



**NEW ZEALAND
WORK RESEARCH INSTITUTE**

The Impact of the Pay Equity Settlement

**Data from the 2019 New Zealand
Care Workforce Survey**



AUTHORS

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EXECUTIVE SUMMARY

Length of service with the same employer

- The majority of all who responded had stayed with the same employer, however, this was the lowest amongst nurses (68.8%).
- Disability support workers (84.0%) were more likely to have remained with the same employer since the pay equity settlement;
- Care and support workers in the home and community support sector were least likely to still be with the same employer (73.1%).

Changes in hours since the Pay Equity Settlement

- Care and support workers were more likely to report a decrease in hours than nurses and managers, and this was most apparent in home and community support.
- Care and support workers in home and community support were less likely to report an increase in take-home pay (59.6%) than care and support workers in other sectors.
- Nearly 3/4 of care and support workers in other sectors reported increases in take-home pay.

Changes to job since the Pay Equity Settlement

- Nearly 1/4 of all care and support workers had more responsibilities on the same qualification level
- 1/10 of care and support workers had more responsibilities but on a higher qualification level.
- 27.0% of care and support workers felt they had more work to do in general.
- The majority of both nurses and managers felt that their job had remained the same, although 19.5% did perceive that they had both more work and more responsibilities after the settlement implementation.
- Most managers also reported that the funding associated with the Settlement had not covered all costs.

Changes to training opportunity since the Pay Equity Settlement

- Just under half of the managers (43.6%) indicated that there had been no changes to how they offered training
- Approximately one-third of managers responded that they had more in-house training (34.9%) and just over one-fifth indicated that they paid for time on training (22.2%).
- Small proportions of managers reported less in-house training (6.6%) or that time spent training was unpaid (3.8%).
- Almost half of managers (47.9%) indicated that there had not been any changes to study support for qualifications since the settlement.
- 28.0% said they had shifted to online delivery of training and 20.4% of managers said that the organization was more selective as to who is offered study support.
- The majority of care and support workers (72.5%) are encouraged and supported to gain the Level 2 through to Level 4 NZQA Health and Wellbeing certificates.

Staffing ratios and quality of care

- The majority of managers (87.4%) and nurses (73.7%) reported that staffing ratios between care or support workers and nurses were unchanged since prior to the Settlement.
- The majority of all respondents felt that the standard of care remained the same (58.7%), with 23.0% reporting that it had improved and almost one-fifth (18.3%) indicating that it had declined.

1 Introduction

The purpose of this report is to present the experiences of those working in residential aged care, home and community support, disability support and mental health and addiction in relation to the impact of the Care and Support Workers (Pay Equity) 2017 Act (and subsequent amendments). This report is a companion report to *The New Zealand Care Workforce Survey 2019* Report (Ravenswood et al., 2021) and follows up qualitative research on the impact of the Care and Support Workers (Pay Equity) 2017 Act (Douglas and Ravenswood, 2019). The previous research found that the increases in wages were significant for care and support workers, in practice many care and support workers were worse off financially than prior to the settlement. That research investigated the experiences of managers and care and support workers in the aged residential care, home and community care and disability sectors. This current report also includes the mental health and addiction sector as well as the experiences of nurses. In addition to asking about any changes to matters such as workload, training, qualifications, pay and so on, this survey also asked care and support workers, nurses and managers for their perceptions on any changes to quality of care after the implementation of the Care and Support Workers (Pay Equity) 2017 Act.

The publishing of this report is timely because the prescribed hourly rates and associated funding for the Care and Support Workers (Pay Equity) 2017 Act expire in July 2022. Although this data is from the end of 2019, it immediately precedes the global Covid19 pandemic which raised more urgent issues, such as PPE and vaccinations for frontline workers, and potentially side-lined policy development. As other research indicates (Ravenswood, in press; McCully & Ravenswood, 2020) it is unlikely that the conditions reported here have improved significantly. Indeed, international research indicates that across a range of occupations, women's livelihoods have been more negatively impacted by the pandemic than men because of the increased unpaid care work as schools and day cares close (Peck, 2021). Furthermore, large increases in the New Zealand minimum wage since 2018 have resulted in much less difference from the 'gender equal' hourly rates agreed in 2017 and the current minimum wage.

1.1 Methodology

This report is based on online survey data collected in late 2019. The online software Qualtrics was used to survey the occupations of manager, nurse and care and support workers. The survey was distributed through key stakeholders in these sectors, as well as in direct dissemination to publicly available emails of employers and training providers in these sectors. In addition to these measures, the survey link was publicised through a social media campaign advertising the online survey.

Full information on the aim of the survey and respondent confidentiality was provided on the online survey in line with principles of informed consent and ethical research. In 2019, this information was also translated into te reo Māori. This was done as a step towards meeting research responsibilities under te Tiriti o Waitangi, to make the research more accessible to Māori participants. It is noted here

that there was no significant difference in the particular questions reported here between Māori and non-Māori respondents.

The remainder of this report outlines the participant demographics, and then reports on information related to the employment and organisation of work after the Settlement. More specifically, it reports on: if respondents across all occupations stayed with the same employer after the pay equity settlement and what changes, if any, occurred to their job responsibilities and workload. Following that how training and study support has been provided by employers is reported on; as well as the encouragement and support to study towards the NZQA Health and Wellbeing certificates has been experienced by care and support workers. It then outlines changes to care and support workers' pay, as their wages were the specific focus of the Act.

Managers were asked for their perception on the adequacy of the funding associated with the Care and Support Workers (Pay Equity) 2017 Act because they are the people tasked with implementing the changes to legislation and funding. The responses from both managers and nurses on any changes to staffing ratios is then reported. Managers and nurses were asked this because of their roles in staff rostering and client care and allocation. Finally, care and support workers', nurses' and managers' perceptions of any changes in quality of care subsequent to the implementation of the Care and Support Workers (Pay Equity) 2017 Act are reported.

2 Participant demographics

There was a total of 2,373 valid responses from care or support workers, nurses (due to sample size, enrolled and registered nurses' answers have been aggregated for this report), and managers. This total was across all sectors surveyed: residential aged care, home and community support; disability support; and mental health and addiction. Of these, 1,784 were care and support workers, 229 nurses and 360 managers. Table 1 below shows how many responded by sector and occupation. The participant demographics for care and support workers broadly meet what we know of the care and support workforce (TAS, 2018; Twaddle & Khan, 2014).

Table 1. Number of respondents by sector and occupation

Sector	Care and Support Workers	Nurses	Managers	Total
Residential aged care	283	118	158	559
Home and community support	697	16	53	766
Disability support	459	15	83	557
Mental health and addiction support	345	80	66	491
Total	1784	229	360	2373

2.1 Gender

Most of the respondents were female (87.0%). A further 12.1% identified their gender as male and 0.9% of respondents identified as gender diverse. More nurses identified as gender diverse (2.6%) than care and support workers or managers. More managers identified their gender as male (14.7%) than nurses (9.6%) or care and support workers (11.9%).

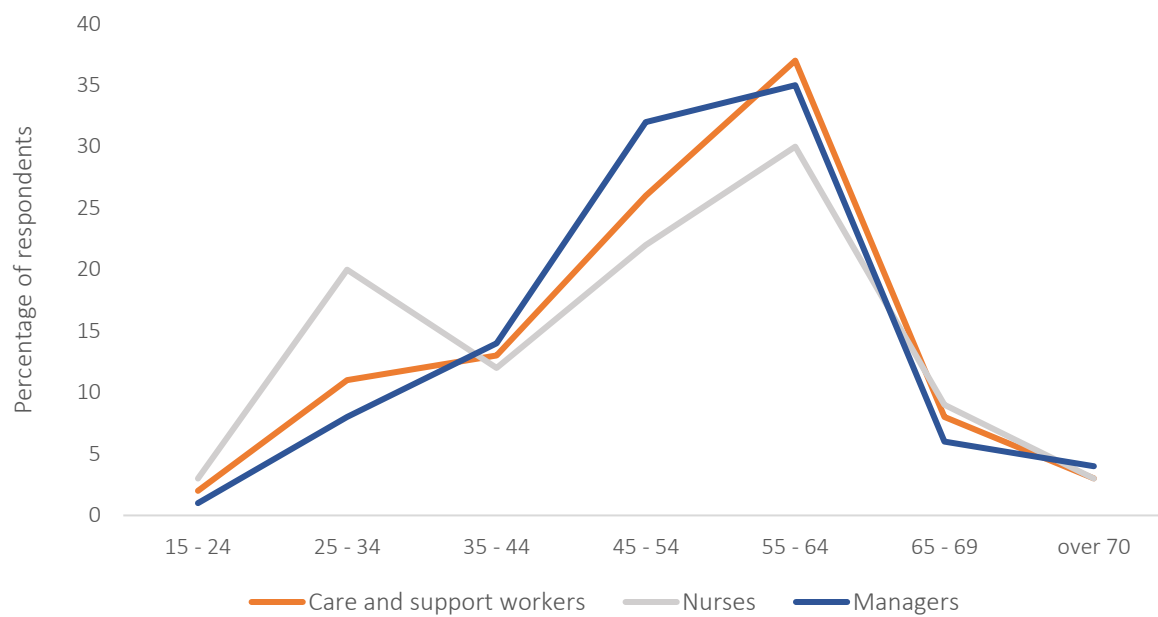
More mental health and addiction support workers (24.4%) were male than in other sectors. This was followed by disability support with 15.9% of respondents identifying their gender as male. Both residential aged care (93.6%) and home and community support (94.1%) had the highest percentage of female respondents, even more so than nurses (87.8%).

2.2 Age

The age of respondents is illustrated in Figure 1 below. Most respondents were in the age brackets of 45 to 54 (26.5%), and 55 to 64 (35.9 %). The smallest proportion of respondents were in the age brackets 15 to 24 (2.2%) and over 70 (3.2%). The age of respondents was similar across all occupations and all sectors. Nurse respondents were, overall, younger than care and support workers or managers.

