

# NATIONAL AGED CARE ALLIANCE

## POSITION PAPER

### Aged Care Workforce

#### About the National Aged Care Alliance

The National Aged Care Alliance (the Alliance) comprises 48 peak body organisations representing consumers and their families, informal carers, special needs groups, nursing, allied health and personal carers involved in the aged care sector, and private and not-for-profit aged care providers.

As a leading voice for improvements to aged care for the past decade, the Alliance strives to implement its vision for ageing in Australia, that is:

*Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them.*

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## Introduction

The National Aged Care Alliance (the Alliance) has developed this paper to aid in addressing the challenges of attracting and retaining a competent and appropriately qualified future aged care workforce. This paper follows the 2012 Alliance paper, Aged Care Reform Series – Workforce, and ongoing discussion within the Alliance and its internal aged care workforce working group. The Alliance is concerned to ensure that future activity at the national level in workforce planning and development supports delivery of important reforms in aged care and achievement of the quality care that providers want to deliver and older Australians deserve.

The 2011 Productivity Commission Caring for Older Australians Inquiry Report estimated the direct care workforce would need to triple by 2050 to meet growing demand.<sup>1</sup> This estimate was indicative only and was based on the sector as it was in 2010, not factoring in subsequent reforms which are very likely to lead to a need for even greater workforce growth. In particular, the reform of in home care, the introduction of consumer directed care and the growth in the number of home care packages available will all impact on workforce numbers.

At the same time as the sector undergoes reform and demand increases there is a predicted decline in the informal workforce.<sup>2</sup> As the number of available informal carers declines this adds further pressure to the formal or paid direct care workforce.

This is happening at the same time as the introduction of the National Disability Insurance Scheme (NDIS) which also requires a doubling of the workforce by around 2020. Competition for workers between aged care, the NDIS and the community sector will only intensify current attraction and retention problems. Now is the time for action on the aged care workforce if it is not to be left behind and become a sector of last resort for prospective workers.

The scope of this workforce paper is to address the challenges of attracting and retaining a future aged care formal workforce, those who are paid and provide direct care. This includes registered and enrolled nurses, personal carers and allied health professionals. The Alliance understands that the informal and volunteer workforce is vital to the aged care system and essential to effective care for older Australians. However, the focus of this paper is on addressing the current and extensive future needs of the paid workforce who provide direct care. This focus in no way diminishes the Alliance's support for the informal and volunteer workforce.

The Alliance also acknowledges the importance of the broader workforce supporting aged care but not necessarily directly employed in aged care such as doctors, nurse practitioners, pharmacists, occupational therapists and other health, allied health, disability or community sector professionals. While outside of the scope of this paper, a process needs to be established to encourage and support greater participation from this group of professionals in aged care and to align aged care, disability and health system workforce planning.

<sup>1</sup> Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra.. Appendix E.

<sup>2</sup> Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra., Vol 1 p 58 quoting NATSEM (2004, p30) which projects that the supply of informal carers could rise by 60 per cent between 2001 and 2031, while on current trends demand would rise by 160 per cent

## Quality care and the link to workforce

Research highlights that better employment conditions and quality jobs lead to improved care outcomes.<sup>3</sup> Workers who have the underpinning education and qualifications, the time in which to provide care and the necessary skills can deliver higher quality care. Additionally, better employment conditions improve worker satisfaction, result in less injury and staff turnover and make attracting new workers easier.

Consumer perceptions of quality aged care services have six key elements or themes, including:<sup>4</sup>

1. Positive interpersonal relationships
2. Autonomy, control and decision making
3. Independence and self-efficacy
4. Positive stimulation and enjoyment
5. Individuality and dignity
6. Feelings of safety, security and control

The same research concluded that “Consumer experience and perspectives are central to the experience of quality care, which can only be achieved through ensuring that workers have access to quality aged care jobs”.<sup>5</sup>

These are all aspects of care that can be provided by educated, professional, well paid aged care workers who have adequate time to spend with care recipients and manageable workloads.

