

A MATTER OF CARE

Australia's Aged Care Workforce Strategy

Report of the Aged Care Workforce Strategy Taskforce

June 2018



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Title: A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce

Citation: A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, June 2018

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Foreword

The Aged Care Workforce Strategy Taskforce (the taskforce) is pleased to present *A matter of care—Australia’s aged care workforce strategy*.

This strategy—developed *with* the industry, *for* the industry—outlines 14 areas for action to support Australia’s aged care workforce in their essential role of caring for some of the frailest, most vulnerable members of our society.

Over nine months, the taskforce has had the privilege of listening to thousands of people and representational bodies, including providers, individuals working in aged care and consumers and their families.

All are motivated by a common desire—to create a better, more sustainable aged care system.

The taskforce thanks those who gave their time and shared important experiences and insights—this strategy is for *every one of them*.

Our brief was succinct: develop an industry-driven workforce strategy to grow and sustain the workforce to ensure it can provide aged care services that can meet the care needs of our elderly now and into the future, irrespective of setting.

In undertaking our work, we uncovered some inescapable truths that impact on how the community views aged care and, indeed, how the industry sees itself. It is critical that we shift these views and attitudes if true transformation of the workforce is to occur. This requires government, industry and community engagement.

The aged care industry is fragmented, made up predominantly of small to medium enterprises spread across community, home and residential care settings. The industry relies on a diverse workforce that is experiencing rising consumer expectations and other significant changes, much outside its direct control. This includes issues such as system funding design and regulation which impact on how care is delivered.

This strategy identifies significant opportunities for the industry and individual organisations to respond to this environment and take their own lead in shaping the industry and its workforce into the future. We believe that our actions to date have already seen a shift by the industry and mark the beginning of transformational change.

To execute the strategy, all of those in the industry will need to work together to support workforce transformation. We are pleased that the industry has endorsed the central recommendation—a commitment to create an industry-led voluntary code of practice.

Industry leaders have also supported the establishment of an Aged Services Industry Reference Committee (Aged Services IRC), which will enable fundamental reform of the skills and qualifications framework for the industry.

The education and training system, across both vocational education and training and higher education, needs to ensure that graduates have the skills and knowledge that will support safe, quality care.

The actions identified in this strategy will support industry to invest in better workforce planning, implement better job pathways to allow for career progression, build leadership across the industry at all levels, foster the next generation of leaders, implement practical strategies for attracting and retaining the right people with the right fit, and keep valued skills and talented people.

The voices of service providers in remote areas are to be amplified through the establishment of an Industry Accord on the Remote Aged Care Workforce (remote accord) that will support alignment on the problems to be solved and set deadlines for arriving at solutions.

The quality of aged care in Australia matters to us all.

Our view is that this strategy can be executed in one to three years and in doing so will then position the industry for the next four to seven years. The execution of this strategy will better equip and enable the aged care workforce to support older people to live well.

Our underlying message is one of *unified leadership*, focused on people, practices and recognition of why aged care matters to the community. Through the community and employees of the industry, the taskforce has identified a shared and unifying belief for the industry:

'We exist to inspire people to want to care, enable people to properly care and enhance life through care. Because how we care for our ageing is a reflection of who we are as a nation.'

A matter of care is for all Australians, because the way we care for our ageing is a reflection of who we are as a nation. How we care says who we are.

Professor John Pollaers OAM

Chair

Aged Care Workforce Strategy Taskforce
29 June 2018



Framing the case for change

A growing and diverse industry

The aged care industry is part of Australia's broad and rapidly growing health care and social assistance industry and a significant contributor to regional and rural economies. It operates across residential care, home care and community-based care, and interfaces with services provided through the health system and disability and social supports.

Aged care services operate within a tightly regulated market where the Australian Government controls the number, funding level and location of residential aged care places and the number and level of home care packages. Approximately 70 per cent of the costs of aged care service provision are provided through government subsidies, with the remainder from consumer contributions.