Amongst care and support workers, mental health and addiction support workers were generally younger than those working in residential aged care and home and community support: 18.6% of respondents were aged 25 to 34, 15.7% aged 35 to 44, 27.5% aged 45 to 54, 29.0% aged 55 to 64.

Figure 1. Age of respondents by occupation



2.3 Country of Birth

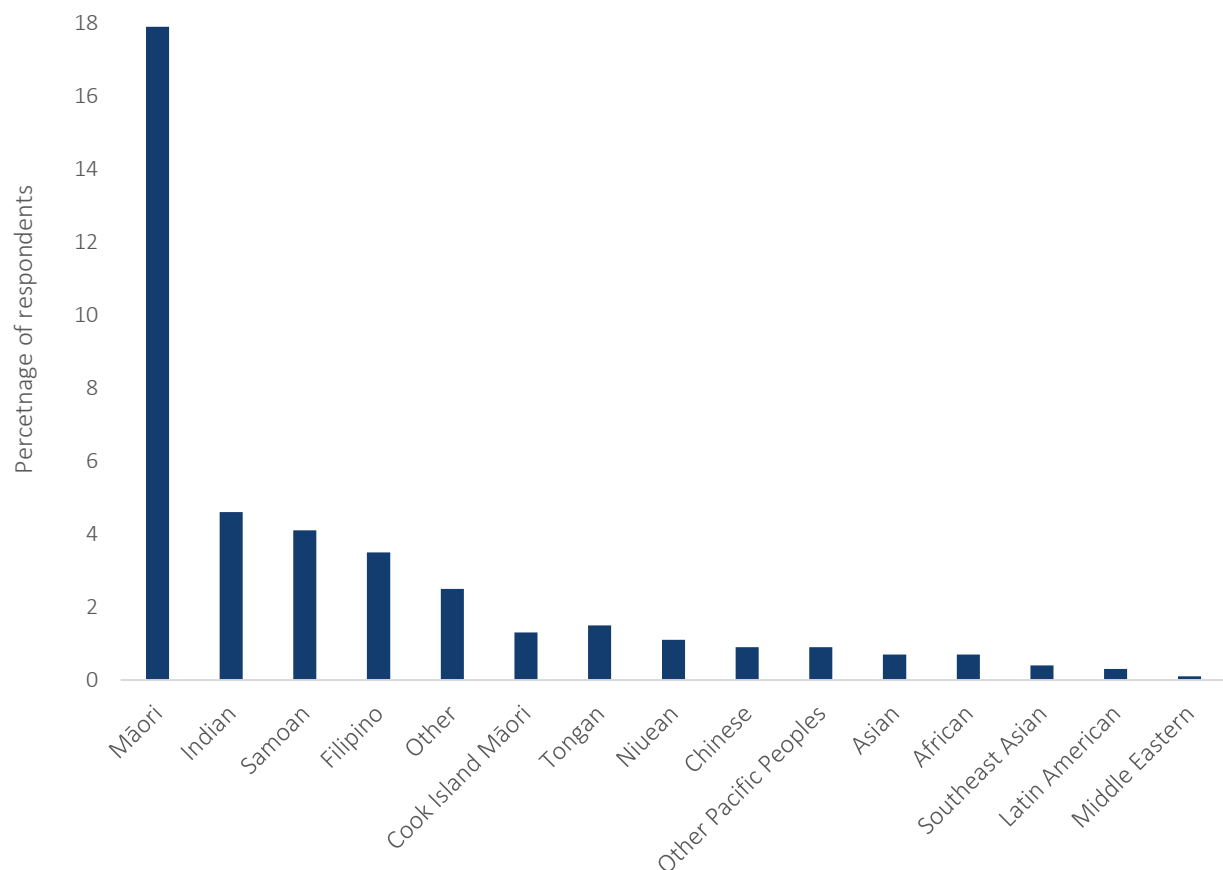
The majority of respondents were born in New Zealand (72.4%). Among nurses, 63.8% were born in New Zealand and 71.7% of managers were born in New Zealand.

Of all the care and support workers who responded, 73.7% were born in New Zealand. This differed by sector: 66.1% of care and support workers in residential aged care, 79.2% of home and community support workers, 71.0% of disability support workers, and 72.2% of mental health and addiction support worker respondents, were born in New Zealand. Of those care and support workers who were not New Zealand citizens, 82.4% were permanent residents, 2.7% on skilled migrant visas, 11.1% on essential skills visas, 1.9% on student visas, and 1.9% on post-study visas.

2.4 Ethnicity

Participants could select more than one ethnicity. Overall, the majority identified their ethnicity as pākehā, New Zealand European or European. Figure 2 below outlines the ethnicity of respondents, excluding pākehā, New Zealand European or European. Responses were classified using the Ethnicity New Zealand Standard Classification (StatisticsNZ, n.d.).

Figure 2. Ethnicity of respondents



Managers were the least ethnically diverse amongst the respondents to this survey: 81.1% identified as pākehā, New Zealand European or European, compared to 70.2% of care and support workers, and 68.1% of nurses. Only 13.3% of managers identified as Māori (19.8% care and support workers, 10.5% nurses).

2.5 Household and family care responsibilities

Over half of the respondents' jobs provide most of or all of the income for their household or family: 32.1% answered that their job was the only income in their family or household and 23.8% responded that their job provides most of the income in their family or household. Of the total responses, 44.1% said that their job is not the only income in their family or household. A bigger proportion of care and support workers (45.0%) than nurses (38.0%) and managers (43.6%) responded that 'their job is not the only income in their family or household.

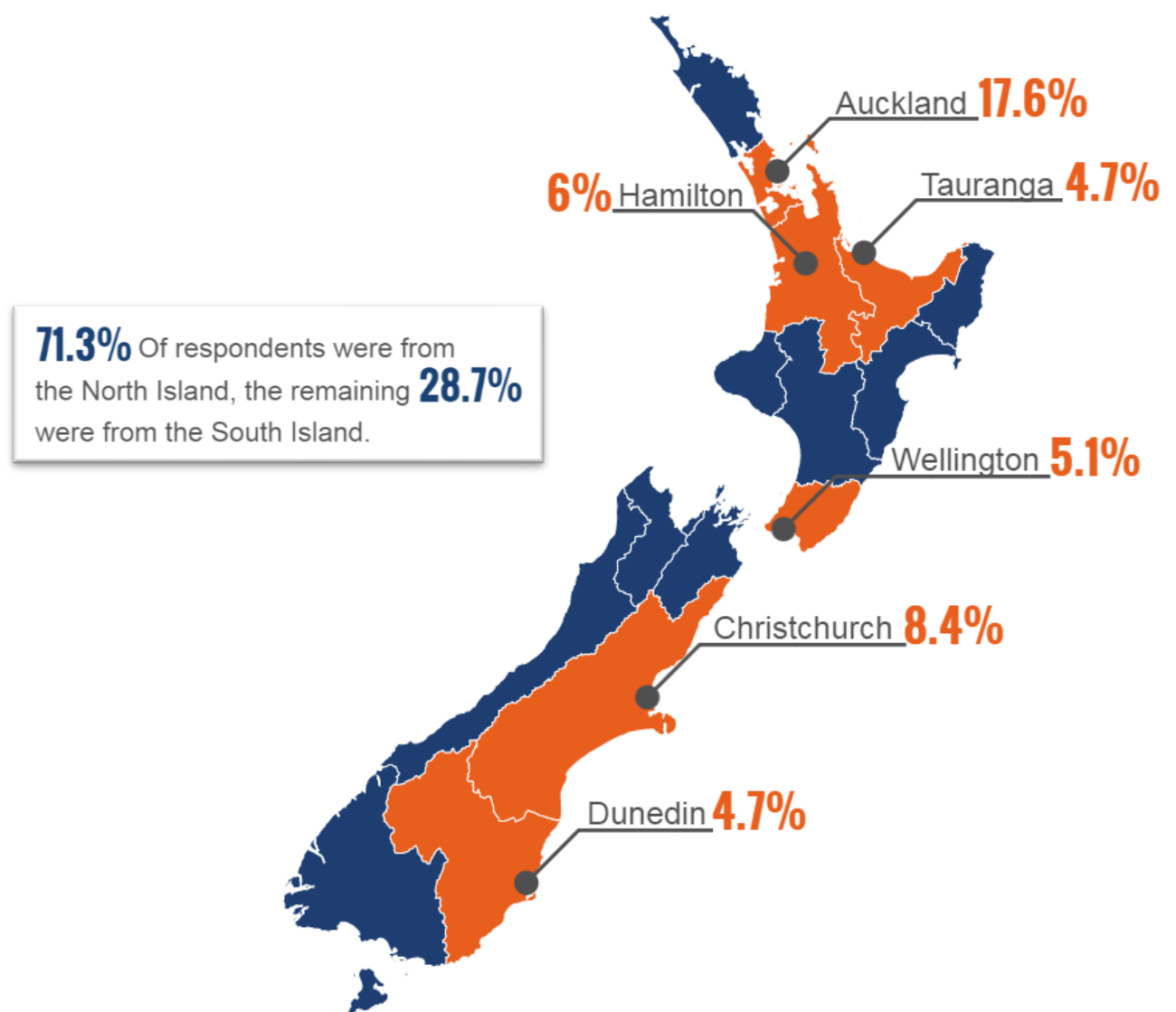
Respondents were asked how many hours they spent (unpaid) each week caring for dependent family or household members. Nearly half (47.7%) of respondents did not have any dependents (for example children, disabled or elderly relatives). Of the remaining respondents, 22.1% spent one to 10 hours caring for dependents; 10.0% spent 11 to 20 hours caring for dependents; 5.7 % spent 21 to 30 hours; and 14.5% spent 30 hours or more caring for dependents.