Quality jobs that provide quality care are those that provide:

- Appropriate skills and education. Specialised training and education in, for example, dementia, or palliative care can offer both better care outcomes and career paths for care workers.
- Appropriate and supportive workplace orientation strategies that ensure staff are adequately supported in a new work environment.
- Adequate workloads and time to do the work. This can be undermined by inappropriate staffing levels, skills mix and time pressures in providing care, which are detrimental to quality care outcomes for both the care recipient and the aged care worker. Excessive time pressure can erode worker health and safety, wellbeing and commitment.
- Appropriate remuneration to reflect the skills and experience professional aged care workers contribute to the care environment.
- Secure work with both predictable and adequate hours that ensure a decent work life balance. Increased casualisation, the use of zero hours’ contracts (where legal) and other forms of precarious employment are detrimental to secure work.
- Established pathways for career progression.

<sup>3</sup> Carr, S. (2014). Pay, conditions and care quality in residential, nursing and domiciliary services. York: Joseph Rowntree Foundation.

<sup>4</sup> [http://www.qualityjobsqualitycare.com.au/wp-content/uploads/2012/04/2014\\_QJQC\\_Perceptions\\_final.pdf](http://www.qualityjobsqualitycare.com.au/wp-content/uploads/2012/04/2014_QJQC_Perceptions_final.pdf)

<sup>5</sup> <http://www.qualityjobsqualitycare.com.au/benchmarks>

- Recognition of the education and skills required to provide quality aged care and opportunities for further professional development (including on the job training).
- Support for workforce diversity (e.g. ATSI, CALD, LGBTI or older workers)
- The right to work in a safe and secure environment and positive work culture.

## Delivering a sustainable quality aged care workforce

The Alliance has identified a number of areas it believes are critical to delivering a sustainable quality aged care workforce. These are outlined in further detail below. This is not an exhaustive list and there may be other factors that require ongoing consideration.

It is the Alliance's view that the following areas should be considered in developing an Aged Care Workforce Strategy. This strategy must consider how to deliver an aged care workforce that can provide the quality aged care that meets the needs of consumers.

An aged care workforce strategy should reflect the objectives of the Aged Care Roadmap. The Roadmap sets out what is required to create an aged care system that is "sustainable, consumer led .... where consumers have increased choice and control of what aged care and support they receive, as well as where, how and when they receive it."<sup>6</sup>

An aged care workforce strategy also needs to consider the industrial structure regulating the workforce wages and conditions. It is beyond the scope of this paper to make comment on that structure other than to note that there are established processes regarding the relevant Awards and their review and other industrial processes such as Enterprise Bargaining.

## Workforce supply

Given the substantial predicted growth requirement in aged care and workforce competition from the NDIS, community services and health more broadly, consideration should be given to sources of workforce supply including reasonable immigration and training programmes.

Programmes that increase the attractiveness of working in aged care can be offered relatively easily, such as models for graduate supervision and models for increased and improved student placement opportunities. Innovative solutions need to consider a range of options, from recruiting and retraining people interested in changing careers, for example from declining sectors such as manufacturing, to attracting younger workers through in-school programmes and providing opportunities for related professions such as allied health and social work.

A further challenge lies in attracting and retaining the workforce in regional, rural and remote areas, where almost seven million Australians live, with many accessing aged care services as a consumer or as a carer. There are particular issues associated with an ageing workforce in rural centres. In remote and isolated areas, in residential aged care services, as well as services funded under the

<sup>6</sup> Aged Care Sector Committee. Aged Care Roadmap. March 2016. At <https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap>

National Aboriginal and Torres Strait Islander Flexible Aged Care program, there is reliance on sponsored employment under the 457 Visa program. Workforce development strategies are required to encourage local people to consider a career in the aged care sector and to enable local Aboriginal people to be employed in the provision of aged care services to their community.

## Wages

Wages in aged care must be fair and competitive into the future to attract and retain a quality workforce in sufficient numbers. Fair and competitive wages create stability, reduce turnover and ensure quality staff are attracted to aged care work.

Workers have increasingly borne the brunt of funding pressures as providers navigate constrained funding arrangements by opting for the most economically 'efficient' method of meeting quality outcomes. Staff costs represent the largest expenditure in residential aged care at 67% of the total budget in an environment where only 68% of providers can achieve a net surplus.<sup>7</sup> In practical terms this has meant that workers have been subject to two cost pressures:

- the suppression of wage levels; and
- a significant increase in work intensification, particularly for personal carers, registered nurses, enrolled nurses and allied health professionals and assistants.<sup>8</sup>

## Training and education

The availability of consistent, quality training and education is vital to ensuring the delivery of quality aged care. Staff completing formal training courses should be both competent and 'work ready'. Once staff are established in their positions, they should be adequately supported with ongoing professional development and appropriate refresher courses.

