Care Workforce Market Labour Study submission

June 2021

Workforce Observations

What observations do you have about the job roles in the care and support workforce? Over the past 5 years how have you seen the care and support workforce change? How do you expect the workforce to change in the near-term and out to 2050?

Emerging/new job roles

- New roles and skillsets continue to develop overtime, including but not limited to, lifestyle coordinators, life coaches, aged care service navigators, technology coaches or facilitators, workforce planning and remote supervisors. The Council believes these roles enhance the attractiveness of the sector as individuals can see how their skills and experience translate to a rewarding career with a clearer career pathway for progression.
- There will need to be further growth in care coordinator roles as we move towards more individualised care as seen with the rollout of the National Disability Insurance Scheme.

Skill change (required and new skills)

- Older Australians increasingly prefer to remain in their own homes and are presenting with higher acuity and more complex care needs. As home-based aged care becomes more common, the workforce will need to provide a higher standard of care which will need the appropriate clinical oversight to ensure this is safe for the worker and the older person receiving the care.
- The care being provided in residential care today, is more complex. Older Australian's are requiring care delivered by a workforce that is more akin to sub-acute care rather than what was traditionally offered through aged care services. This means that the skills mix of the workforce needs to be more clinical in nature.
- A number of assistive technology trials are underway or have taken place to test technology such as body temperature sensors, movement monitors, the use of iPads to maintain social connection, voice activated iPads, voice activated home support devices (e.g. Google home), smart jugs, robotic vacuums and technology that can be controlled remotely by family, friends and carers. Professional skill development and opportunities to interact with technology will be

essential for the workforce to upskill and embed ongoing professional development to enhance the productivity of the workforce and meet the growing demand for services.

Specialisation and hybridisation of roles

- Aged care staff will be playing a significant role in the mental health area and home-based care. There will need to be targeted training and support provided to the workforce so they will be equipped to identify and connect people to the best point of support (e.g. allied health care), Mental health professionals will need to target their practices to meet the needs of older people – both in the community and in residential settings (e.g., psychologists and psychiatrists).
- Integrated education and training will be required to better position the workforce to address the signs and symptoms of conditions such depression, anxiety, Alzheimer's, and dementia.
- Families and carers of older Australians are becoming increasingly aware of their rights and responsibilities and they will have higher expectations about the care their loved ones require.

Transferability of skills across different job roles

- Like other workers, aged care workers will undertake multiple jobs throughout their careers. Some may move between closely related sectors, such as aged care, disability, and veterans' affairs. Others may choose to work in aged care utilising their communication skills, organisational skills, customer service and collaboration skills, gained in a wide range of paid occupations, through volunteering or caring for a loved one.
- Employees within the aged care sector should be provided with career pathways that demonstrate the various options available to create meaningful and rewarding careers in aged care.

Entry pathways

- Starting a career in aged care as a support worker provides opportunities to develop a wide range of skills, e.g., communication skills, improved knowledge of health and social services and understanding the needs of consumers. This could lead to a support worker moving into other health related disciplines such as assistants in nursing, enrolled and registered nurses or allied health. This could lead employees towards a wide range of varied careers in administration or management within and outside of the aged care sector.
- It is important to provide exposure to the sector. There are many benefits to offering university students placements within aged care when completing their allied health, nursing, medicine or pharmacology degrees. These placements might lead to individuals choosing to pursue a career in aged care.
- It is important to ensure that placements provide an accurate reflection of the sector, and that students overall, have a positive experience. There is a significant risk with placements for tertiary qualified workers that does not match theoretical understanding of the role which then impacts negatively on retention rates.

Employment conditions

- The Council's 'Bring your thing' campaign has elicited many comments and 'likes' on our Facebook and LinkedIn pages.