Respondents were also asked if they had more than one job. Only 14.5% of the respondents overall said that they had another job. This was lower for managers (8.2%) than nurses (12.0%), and care and support workers (15.9%). Of those with more than one job (across all occupations), the majority (53.8%) worked between 1 and 10 hours per week in their other job. A small proportion (10.8%) worked 30 hours or more in their additional job(s).

2.6 Location

This was a nationwide survey comprising respondents from both the North (71.3%) and South (28.7%) Island, as illustrated in Figure 3. Respondents were distributed across North Island cities, with a further 23.9% from 'other North Island towns'. In the South Island, respondents came from a range of cities, with a further 10.1% from 'other South Island towns'.

Figure 3. Percentage of respondents from each major New Zealand city

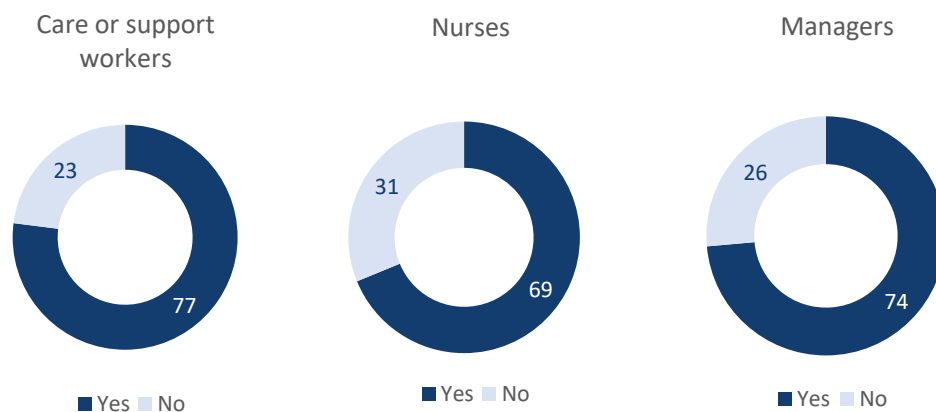


3 Continuity of employer

Respondents were asked if they had been with the same employer since the Pay Equity Settlement (Settlement). The majority (75.7%) indicated that they had been with the same employer since the implementation of the Settlement. A total of 2,217 responses were provided for this question, consisting of 1,689 care and support workers, 221 nurses and 307 managers.

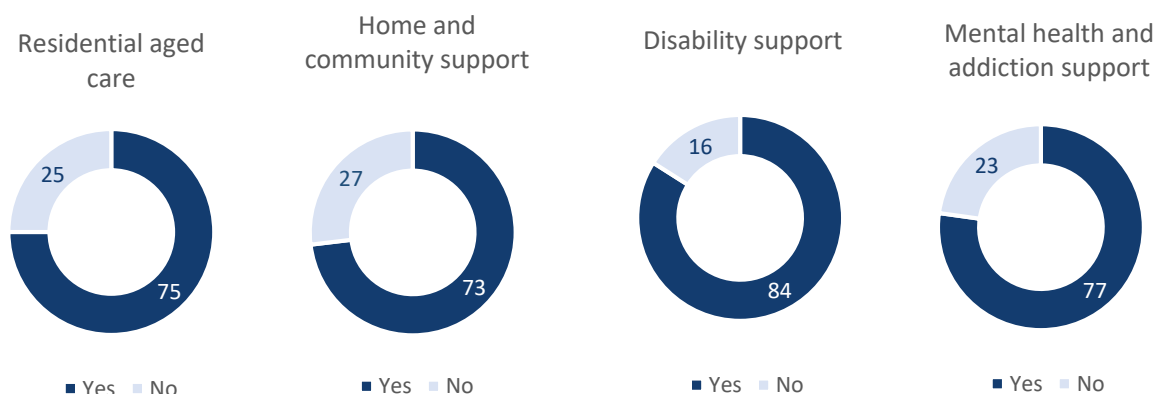
Small differences were evident across sectors and occupations. Care or support workers (77.0%) were more likely to have remained with their employer since the PES, followed by managers (73.6%) and nurses (68.8%) (Figure 4). A breakdown by sector for the overall sample (all occupations) suggested that those working in residential aged care were least likely to have remained with the same employer (64.9%). In comparison, mental health and addiction (79.5%) and disability support workers (83.0%) were more likely to have remained employed by the same organisation.

Figure 4. Employer change since the Settlement (by occupation)



Responses from care and support workers were examined more specifically by sector. Once again, disability support workers were most likely to have remained with their employer (84.0%), followed by mental health and addiction support (77.2%) and residential aged care (75.0%). Care and support workers in the home and community support sector were least likely to still be with the same employer although 73.1% of these respondents had remained with the same employer (Figure 5).

Figure 5. Employer change since the Settlement (sector differences for care and support workers only)



4 Perceived job and responsibility changes

Care or support workers were specifically asked whether their job had changed since the Settlement. Response options included:

- No, my job hasn't changed.
- Yes, I have more responsibilities (on the same qualification level).
- Yes, I have more responsibilities (but have gone up a level).
- Yes, I have more work to do in general.

A total of 1,280 care or support workers answered this question, split across residential aged care (n = 194), home and community support (n = 475), disability support (n = 363) and mental health and addiction support (n = 248). Multiple options could be selected for this question, hence reported percentages do not total 100%.

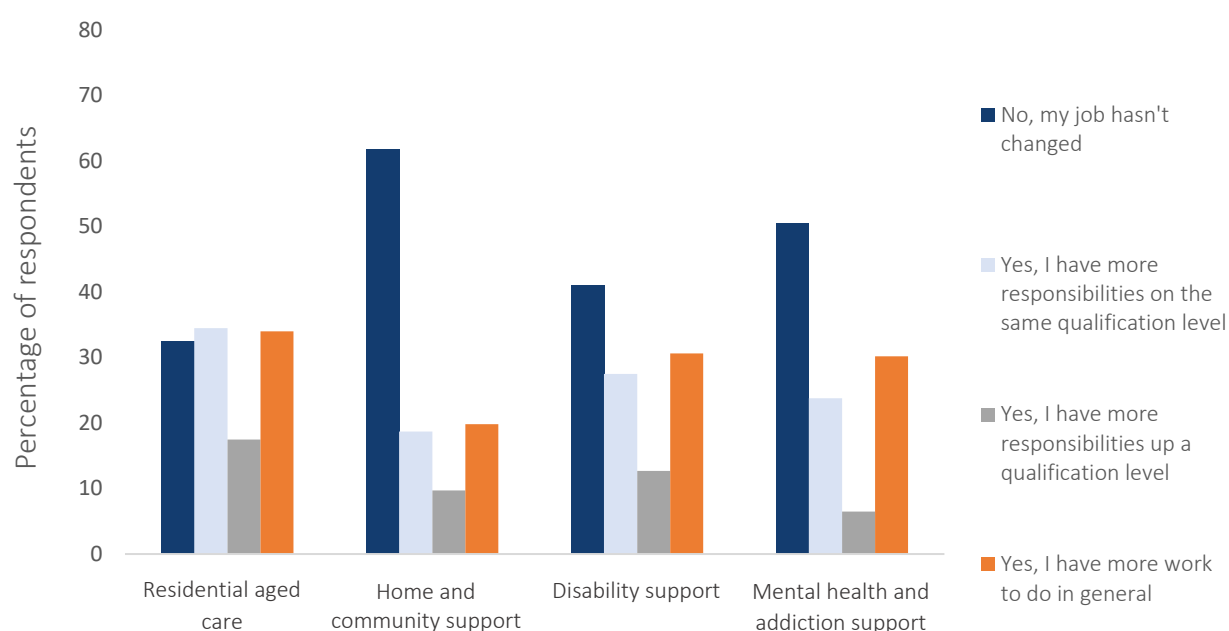
Almost half of the respondents (49.2%) felt that their job had not changed since the Settlement. However, approximately one-quarter (24.6%) indicated that they had more responsibilities on the same qualification level, and around one-tenth (11.1%) indicated that they had more responsibilities but had gone up a qualification level. A further 27.0% felt they had more work to do in general.

Some interesting differences could be seen across sectors. As can be seen in Figure 6, residential aged care and disability support workers responded to this question in a reasonably similar way. Approximately one-third of respondents from residential aged care indicated that their job had not changed (32.5%), that they had more responsibility on the same qualification level (34.5%) and that they had more work to do in general (34.0%). A much smaller percentage (17.5%) indicated that they had more responsibility but that they had gone up a qualification level. For disability support workers, approximately two-fifths (41.0%) said that their job had not changed, just under one-third had increased responsibilities on the same qualification level (27.5%) and a further third said they had more work to do in general (30.6%). Similar to residential aged care workers, a smaller percentage of 12.7% indicated that they had more responsibilities on a higher qualification level.

Home and community support workers were much more likely to indicate that their job had not changed (61.7%). Approximately one-fifth responded that they had more work in general (19.8%) or had more responsibilities on the same qualification level (18.7%). A further 9.7% indicated they had more responsibilities on a higher qualification level.

Half of mental health and addiction workers (50.4%) perceived that their job had not changed since the Settlement. One-third (30.2%) felt that they had more work in general, and approximately one-quarter (23.8%) indicated they had more responsibilities on the same qualification level. A very small percentage (6.5%) had more responsibilities on a higher qualification level.

