts are so long with the 12 hour shifts, that can get a bit tiring. She says she actually prefers this compared with what they use to have.

She says she takes whatever overtime she's offered. She does a lot. This week she has two extra days of overtime because of vacation. Last week she worked five days straight. She said the 12 hours days don't seem like 12 hours because of the split. She said you also get these little breaks because you're driving in between. People maybe only as far as 15 minutes away. You're not paid your travel time when you leave your own home, only between clients. That means that when you go to your first client of the day, you're not paid your travel time, and you're not paid your travel when you finish at 2.00pm, nor when you go towards your 4.00pm or after your 10.00pm.

When she first joined, she worked five days a week from 8.00am to 6.00pm. She didn't have enough time she felt to get any things in her life that she needed, appointments and those sorts of things. It's easier. You can plan your holidays and those sorts of things.

Over the course of the day, she'll visit 10 to 12 different people's homes, and it's hectic. Some of those homes she'll go to twice. Really, they only give you 10 minutes or 5 minutes to get to homes, so that can be stressful when you're driving and then you're watching the clock.

*Field observation SCOT 1 Home Care worker*

# Gender Regimes

## Availability → Time out of life

### “Caring” outside of paid work time

- Initially, **they were allowed to go to funerals. They were then considered representations of the home.** Sometimes they would have a bus to get to the funerals available for people....Now, **you can go to the funerals in your time off.** But they don't really encourage people to go on work time any longer.
  - TD\_Field notes AUS 1 with EN
- She says, you get to know these people and you're part of their family and you have that close bond with them. As a way of illustrating that close bond ... and this is an aside, she says, one of the residents came with their family to the bowling alley. Just as a reminder, “Emma” works, she has almost full-time hours in the evenings at a bowling alley as well. **While she's working at this bowling alley, this resident came up to Emma and instead of going to the toilet with one of her family members, Emma took her to the toilet while she was at the bowling alley.**
  - TD\_Field notes AUS 1 with EN

# Gender Regimes

## Split shifts → “Time out of Life”

When are you working? taking up your time during non-work or “on-call” hours

I: You’ve got a second job?

P: I’ve got an agency, I work with an agency however because I’m on-call I can’t really do a lot of work with them. So again, the time that I could be out earning money, I’m not working but I’m on-call so I can’t go and do that job.

*Interview SCOT 1\_home care “mentor”*

“I: The shifts are quite long, though.

P: I find it really long. I leave the house at 20 past 7:00 [am]. I don't get in until after half past 8:00, to half past 10:00 [pm].

I: Do you live locally?

P: No, I don't live locally. I live over in [X] so it's only 20 minutes when the traffic's good, so it's not that far away, but it is a long day. But today, right, so I'm meant to get a two-hour break between 2:00 and 4:00, but today I'm picking someone up for lunch at half past 1:00 and I'll be with him for an hour until half past 2:00. And then, I don't have anyone until 5 o'clock, so that'll be my lunch break. So, I just hang about, having lunch in the car, go for a walk.

I: Is that difficult, those breaks in the day, quite long breaks when there's no work?

P: Yeah, it is. Personally, I would like to just do 8:00 until 4:00 or 5:00 or 6:00 and just go all the way through, but it's just the way the company actually works.

*Interview SCOT 1 home care worker*

# Gendered Austerity: Pay Equity + Under-Recognition of Skills

Low wages for the level of skills and responsibility

“maybe the **Scottish government** should take up. They were talking about various things, but I think they should **open their eyes and realise that this profession is not recognised at all** in the sense that it’s something that’s needed, and something that’s **just as important as an accountant or an electrician**, but they don’t seem to get the **recognition that they deserve.**” *Interview SCOT 3 Care worker*

- **ALDI [grocery store] is \$24 / hr. \$23 is the highest rate in care. You get \$20/hr or so to start in care work.**

*Interview AUS 2 home care worker*

# Gender Regimes:

Availability → unpaid overtime / partial time

A few minutes early or late each day

By this time, it's 2:10 p.m. Emma is **supposed to finish at 2:00 p.m.** She is still documenting. ... As she is stretching, she says, you have to protect your back. You have to **brace yourself.** Emma **finally finishes at 2:20 p.m.**

*Observation Notes\_TD AUS 1 EN*

# Gender Regimes: Above and Beyond

Providing good care means going above and beyond, even in terms of extra time

I: Okay, so. Right, so how much, I mean, when you kind of deal with these kind of 20 odd clients, do you feel you have enough time to deliver the care?

P: I'm probably a little bit different to everybody, like, **we have a timeframe but I'm not afraid to go over and provide that little bit extra** because I'm going to get paid for it anyway, I don't necessarily charge the client for that. Unless it's something that's beyond their control, my control, like suppose they open their bowels and it's taken me an extra half hour to clean up or something, that's something that, you know, its under them. **But if I'm just taking my time and talking to them and what have you then if I go 5, 10 minutes over, I go 5, 10 minutes over but I don't charge them for that. That, that, I will get paid for it because of my travel time between one client and the other client, so."**

*Interview AUS 2 home care worker*

# Gender Regimes: Gendered Notions of “Good Care”

You are only a good carer if you forgo your own breaks

We continue to talk about what she would change and she said, I would love to throw the clocks out of the window because I think it governs some people's work ethic and people are guided by the clock. I ask the question about the role of the unions and she said that some people, she says, some are annoyed and time is a big focus. ... the conflicts over time come from a perspective where time is seen as quite rigid, and breaks are taken no matter what, versus...the people that care and don't just treat it like a job are also using time in a very different way.

Fieldnotes\_TD\_AUS 1 EN

I ask her what is the best thing about this place? She says, it's very resident-focused and most people CARE, and those could be in capital letters for the purposes of the transcript. Most people CARE and don't just treat it like a job. But there are a couple of them who do and if they treat it just like a job, they don't need to be here she says.

Fieldnotes\_TD\_AUS 1 EN



# Discussion

# 'Wage Theft' Redefined

- Wage theft (*generally*)
  - + *Unlawful* non-payment & underpayment of wages
  - + *Legal* underpayment & non-payment of workers by employers made possible by gaps in employment regulation & inadequate enforcement
- Wage theft in care work (specifically)
  - ++ the *funding context* (Macdonald *et al* 2018)
- Wage theft for Aged Care *even* in context of regulatory interventions:
  - Wage theft is endemic in aged care work *even* when governments intervene to address low wages
- The work and time required to provide quality care work not fully costed & accounted for as 'work'

# How is Gendered Austerity revealed?

- Our findings on comparative studies of care work extend the “*wage theft*” construct:
  - ✓ legal & illegal non-payment & underpayment for work (various authors)
  - ✓ Institutionalised wage theft by the state under-funding (Macdonald *et al* 2018)
  - +++ **Austerity** results in underfunding, understaffing, rushed care and too much work to complete in time allotted
  - ++++ Regulatory gaps regarding how split shifts + travel time are managed
  - +++++ time forgone ‘out of life’ (Murray & McCann 2014)
  - +++++ Underpaid (low wages for skills and responsibility)
  - +++++++ Gender is pivotal to understanding care work organization and women’s “elastic caring” (Baines, 2006) that goes “Above and Beyond” to fill the gaps created by austerity.
- Our study investigated wage theft through the lens of comparative care work
  - Importance: erasure of relational & emotional labour (+ time it takes to care) is part of managerialism (Aronson & Neysmith 2006) and austerity
    - This labour not erased from work of care but made invisible in the costing /accounting for it
    - Institutionalises the ‘above & beyond’ demanded of care workers and places burden of care on gendered workforce