The delivery and quality of formal training in the Certificate qualifications in aged care is highly variable in terms of capacity building and preparation for work roles. Quality delivery of this training provides a solid knowledge and experiential base with which to understand work in aged care, whereas sub-standard training leaves the student ill equipped for the job and could lead to poorer care outcomes. Providers are responsible for employing competent staff, however this is made more difficult where training quality is poorly regulated and unreliable.

The 2011 Productivity Commission 'Caring for Older Australians' inquiry highlighted numerous concerns about the quality of training in the aged and community workforce. These included the quality and variability of training, the vastly different durations of training, whether sufficient amounts of practical on-the-job training were being provided, whether trainers and assessors

<sup>7</sup> Aged Care Financing Authority. Fourth report on the Funding and Financing of the Aged Care Sector. July 2016, pp52, xiii.

<sup>8</sup> For example, the authors of the 2016 National Aged Care Workforce Census and Survey Final Report found "many residential care workers do not think they have enough time to provide resident care (this is similar to 2012) and this persistence should be the subject of further investigations and policy discussions." (Mavromaras, K et al 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016. Australian Government. Department of Health, March 2017, p38).

possessed current industry experience and whether aged and community care training was being regulated effectively.<sup>9</sup>

The Australian Skills Quality Authority initiated a review in 2012 into training in the sector in response to the 2011 Productivity Commission report. It found that training programmes are generally too short and there is insufficient time in a workplace for satisfactory skills development. Most registered training organisations (RTOs) offering aged care and community care training were not fully compliant at the initial audit, with 87.7% not complying with at least one of the national training standards, indicating that RTO leadership and staff had a poor knowledge and understanding of the required national standards, including the requirements of training packages (which form a core element of these national standards).<sup>10</sup>

Currently, the Certificate III level qualification in Individual Support requires 120 hours of work placement in addition to coursework. The Australian Qualification Framework specifies it is typically completed over one to two years,<sup>11</sup> although the average course duration is just seven months.<sup>12</sup>

It is critical that personal care workers have the skills and attributes needed to provide quality services. Many workers (88% in residential care and 86% in community care) already have, as a minimum, a Certificate III in aged care qualification (now replaced by the Certificate III in Individual Support) which demonstrates the industry has a commitment to training and education. In some geographic locations, it is difficult to attract workers with that level of qualification and also to ensure that workers receive training during their employment. However, it is important that personal care workers are trained to a nationally consistent Certificate III qualification or are actively working towards attaining that qualification on commencing employment.

The absorption of the aged care-specific National Workforce Development Fund into the general Health Workforce Fund without any clarity as to how this money could be made available to aged care, has exacerbated the limited and poorly coordinated training and education initiatives outside the VET sector.

Post graduate education and post qualification training in emerging policy and practice areas such as consumer directed care, wellness and re-ablement, palliative care models, specialist dementia care and disability knowledge are also needed. The Alliance recommends that funding for workforce education and training in these emerging areas be made available and that this funding is administered in a way that keeps pace with the changing sector needs and the growing workforce.

As the numbers of aged care consumers from diverse populations increases (for example culturally and linguistically diverse cultures and LGBTI people), so too does the need to attract workers from these backgrounds. Skills in caring for such diverse needs have to be reflected in training to ensure these workers can provide care in a safe, effective and culturally sensitive manner across the broad

9 Productivity Commission 2011, *Caring for Older Australians*, Report No. 53, Final Inquiry Report, Canberra., p.374.

10 Australian Skills Quality Authority *Aged and community care training*, 2013 available at <https://www.asqa.gov.au/about/strategic-reviews/aged-and-community-care-training-2013>

11 Australian Qualifications Framework specification for the Certificate III, [http://www.aqf.edu.au/wp-content/uploads/2013/05/5AQF\\_Certificate-III.pdf](http://www.aqf.edu.au/wp-content/uploads/2013/05/5AQF_Certificate-III.pdf)

12 Australian Government, Department of Education and Training, <https://www.myskills.gov.au/courses/details?Code=CHC33015>

spectrum of unique needs of a diverse clientele. There is also a specific requirement to address Indigenous workforce issues through the development and strengthening of programs supporting local Aboriginal and Torres Strait Islander people working in the aged care sector.