Figure 6. Job changes since the Settlement (by sector for care or support workers only)



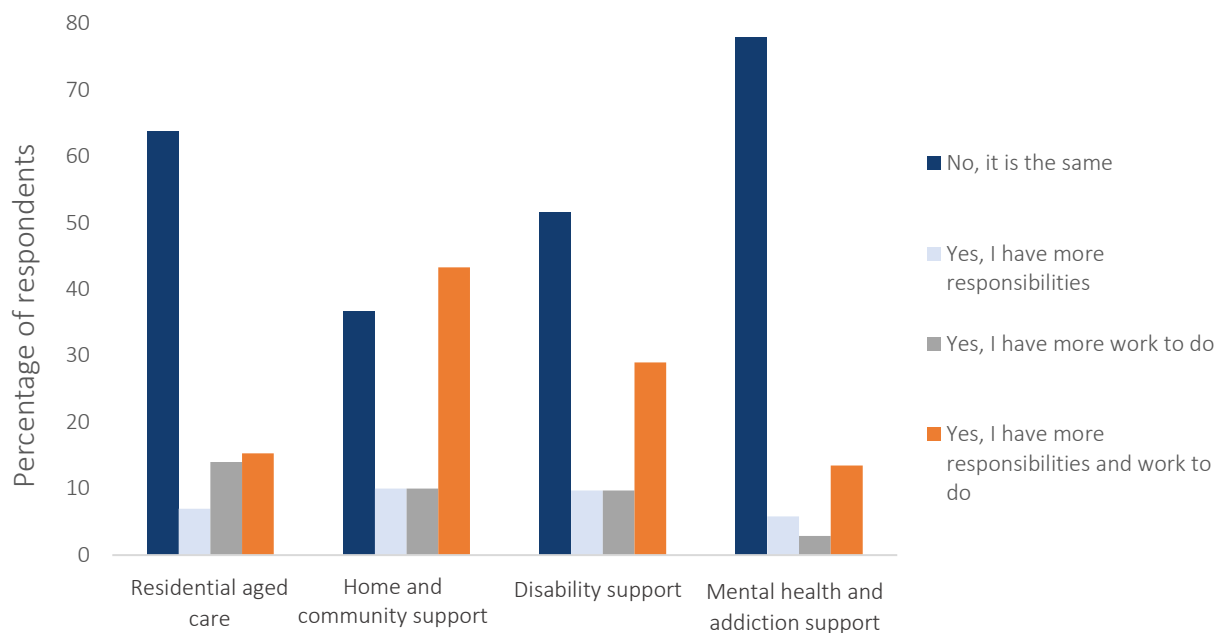
Nurses and managers were asked a similar question regarding whether they felt their job had changed since the Settlement. Respondents could make a single choice from the following options:

- No – It is the same.
- Yes – I have more responsibilities.
- Yes – I have more work to do.
- Yes – I have more responsibilities and more work to do.

There were a total of 353 responses to this question, with 138 nurses and 215 managers responding. Overall, the majority (63.5%) felt that their job remained the same, with approximately one-fifth (19.5%) perceiving that they had both more responsibilities and more work to do. Smaller percentages felt they had more responsibilities only (7.4%) and that they had more work to do (9.6%).

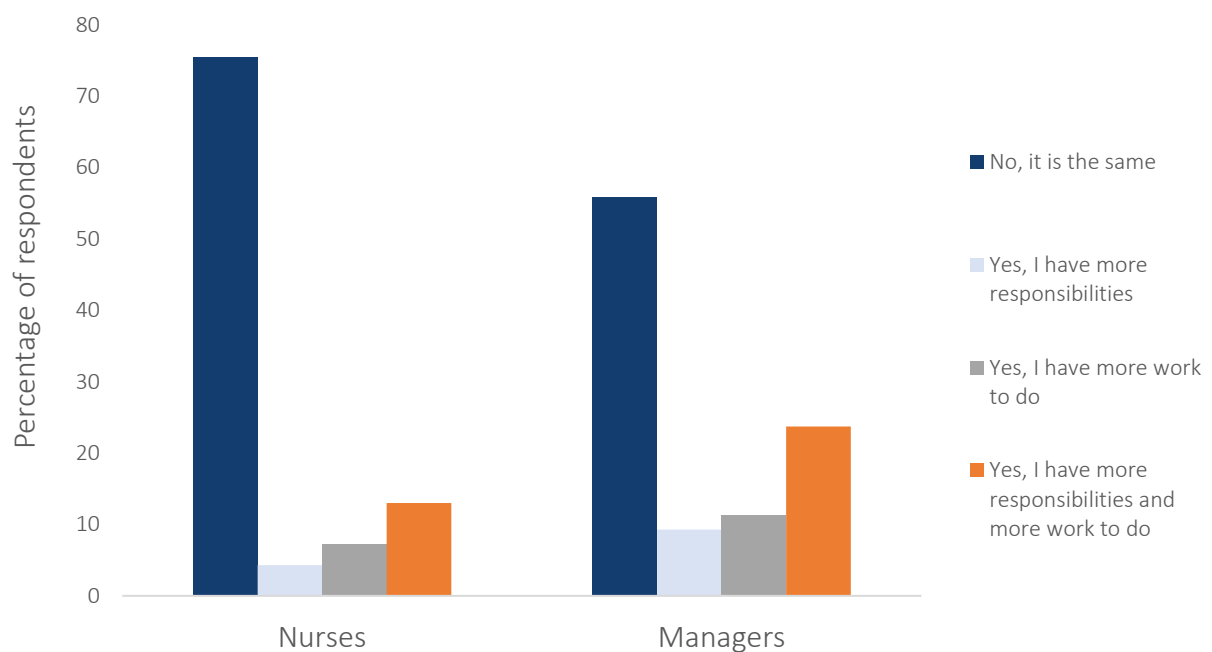
Differences across sectors and between nurses and managers were evident. A much higher percentage of nurses and managers in the mental health and addiction area felt that their job remained unchanged (77.9%). The majority of those in residential aged care (63.7%) and disability support (51.6%) also perceived that there had been no changes in their job since the Settlement. In contrast, a much lower percentage (36.7%) working in home and community support felt that their job remained unchanged. Nurses and managers working in home and community support were much more likely to feel that they had both more responsibilities and more work to do (43.3%), although approximately one-third of those in disability support felt similarly (29.0%) (Figure 7).

Figure 7. Job changes since the Settlement (by sector for managers and nurses only)



A comparison of nurses and managers for this question suggested that managers were much less likely to perceive that their job remained unchanged (75.4% compared to 55.8% of nurses). Approximately one-quarter of managers felt that both their responsibilities and work levels had increased (23.7% compared to 13.0% of nurses) (Figure 8).

Figure 8. Job changes since the Settlement (for nurses and managers)

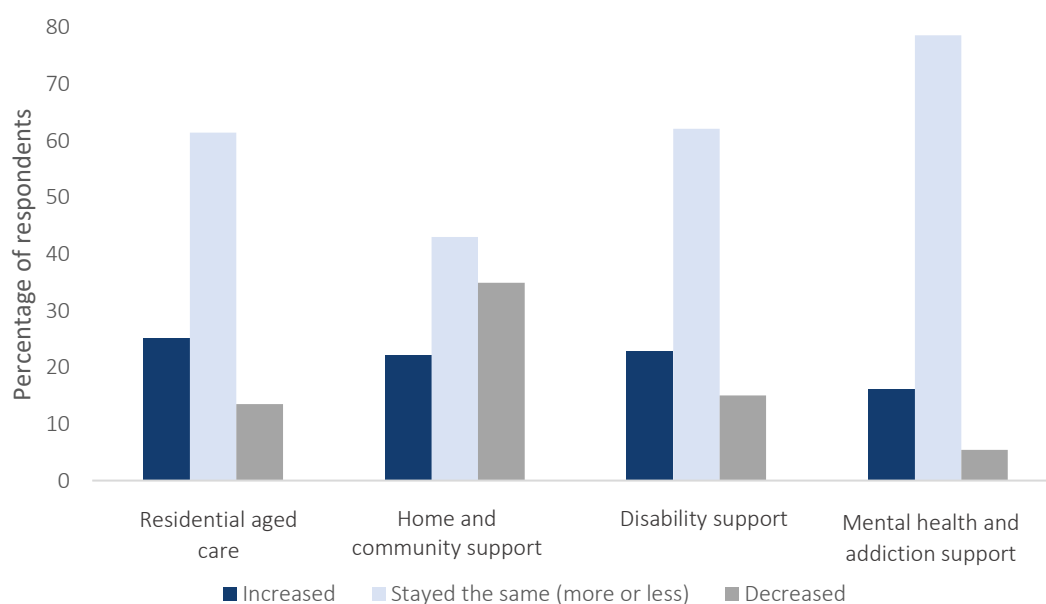


5 Normal weekly hours

Respondents were also asked about their normal weekly hours since the Settlement in relation to whether their hours had increased, stayed the same (more or less) or decreased. There were 1,643 responses to this question, 1,281 were support and care workers, 147 were nurses and 215 were managers. Overall, the majority indicated that their hours were more or less the same (59.6%). Approximately one-fifth of respondents indicated that their hours had decreased (18.7%) and a further fifth (21.7%) indicated that their hours had increased over this period.

There were some distinct differences across sectors. While similar patterns to the overall results could be seen for residential aged care and disability support, this was not the case for home and community support and mental health and addiction support. Home and community support workers were more likely to indicate that their hours had decreased over this period, with 34.9% indicating this was the case (43.3% of this group reported that their hours had remained the same and 22.2% indicated that their hours had increased). In contrast, most mental health and addiction workers indicated that their hours had remained the same (78.6%) with a very small percentage indicating they had decreased (5.4%). Sector trends for all respondents (across all occupations) for this question can be viewed in Figure 9.