- Many people currently working in aged care express strong dissatisfaction with their remuneration and conditions of employment in the aged care sector. There is a significant challenge to improve attraction and retention across the sector.
- Many comments also suggest that staff recognise the importance of the care they deliver, yet they feel undervalued and overworked by their employer, the care recipients and their families.
- The Council is aware of poor employment conditions in the workforce. Examples include:
  - Lack of ongoing or permanent contracts, employing staff on a temporary and casual basis, as well working as inconsistent hours
  - Aged care workers often having to work across multiple providers to earn a sufficient wage
  - Travel time not being paid between visiting older people to deliver care and support
  - Working overtime without compensation
  - Being unable to take breaks during working hours due to the demands of aged care
  - Workers report high workloads due to staff shortages.
- These factors negatively impact workers mental health, the quality of care delivered, job satisfaction and decisions about retirement.

Workforce attraction, retention and development

To what extent are mobility and skills transferability between and across job roles important factors in workforce/worker attraction and retention?

- Mobility and skills transferability between and across job roles are highly important factors as they provide workers with opportunities for growth, progression, and flexibility. This is especially important in regional and rural areas where workers are employed across multiple care sectors.
- The difference in wages and remuneration across care industries may act as a disincentive for people to work in aged care if they can perform similar work in the disability field and receive higher remuneration.

What strategies and tactics are most effective in attracting and retaining a workforce/worker with the right skills?

- Increased remuneration that is reflective of the nature of the work, level of skill and responsibility involved in performing the work of the care workforce is vital. Employees now require skills in medication management, managing greater acuity and frailty, dementia and palliative care and working independently.
- Rostering competent staff to ensure quality care is delivered, and providing a workforce that has adequate time to spend time with the older Australian's they are caring for, are common requests within the sector. We know that many people choose to work in aged care because of the relationship aspect to the roles i.e. to interact with and care for older people.
- Current findings from the Royal Commission into Aged Care Quality and Safety show that workplace demographics are changing. With fewer Registered Nurses employed and higher consumer to worker ratios, carers are time poor.[2] Shifting this, would allow carers to deliver the quality of care that attracted them to work in the sector in the first place.

What barriers exist to entry and establishing career pathways for the care and support workforce/workers?

- There are numerous government departments and agencies involved in this space, making it difficult to understand who is taking the lead role in setting the strategic direction. This ultimately plays through to divergent conditions and expectations across sectors which preference one sector ahead of another i.e. the price signals in disability cannot be matched in aged care.
- The care industry remains highly feminised and undervalued. Cultural change is slow and while the Council has a social change campaign underway to shift the narratives around care and ageing, the dominant negative narrative still exists. If remuneration is improved, more people will be attracted to the caring sector.
- Remuneration – while efforts are being made to increase remuneration for care workers, until substantial changes are implemented there will be barriers attracting individuals to enter the workforce, even with increased career pathway possibilities.
- Transparent career pathways – there are few clear pathways for people to consider, and it is difficult to envision a lasting and financially viable career in aged care. While this issue needs to be underpinned by a connected qualifications framework across vocational and higher education, there is a need to clarify the diversity of roles across the broad range of fields.
- The current industrial relations framework is no longer reflective of the sector. The Awards for aged care workers are no longer contemporary. Employees now require skills in medication management, managing greater acuity and frailty, dementia and palliative care, working in an unsupervised environment etc. Recognition of specialist training and knowledge could support the establishment of more viable career pathways.

What role do formal and informal training have in contributing to the supply and ongoing development of the care and support workforce?

- Aged care providers report that current training does not always appropriately skill the aged care workforce to meet the complexities and demands of their roles – this is a combination of the content of the training course and the way it is delivered through Registered Training Organisations which is often inconsistent.
- Some qualifications do not provide the work experience that is required to ensure individuals are able to apply the skills and have sufficient confidence to work with limited supervision.
- Personal care workers have a choice of two main qualifications - Certificate III in Individual Support and Certificate IV in Ageing. The core curriculum for both Certificates has been diluted with the addition of new units being added over time.
- Recently trained individuals often commence work with little structured on-the-job training to support them to understand and gain confidence in their role – resulting in some workers leaving the sector.
- If workers want to progress their careers, they must undertake self-funded external training in their own time. There are limited opportunities for informal training to support career progression.
- If on the job-training was embedded into the aged care sector, it may attract more workers and boost supply as career progression is a key factor when most individuals select an industry, profession and/or sector to work in.