Minimum education qualifications, ongoing professional development and language proficiency requirements need to be in place for personal care workers. This should be achieved through both professional regulation and self-regulation.

People who hold a post-secondary school qualification from overseas may need additional education and assistance on seeking qualifications and skills recognition.

## Career pathways and innovation

Satisfying fulfilling roles within the aged care sector are important to aged care workers, employers and consumers of care. Workers want and need adequate hours of employment, ensuring a living wage, in order to deliver quality care to consumers. Career pathways, for example, leading from personal care assistant to Registered Nurse qualifications, specialist care roles or management work is an important concept that enables workers to make a life-long commitment to the industry. Career pathways including recognition of prior learning and possible employer supported education would assist and encourage people to commence and be retained in the sector. In particular, the career pathway into management and leadership roles needs to be developed to ensure there are qualified and competent business managers and leaders within the sector. Currently, very little is being offered by tertiary institutions in the areas of aged care business management and leadership development.

In addition, the previous workforce innovation fund provided excellence and innovation in the sector. Such a fund should be retained to provide innovation and research on industry-wide staff attraction and retention strategies, models of care, regional staff mentoring models and career pathways supported by education, training and work opportunities.

As the aged care sector is reformed, work roles and responsibilities will change, particularly in response to new technology, changing consumer expectations and advances in professional practice. Technology may allow for increased productivity or decreased workload, as well as additional training and education opportunities. A workforce that has the capacity to adapt in response to these influences requires evidence-based and sensitive planning supported by government and providers.

The introduction of the NDIS and the consequent need for workforce expansion in disability provides career and development opportunities for workers to work across aged care and disability and needs to be considered in the development of career pathways and innovation in job roles.

## Funding

Funding to the aged care sector needs to be adequate if lasting workforce reform is to be achieved. Further, current funding conditions limit the capacity of aged care services to create additional income. The Alliance would support a comprehensive cost of care study, across residential and in home aged care to determine the cost of delivering quality aged care, including workforce costs.



In the absence of a comprehensive cost of care study, the Alliance would support studies of specific aspects of care delivery and their costs. For example, a study could be undertaken of the cost of delivering palliative care in residential aged care, which currently attracts considerably less funding than the same care provided in the health sector.

## Workforce planning data

To enable adequate planning for the future aged care workforce, detailed workforce mapping and data will be needed. The most recent workforce data collection available is the 2016 workforce census, released in March 2017, with the previous census conducted in 2011-12. This cycle does not provide the desirable level and currency of workforce data. Given the pace of reforms in aged care and the changing nature of service delivery it would be useful to have more regular, perhaps shorter, government funded workforce surveys in addition to the four-yearly census to provide up to date information for ongoing workforce planning. Data on the health and diversity of aged care consumers will also be useful for workforce planning.

In addition, consideration needs to be given to achieving a safe, effective and regulated workforce in an environment of increased consumer choice and, potentially, self-employed care workers.

Developing data collection mechanisms that capture factors including cultural, linguistic and religious background will provide a substantial evidence base, that will inform future policies and target areas for investment.

## Next steps

The Alliance proposes an approach to workforce development that is ongoing and sustainable. As such the Alliance proposes the formation of a sector Workforce Steering Committee comprising providers, unions, educators, professional and peak bodies, consumers and carers. This Steering Committee will determine a process for developing a workforce strategy, including broader consultation via the Alliance and an invitation for relevant Australian Government representatives to participate.

An aged care workforce strategy needs to address the substantial workforce growth required in aged care, where these workers will come from, how they will be trained and how the delivery of quality care and support will be ensured. Other considerations should include the alignment of aged care, disability and health workforce planning to facilitate the sharing of ideas and strategies, and the needs of rural and remote providers.

The effectiveness of workforce strategies is being explored in the 2017 Aged Care Legislated Review. This is an important opportunity for consideration of the impact of reforms on the workforce and work re-design. Aged care reforms have already impacted on the workforce through, for example, providers having to increase finance and administrative staff to meet the needs of individualised budgets. Without additional funding to support these changes, there may be a reduction in, or inability to increase, the number of direct care staff. These and other impacts should be carefully examined.