Figure 9. Change in weekly hours since the Settlement (by sector)

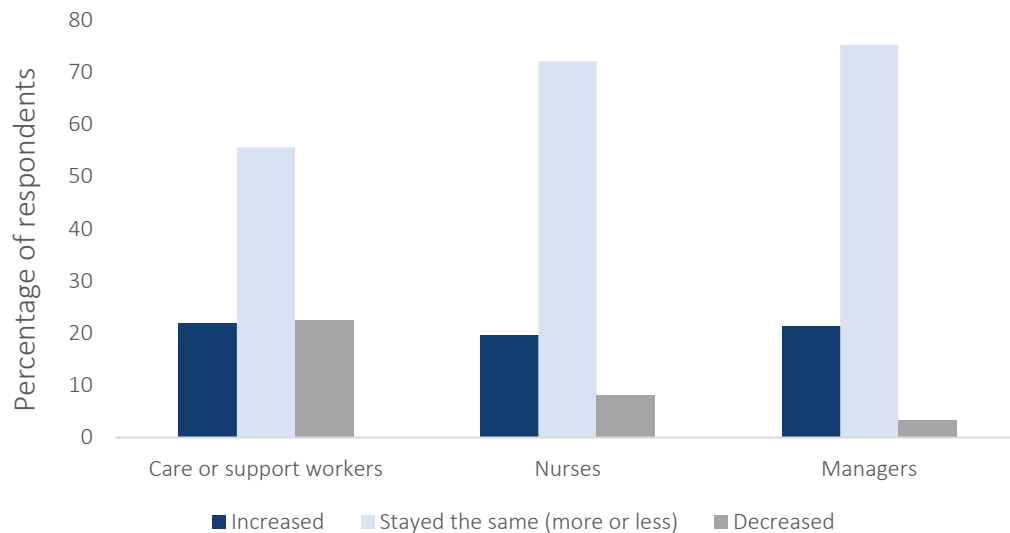


As shown in

Figure 10, differences were also apparent across occupations, with far fewer managers (3.3%) and nurses (8.2%) indicating that they had experienced a reduction in hours since the Settlement. In contrast, 22.5% of care or support workers had experienced a reduction in hours. Of those who had

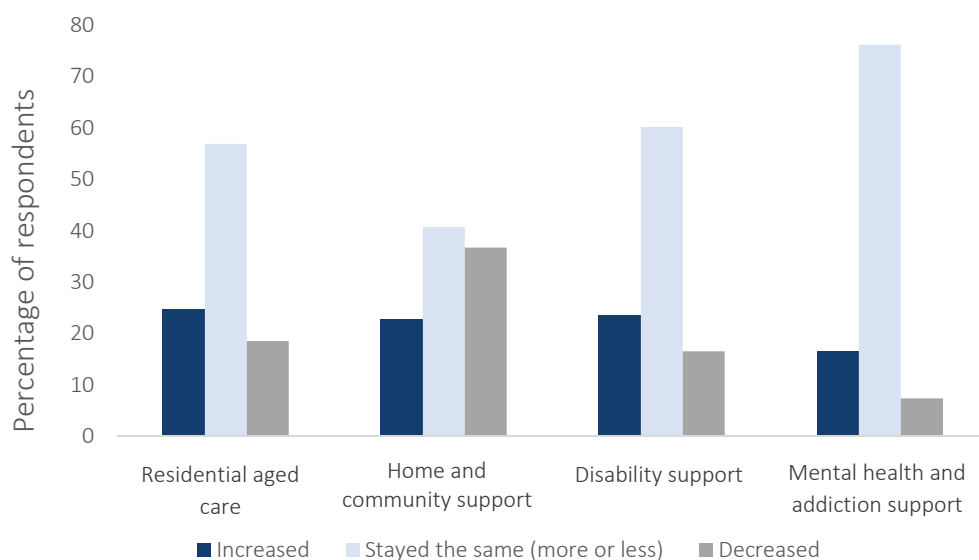
experienced an increase in hours, there were similar numbers across care or support workers (21.9%), nurses (19.7%) and managers (21.4%).

Figure 10. Change in weekly hours since the PES (by occupation)



Responses to this question from care or support workers were explored more specifically to identify any sector trends. The pattern of responses within each sector was almost identical to the sample overall, with home and community support workers least likely to report that their hours remained the same (40.7%) while mental health and addiction workers were most likely to report unchanged hours (76.2%) (Figure 11).

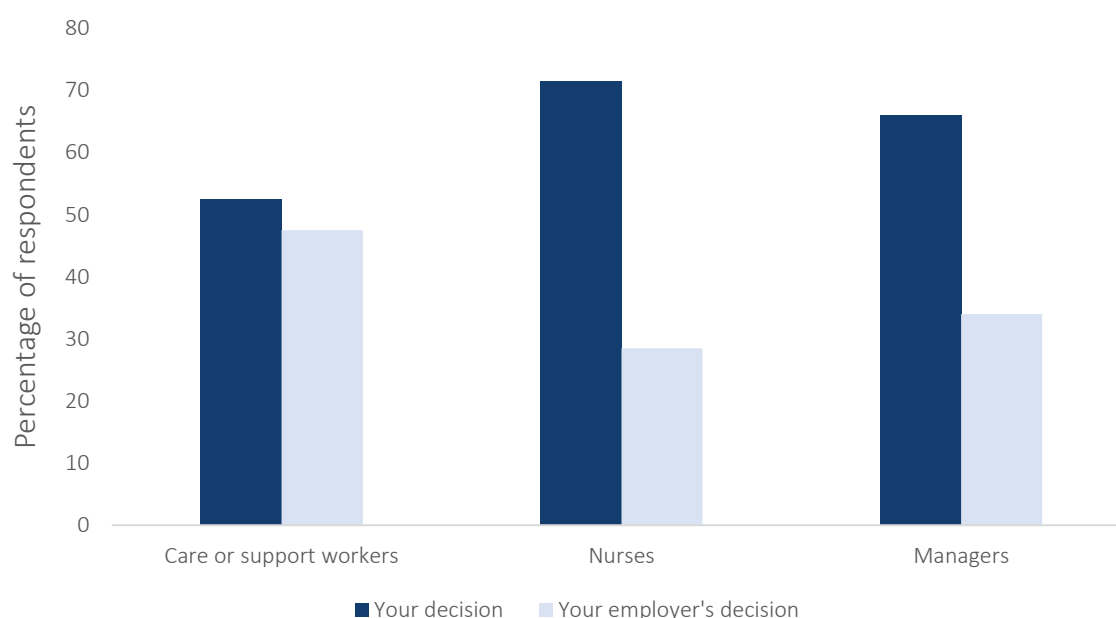
Figure 11. Change in weekly hours since the Settlement (sector differences - care and support workers only)



As a follow-up to the question regarding changes in their weekly hours, workers were asked whether this was their own decision or that of their employer. There were 1,537 responses to this question from support or care workers (n = 1,216), nurses (n = 130) and managers (n = 191). Respondents were reasonably evenly split regarding this question, with slightly more than half (55.8%) indicating that it was their own decision. In the overall sample, there were few differences across sectors, with just over half from each sector suggesting that it was their own decision – residential aged care (59.8%), mental health and addiction support (58.0%) and disability support (57.4%) were slightly more likely to indicate that this was their own decision compared to home and community support (50.3%).

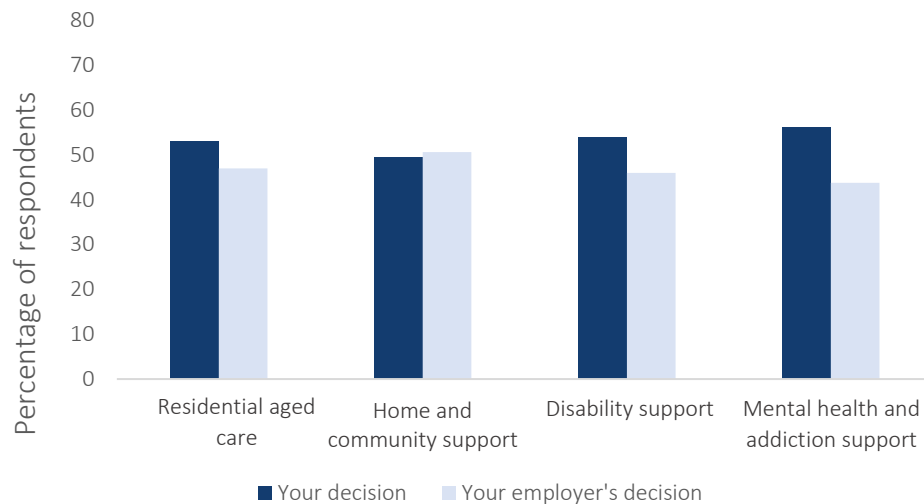
A different pattern of responses was evident when comparing across occupations, with nurses much more likely to indicate that any change in hours was their own decision (71.5%). Approximately two-thirds of managers (66.0%) likewise reported that the decision was their own, compared to 52.5% of care or support workers (Figure 12).

Figure 12. Decision regarding weekly hours (by occupation)



Responses to this question were more specifically examined for care and support workers in order to identify any sector trends for this group. As can be seen in Figure 13, approximately half of support or care workers across sectors reported that this was their own decision. Slightly more workers in mental health and addiction indicated that any change in hours was their own decision (56.2%), followed by disability support (54.0%), residential aged care (53.0%) and home and community support (49.4%).

Figure 13. Decision regarding weekly hours (sector differences for care and support workers only)



Nurses and care and support workers were also asked if they had guaranteed minimum weekly hours of work. There was a total of 1,910 responses to this question: 219 nurses and 1,691 care and support workers. Amongst care and support workers, the majority (88.0%) responded that they had a guaranteed minimum number of hours of work each week. This was slightly higher in disability support (92.9%) and mental health and addiction support (92.1%), than residential aged care (83.1%) or home and community support (84.7%). Amongst nurse respondents, 90.4% reported having weekly minimum guaranteed hours.