Is there anything specific, which has not been previously identified that is a blocker to attraction, retention and/or ongoing workforce development?

- Australia is reliant on skilled migration to make up a large part of the aged care workforce. Due to poor job security and limited bargaining power, employees from diverse backgrounds may not report incidents of racism. They may feel uncomfortable raising occurrences with management, older Australians, their families, or carers. This may result in a potentially higher prevalence of job dissatisfaction than currently understood.

System settings

In addition to previously identified system complexities (funding, pricing and regulation) are there any other systems issues (big or small) that are impacting the care and support workforce and the capacity to deliver quality care and support?

- Structural barriers such as the Medicare Benefits Schedule (MBS) claiming rights and broader funding requirements will need to be adjusted to improve the overall viability of the sector. This will allow providers to make more informed business decisions around the skills mix and staffing profile for their organisations. The sector will better meet the needs of the older people they provide care to if they can see the service delivery model as financially viable.
- To make best use of the limited workforce, consideration should be given to enhancing local and regional approaches to strategic workforce management. As more older people choose to age at home, significant pressure is placed on the primary care system. Planning at a local level will support maximsing the deployment of the workforce to meet the emerging needs in a more agile manner – resulting in better care outcomes for older people, while also clearly defining job opportunities for local workers.
- The divergent price signals across related workforces must be addressed by Government. The pricing of NDIS for services such as allied health cannot be met in the aged care sector. These perverse incentives grow one part of the workforce at the expense of the other.
- There must be greater alignment between career pathways and remuneration to promote functional pathways. For example, the current enrolled nurse to registered nurse pathway is no longer considered to be a viable pathway as the financial benefits of progression are not there.

Thin markets

What strategies, initiatives and organisational structures are effective in improving the availability and sustainability of the care and support workforce thin markets?

- Providers are exploring new strategies to recruit young people who are still in high school to begin working in aged care once they graduate, including offering to pay for their education and training.
- In regional and rural areas providers offer packages to encourage workers to move, including accommodation and relocation costs for the employee and their family.
- Some providers, especially those in remote and regional locations may integrate and coordinate staff members between care sectors, e.g.: disability, veteran's affairs, aged care. These

arrangements would benefit further from Government harmonising regulatory and funding settings and removing artificial program and sector silos that create barriers to maximising efficiencies for colocation or regional areas.

Technology

What role do you see for technology in enabling the care and support workforce?

Training and skills acquisition for the workforce

- The aged care workforce tends to be older in comparison to the Australian average. In some cases, older workers may have limited digital literacy. Skills shortages needs to be addressed through hiring practices, practical skills development, effective training, support and partnerships.
- Training can be difficult to administer in the workforce, due to lack of staff, rostering and backfilling. This can be combatted with the introduction of accredited microlearning modules for upskilling/reskilling of the care workforce. It is a flexible model, with short modules that can be completed quickly by an employee when they have only a short amount of downtime. Consideration should be given to nationalising accreditation of courses to enhance the transferability and recognition of these skills across sectors.
- Workplace cultures do not always foster and support the uptake and use of technology:
  - Some aged care providers are reluctant to embrace technology within their service.
  - Family members and carers may have high expectations of aged care employee's technology capabilities, increasing pressure on the workforce.
  - Some services require their staff to bring their own devices for use in the workplace.