The Alliance notes the critical role the Commonwealth will play in facilitating the engagement of all parts of the Australian, State and Territory Governments to ensure an effective workforce strategy is developed. Additionally, the Alliance recognises that only the Commonwealth is in a position to act on some of the elements of a likely workforce strategy.

## Conclusion and recommendations

It is both critical and urgent that the issues affecting the aged care workforce are addressed to ensure the long-term sustainability and viability of the sector and to aid policy development. Reforms in aged care are predicated on having sufficient workers with the appropriate education, skills and experience to deliver an increasingly complex and changing range of quality aged care services. The required workforce growth is however hampered by the ageing of the current workforce and the challenges in attracting new and younger workers to aged care.<sup>13</sup>

Reforms in aged care and the introduction of consumer directed care will necessitate both business and work re-design. Providers want to be able to provide a responsive, individual and quality service; consumers want a skilled, knowledgeable and stable workforce with workers who can spend adequate time with them and meet their needs. Workers want secure, stable, satisfying jobs manageable workloads, fair remuneration, to earn liveable incomes and opportunities for career progression.

The types of skills needed by the aged care workforce will change as care needs and service delivery evolve. The workforce will need to have a good understanding of the diversity and health and disability support requirements of aged care consumers and be appropriately trained in their unique needs. Such workforce capacity-building can occur if considered and inclusive workforce planning is undertaken, making aged care an attractive and competitive career destination.

The key to attracting and retaining a quality aged care workforce is to understand the drivers that can make aged care jobs desirable and rewarding. These include the image of aged care work, the remuneration and conditions of employment, the work environment and the level of community respect received by those working in aged care. While many of these are the responsibilities of aged care providers there are policy levers and incentives that government can control, which will enhance provider capacity to deliver on these conditions.

The conclusions of this paper are not new; multiple recent inquiries into aged care and the aged care workforce by the Productivity Commission (2008, 2011) and the Senate (2005, 2009 and 2017) have made similar findings. The Alliance is calling for coordinated action and a systematic approach that takes a positive view and plans the aged care workforce of the future.

**Recommendation 1:** That a Sector Workforce Steering Committee (comprised of providers, unions, educators and consumer and health professional representatives) be established, in partnership with the Australian Government, to develop a sector-led workforce strategy that addresses:

<sup>13</sup> There is evidence that recruitment to the sector is attracting younger workers, however the average age of employees remains higher than the national average (Mavromaras, K et al 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016. Australian Government. Department of Health, March 2017, p.xvii).

- 1.1 A sufficient, educated and skilled workforce, including industry-wide attraction and retention strategies, acquisition of qualifications and access to appropriate ongoing professional development opportunities;
- 1.2 An aged care workforce that is knowledgeable about the health and disability support requirements of consumers and able to apply this knowledge to achieve quality care outcomes for consumers;
- 1.3 Appropriate post graduate and post basic qualification training within the aged sector to reflect current and anticipated workforce needs;
- 1.4 Career pathways, including consideration of pathways from VET to higher education, regional mentoring models and pathways from direct care roles to management and leadership roles;
- 1.5 The remuneration required to deliver quality care; and
- 1.6 Any other matters relating to attracting and retaining a quality aged care workforce.

**Recommendation 2:** That the Australian Government supports a workforce strategy by:

- 2.1 Undertaking short, annual workforce surveys, in addition to the more detailed four-yearly workforce census, and data collection on the health and diversity profile of aged care recipients for use in planning for current and future workforce needs;
- 2.2 Identifying and promoting dedicated education and training funds that can be accessed by the aged care sector for post graduate and post basic qualification education and training;
- 2.3 Investing in research and innovation in work re- design, technology development and other workforce initiatives identified in the workforce strategy;
- 2.4 Undertaking a comprehensive cost of care study across aged care services (including residential (and within residential care, palliative care), home-based and community-based settings) to determine the cost of delivering quality care including consideration of workforce costs (in particular wages);
- 2.5 Undertaking regular quality reviews of the Certificate III in Individual Support (and other relevant VET qualifications), with strong sector engagement, to achieve national consistency and maintain relevance to the changing needs of the sector; and
- 2.6 Developing strategies to address the unique needs of rural, remote and isolated areas where an increased focus is required to encourage and support local people (in particular local Aboriginal people) to enter the aged care workforce.

# NACA

The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.