6 Changes to training and study support

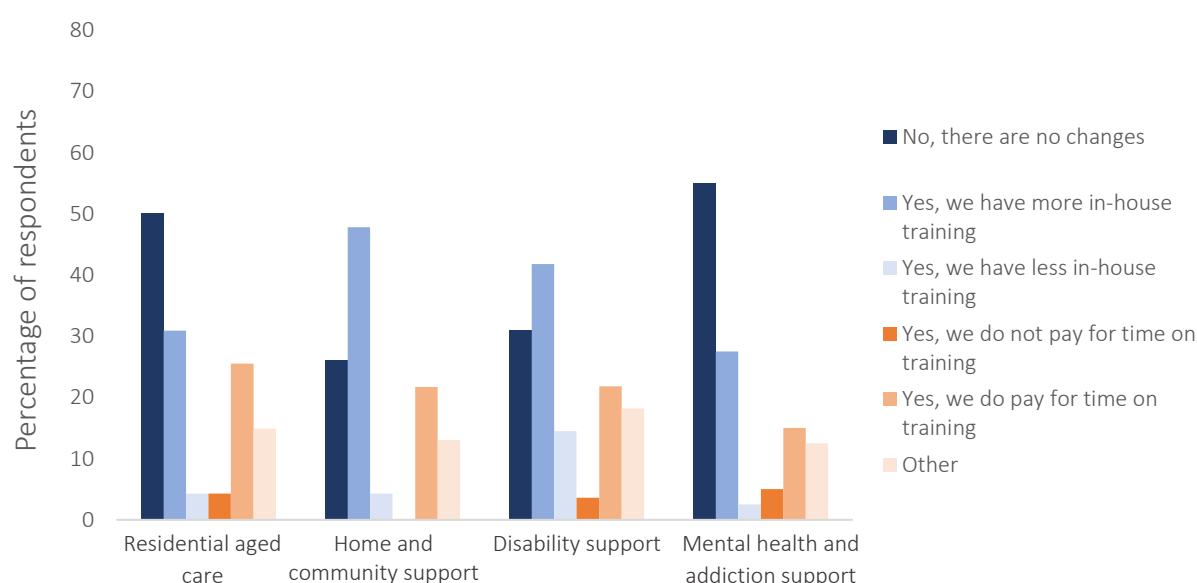
Managers were specifically asked whether training offered to care and support workers in their organisation had changed since the PES. A total of 212 managers responded to this question. Multiple options could be selected for this question hence percentages do not total 100%. Just under half of the managers responding to this question (43.6%) indicated that there had been no changes. Approximately one-third responded that they had more in-house training (34.9%) and just over one-fifth indicated that they paid for time on training (22.2%). Small proportions of managers reported less in-house training (6.6%) or that time spent training was unpaid (3.8%) (Table 2).

Table 2. Changes in training for care and support workers since the PES

Response option	Observations	Percentage
No – There are no changes	92	43.4
Yes – We have more in-house training	74	34.9
Yes – We have less in-house training	14	6.6
Yes – We don't pay for time on training	8	3.8
Yes – We do pay for time on training	47	22.2
Other	32	15.1

Differences across sectors were evident. While approximately half of those from residential aged care and mental health and addiction support reported that there had been no changes, only 26.1% of those from home support and 30.9% from disability support indicated that this was the case. Almost half (47.8%) of managers working in home support indicated that they now had more in-house training. In disability support, 41.8% of managers reported more in-house training, but a higher percentage than other sectors (14.5%) indicated that less in-house training was provided (Figure 14).

Figure 14. Changes in training for care and support workers since the PES (by sector)



Managers were asked a similar question regarding study support for qualifications (for care and support workers), and whether this had changed since the PES. A total of 211 managers responded to this question.

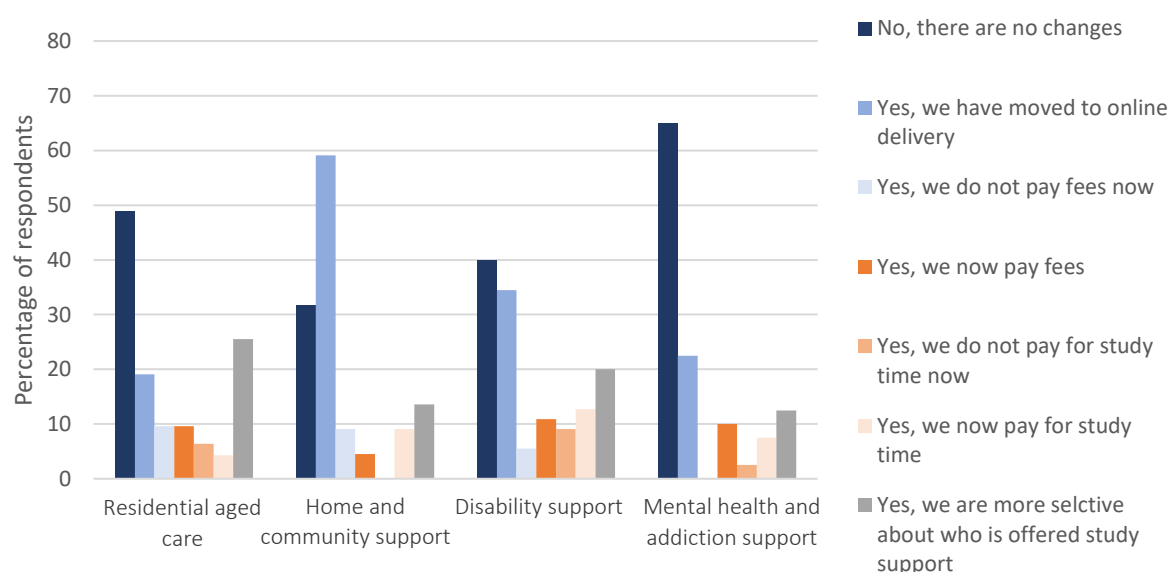
Similar to the previous question, almost half of managers (47.9%) indicated that there had not been any changes. The remaining managers reported that a range of changes had occurred, including online delivery of training (28.0%), that fees were not paid (6.6%), that fees were paid (9.5%) and that the organization was more selective as to who is offered study support (20.4%). In relation to study time, 5.7% of managers indicated that study time was no longer paid for, while 7.6% reported that study time is now paid for since the PES (Table 3).

Table 3. Changes in qualification support for care and support workers since the PES

Response option	Observations	Percentage
No – There are no changes	101	47.9
Yes – We have moved to online delivery	59	28.0
Yes – We don't pay fees now	14	6.6
Yes –We now pay fees	20	9.5
Yes – We don't pay for study time now	12	5.7
Yes - We now pay for study time	16	7.6
Yes – We are more selective about who is offered study support	43	20.4

Across sectors, higher percentages in mental health and addiction reported that there had been no changes since the PES (65.0%), with lower numbers seen for home support (31.8%). Home support reported higher percentages for a move to online training delivery (59.1%) compared to other sectors. Regarding being selective about who is offered study support, slightly lower percentages were reported for home support (13.6%) and mental health and addiction support (12.5%). Disability support managers were more likely than other sectors to indicate that they paid support workers for study time (12.7%) (Figure 15).

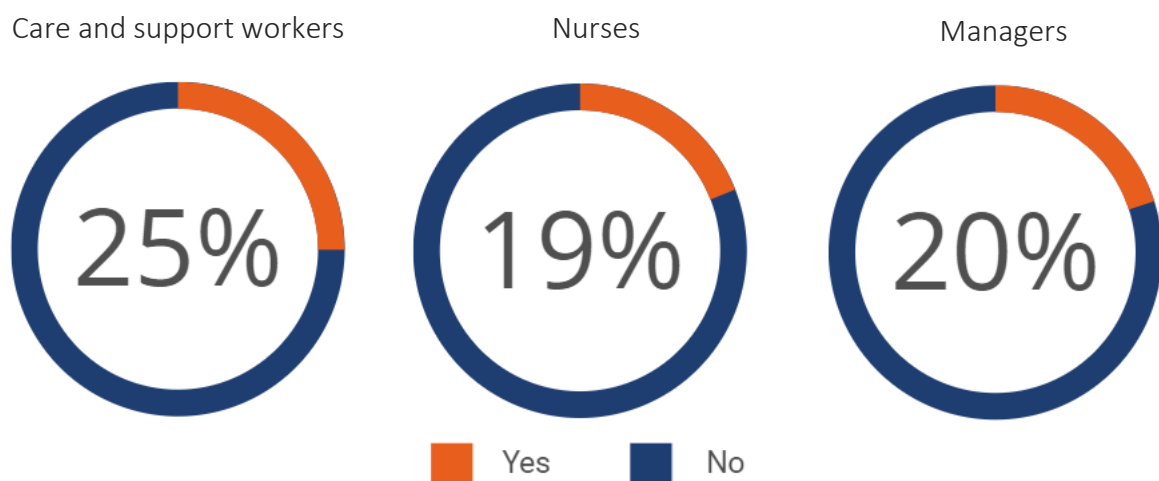
Figure 15. Changes in qualification support for care and support workers since the PES (by sector)



Other questions asked about study towards qualifications, including work-related qualifications. This is important, as being supported to undertake national qualifications is stipulated in the settlement for care and support workers.

There was a total of 2,101 responses to the question that asked 'are you currently studying for a work-related qualification: 285 managers, 210 nurses and 1,606 care and support workers. This information is illustrated in Figure 16. Across all occupations, the majority were not currently studying towards a work-related qualification. A slightly higher proportion of care and support workers were currently studying than nurses or managers.

Figure 16. Currently studying for a work-related qualification



While there were generally only slight differences between sectors in the proportions of care and support workers who were and were not studying, the home and community support sector responses indicated that a higher proportion were not currently studying. In mental health and addiction, 73.4% of care and support workers were not studying (26.6% were studying). This was closely mirrored in disability support with 72.6% not studying (27.4% studying) and in residential aged care which had 71.0% not studying (29.0% studying). In comparison, the home and community support sector had a slightly larger proportion of care and support workers not studying at 78.4% (21.6% studying).