Optimising the delivery of care and support

- Technology to monitor and gauge the health and safety of older people can help to optimise the delivery of care and support.
  - Data sources to track in home activity, biometric data and feedback from consumers can potentially allow for the home care worker to understand trends and prioritise better care. This will allow for the provider to take a more proactive approach and a more proportionate approach to managing risks.
- Aged care providers will need to explore how the use of tools and technology can support the delivery of 200 minutes of direct care as per the Royal Commission's Final Report Recommendation 86. This may include reducing the administration burden to provide more time for direct care and quantifying and reporting on care time delivered (minutes).
- The technology shift is happening in the health care and wellness sector, led by allied health and mental health. Six in ten healthcare providers use remote care and this will double by 2025[3]. There will be opportunities for aged care providers who will need to adapt and connect their consumers to these options.

Monitoring and enhancing quality

- There is potential for technology to less invasively monitor the whereabouts of older people who have dementia as we have seen with the community village/housing models such as Glenview in Tasmania and NewDirection Care in Queensland.

Potential changes in ways people access services

- The use of telehealth among older Australians jumped 30% during the pandemic and seven in ten who used it said they felt confident to use it in the future[4]. Well over 60% of consumers own a smart device and expressed they would like to keep up to date with new technology as it advances and evolves[5].

Provider resource management

- Consideration must be given to maintaining flexible funding models, such as grant funding and block funding, to support providers to attract and retain suitable skilled staff in regional areas.

Technology adoption factors

- Older Australians are increasingly engaging with technology and this is expected to continue to grow. The cohort of older Australians requiring care in 2050 will most likely have grown up with technology and be fully immersed in its use.
- The COVID-19 pandemic has given many older Australians and their families/carers an opportunity to learn and experiment with remote care technologies. The use of such technology is expected to continue.
- For providers to stay competitive, they will need to adapt and ensure that medical care is timely and personalised. One third of older Australians living outside major cities and inner regional areas will be less accepting of excessively long wait times to see a practitioner, about 1 in 4 reported experiencing this[6]. Digital solutions will be required.
- Within the workforce, technology support, uptake and implementation, should occur through training and change management. Employers need to support education and skills development for their workers if they want to improve the quality of aged care throughout Australia. This will include the adoption of technology.

Monitoring framework

There are many challenges in ensuring a ready workforce to deliver the essential services Australians require. There is an ongoing need to monitor and assess pressures in the care and support workforce. What should be included in a workforce monitoring framework?

Key elements of the framework

- Any framework implemented should be based on the principles of continuous improvement.

Data required, new or existing, to support this framework

- Reporting on workforce training delivered.

- Attraction and retention rates across individual sectors – and ultimately across the care sector – to understand if the policy settings are supporting sectors equitably.
- Opportunities to capture deidentified exit interview data to capture employee sentiments.
- Potential to monitor the retention of aged care workers - how long they stay in their roles, what prompts them to leave.

Information needed for the framework to be an effective input into the planning and development of the care and support workforce.

- Differences in provider sizes and business philosophies.

Data gaps

What workforce data gaps have you observed and how could these be addressed?

- Gaps
  - Limited data collected available on Home Care provision, regional and remote service provision.
  - Detailed research is limited to direct care staff, that, make up majority of the aged care workforce. However, new roles are emerging and will continue to do so in the future – it is a highly diverse sector. This must be considered when collecting data.
  - There are career progression gaps, ineffective recruitment, ineffective inductions (particularly in remote settings).
  - Data on workforce training and organisation is only partially collected[7].
  - Limited research on the future projections of job roles and families.
  - Missing data on migration streams and workflow, specifically after COVID-19 and its affects to this area.

- Addressed by:
  - Integration: silos of data collection exist – there is a need for more data sharing and integration across data collection organisations, providers, and other parties to create more comprehensive data for the industry.
  - Digitization: frequency and availability of data is limited (data is still collected and stored manually with digital data collection systems not ubiquitously adopted). Digitization of data needs to be advanced and systematised.
  - Reporting mechanisms: A lack of clear and comprehensive reporting prevents the sector from understanding the state of the workforce and new trends.

References

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