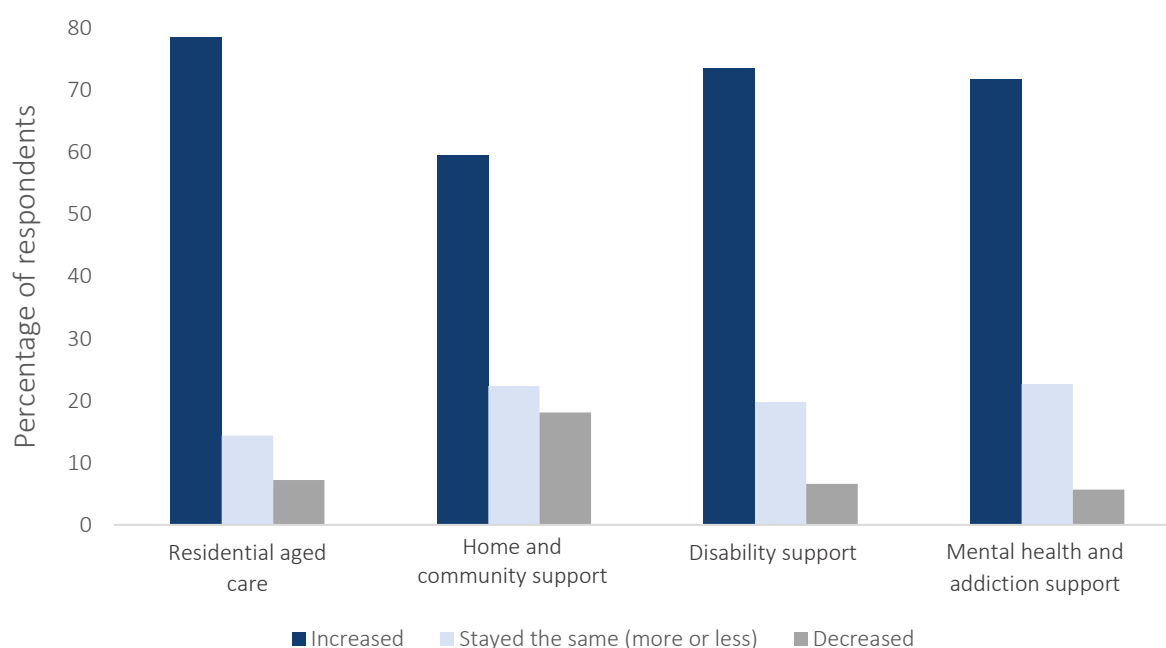
The majority of care and support workers (72.5%) responded that they are encouraged and supported by their employer to gain the Level 2 through to Level 4 NZQA Health and Wellbeing certificates. A higher proportion of those in mental health and addiction (78.9%) and disability support (77.0%) were encouraged and supported to study these qualifications than in residential aged care (65.8%) and home and community support (68.8%).

7 Changes to take-home pay

In addition to the previous questions regarding the number of hours worked, care or support workers were asked whether their take-home pay had changed since the Settlement. These workers were focused on in this question in order to gauge the impact on pay after the Settlement which specifically addressed the hourly wages of care and support workers, with the caution that the pay equity settlement should not be detrimental to any worker it covered. More specifically, they were asked whether their take-home pay had increased, stayed the same (more or less) or decreased. A total of 1,279 workers responded across the residential aged care (n = 195), home and community support (n = 474), disability support (n = 363) and mental health and addiction (n = 247) sectors.

Overall, the majority of care or support workers indicated that their take-home pay had increased (68.7%), with a small proportion (10.8%) indicating it had decreased. Distinct differences could be seen across sectors, with home and community support the least likely (59.5%) to report a pay increase compared to residential aged care (78.5%), disability support (73.6%) and mental health and addiction (71.7%). Of note, 18.1% of home and community support workers indicated that their take-home pay had actually decreased over this period (Figure 17).

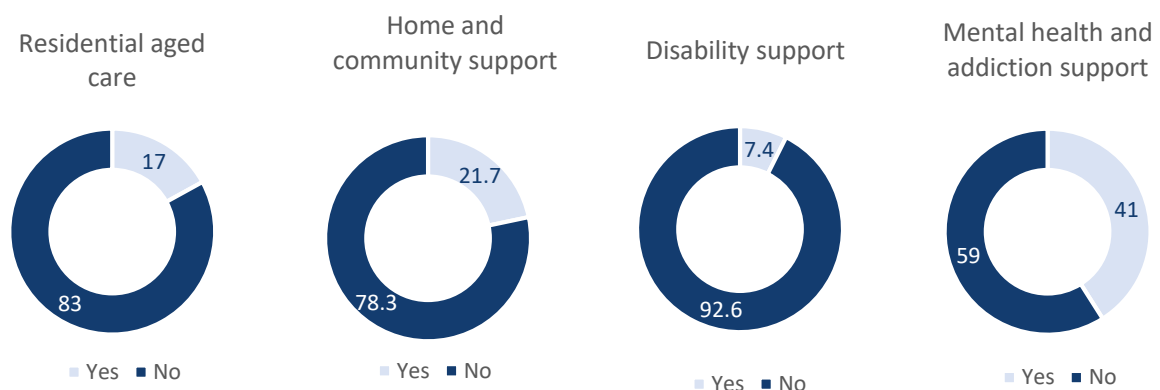
Figure 17. Change in take-home pay since the PES (by sector)



8 Funding associated with the settlement

Managers were asked whether (to their knowledge) the funding associated with the PES covered all costs associated with the implementation for their provider/service. Of the 210 managers who responded, 80.5% felt that it had not covered all costs. However, some differences could be seen across sectors, with almost all disability support managers (92.6%) feeling that the funding was inadequate and lower numbers from mental health and addiction services (59.0%) feeling that this was an issue (Figure 18).

Figure 18. Settlement funding and costs of implementation

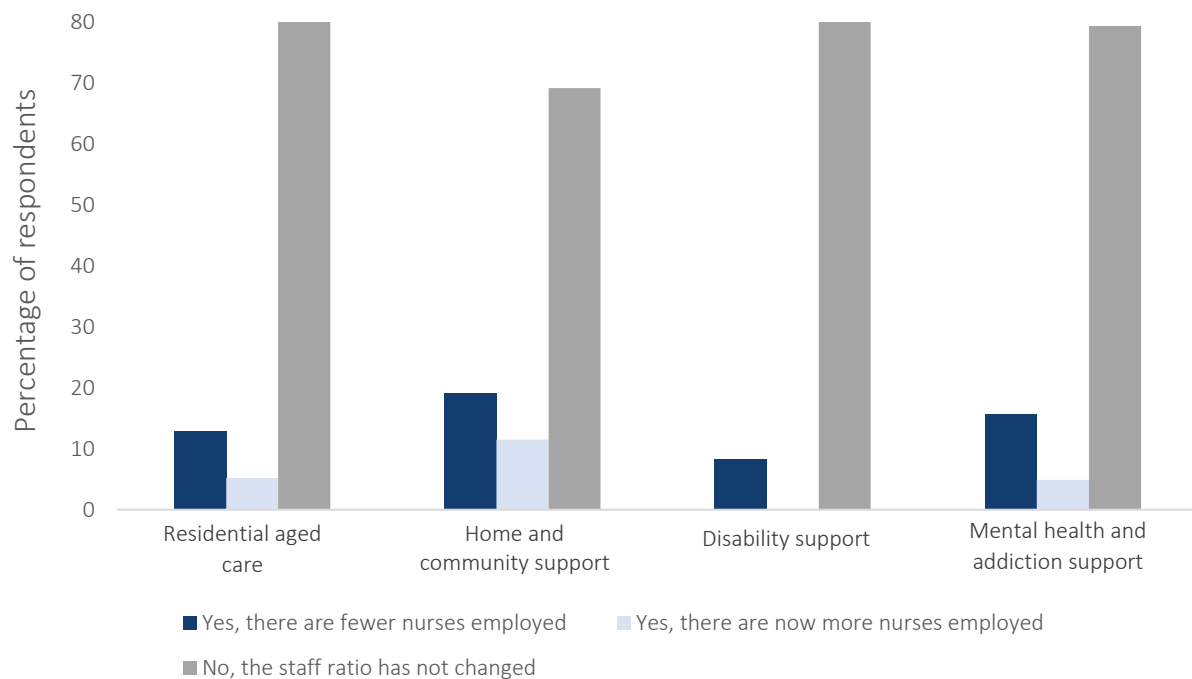


9 Staff ratios

Managers and nurses were asked whether any changes had occurred to staff ratios between care or support workers and nurses, since the Settlement. There were 137 responses from nurses and 206 from managers to this question (343 responses in total). The majority (81.9%) indicated that staff ratios were unchanged, with 13.4% reporting that there were now fewer nurses employed and 4.7% indicating that more nurses were employed. Managers (87.4%) were slightly more likely than nurses (73.7%) to report unchanged staffing levels.

Those working in disability support were more likely to report that staff ratios had not changed (91.7%), while those in home and community support were less likely to report this (69.2%). Home and community support managers and nurses were slightly more likely to report that fewer nurses were employed (19.2%) (Figure 19).

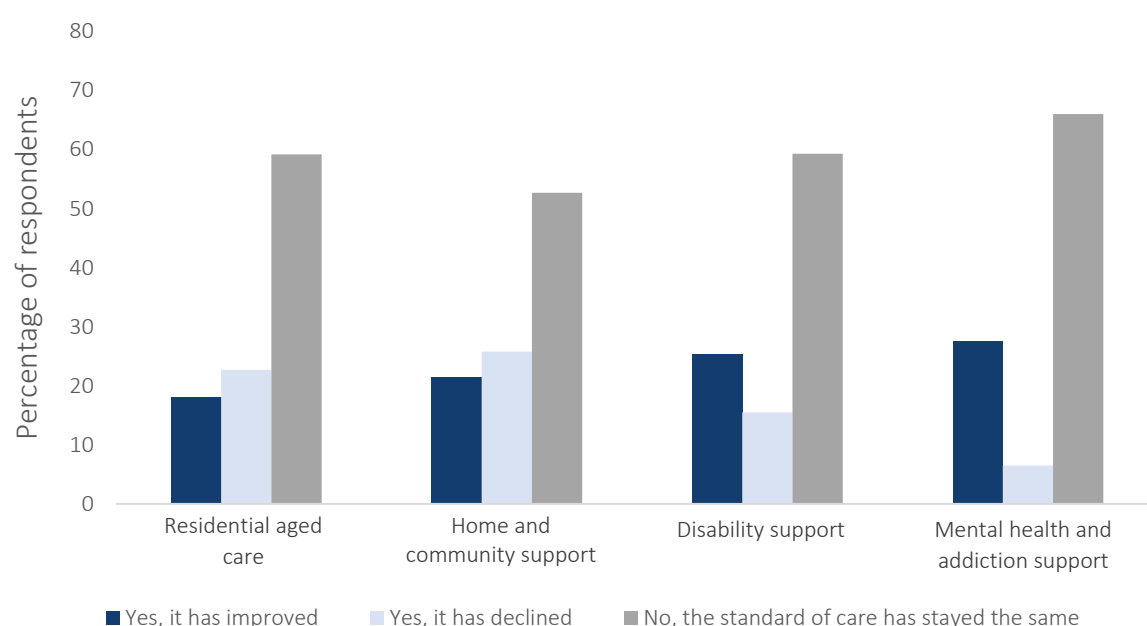
Figure 19. Staff ratios between care or support workers and nurses since the Settlement (by sector)



10 Standard of care

Respondents were asked whether the standard of care where they worked had been impacted by the Settlement. There were 1,636 responses to this question from care and support workers (n = 1,277), nurses (n = 145) and managers (n = 214). Overall, the majority felt that the standard of care remained the same (58.7%), with 23.0% reporting that it had improved and almost one-fifth (18.3%) indicating that it had declined. Similar patterns of responses could be seen across sectors except for the mental health and addiction sector, with 66.0% reporting that the standard of care remained the same and only 6.5% perceiving that it had declined (Figure 20).

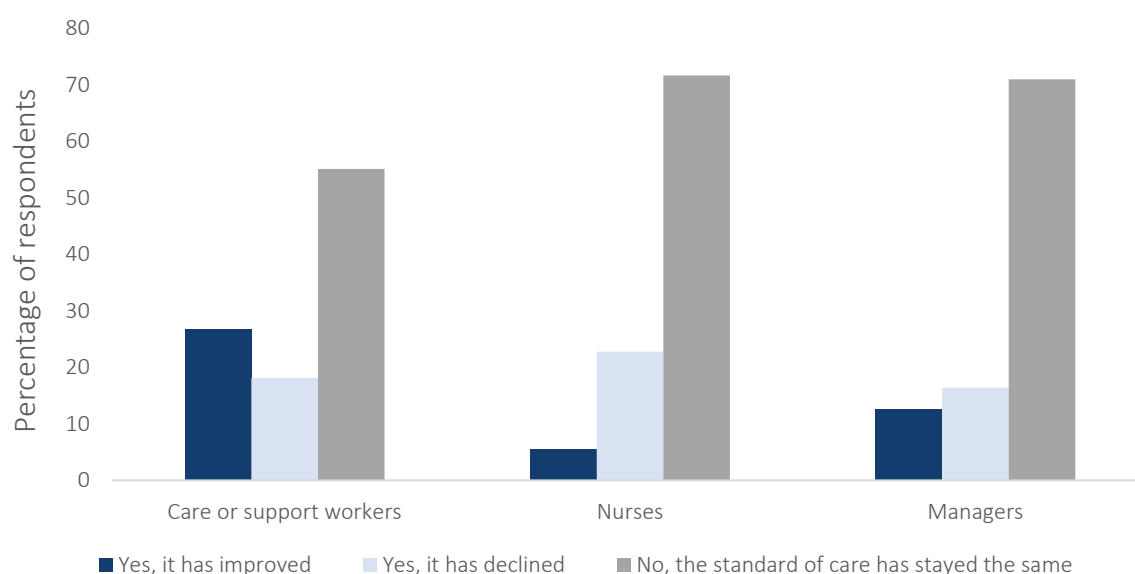
Figure 20. Impacts on standard of care since the Settlement (by sector)



Across occupations, higher percentages of nurses (71.7%) and managers (71.0%) felt that the standard of care had remained the same since the Settlement. Smaller percentages of nurses (5.5%) felt that the standard of care had declined, compared to 12.6% of managers. Lower numbers of care or support workers reported the standard of care unchanged (55.1%), but approximately one-quarter (26.8%) felt that it had improved (

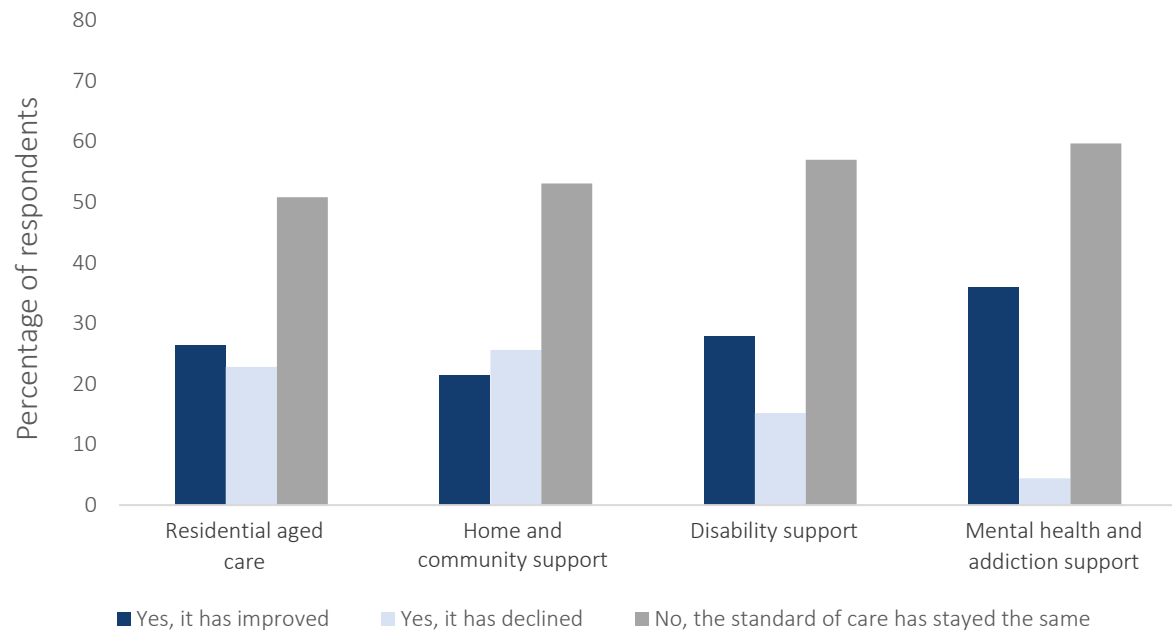
Figure 21).

Figure 21. Impacts on standard of care since the Settlement (by occupation)



Responses from care or support workers were examined more specifically (by sector). As mentioned, a total of 1,277 care or support workers responded to this question, across residential aged care (n = 193), home and community support (n = 472), disability support (n = 363) and the mental health and addiction sector (n = 248). Consistent with the overall results reported previously, over half of care or support workers across each sector felt that the standard of care was unchanged. Residential aged care and home and community support workers showed similar patterns, with approximately one-quarter from each sector reporting that care had either improved or declined. Fewer workers in disability support felt that the standard of care had declined (15.2%), with a very small number in the mental health and addiction sector (4.4%) likewise reporting a decline in the quality of care (Figure 22).

Figure 22. Impacts on standard of care since the Settlement (by sector for care and support workers only)



11 Conclusion

Overall, it appears that Care and Support Workers (Pay Equity) 2017 Act has indeed made a positive difference for care and support workers with nearly three quarters of care and support workers reporting increases in take-home pay since the Settlement. However, this is not consistent across all sectors, and although a sizeable minority, some care and support workers appear to be worse off after the settlement.

However, some observations in this report need monitoring as they have potential for negative effects on individuals and the workforce. One such example is amongst those who have not remained with the same employer since the Settlement. Although the data reported here does not specify if any of these were on the higher hourly rates due to their length of service with their current employer, it is possible that many of them may have had their hourly wages reduced when changing employers because that service component of wages is not portable under the Care and Support Workers (Pay Equity) 2017 Act.

Another issue to monitor is the small but notable proportion of care and support workers whose workload and/or responsibilities have increased since the pay equity settlement. The increased hourly wages set out in the Act were intended to address historic gender discrimination that had resulted in low wages. The increased wages reflected the work that is carried out as it is within these sectors. In other words, care and support workers' workloads and responsibilities should not have increased in response to the increased hourly wages.

Similarly, while the majority of care and support workers are encouraged and supported to study towards the NZQA Health and wellbeing certificates, that leaves nearly one quarter of care and support workers who are not encouraged and supported to achieve these qualifications. It would appear that for that group, the Act has not been followed by their employers.

The sector that indicates the worst conditions is home and community support. Care and support workers in this sector were less likely to have remained with the same employer, more likely to report that their hours had reduced and 18.1% reported that their take-home pay had decreased since the settlement.

An important consideration resulting from this data is that there have not been big positive changes to quality of care. Indeed, nearly one fifth of all respondents indicated that it had declined. This data does not provide rationale for this change, and so further research into how quality of care is impacted by funding and service model changes is necessary. This is especially important in consideration of the majority of managers reporting that the funding associated with the Care and Support Workers (Pay Equity) 2017 Act had not covered all of the costs related to its implementation.

12 References

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