Total direct Australian Government expenditure in 2016–17 was \$17.1 billion.¹

There are 3,223 aged care providers, ranging from micro-businesses to large national enterprises, with a current workforce of more than 366,000 people, approximately 3 per cent of Australia's total workforce.²

Aged care service provision is a growth industry. The Productivity Commission (2011) predicted that 3.5 million Australians will be accessing aged care services every year by 2050, requiring a workforce of almost one million direct care workers.³

All touchpoints for consumers need to be covered

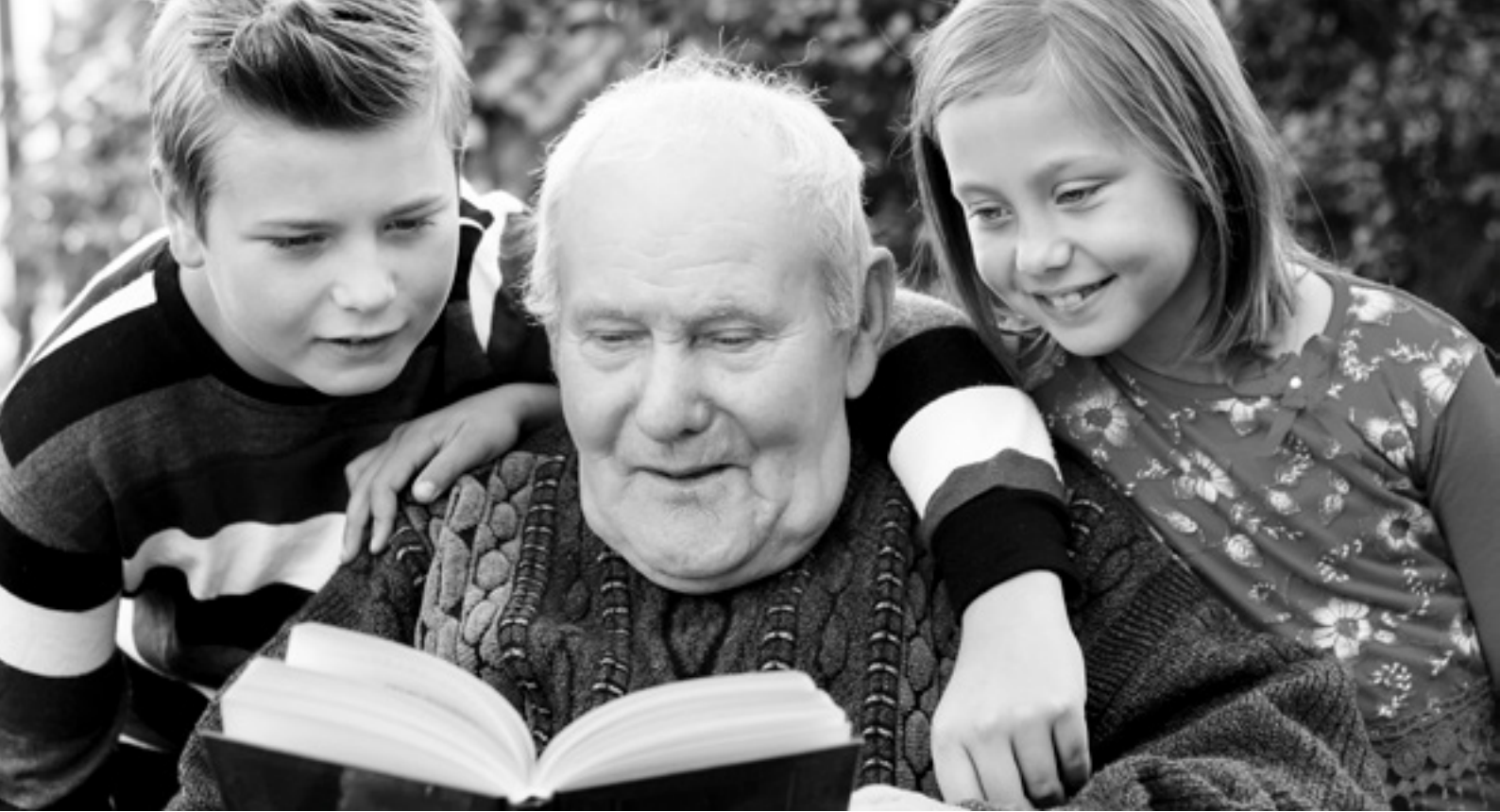
The direct aged care workforce includes personal care workers, nurses, support staff and allied health professionals.

The taskforce has maintained its focus on a wider definition of 'the workforce' to ensure it included all of the 'touchpoints' for consumers in their ageing journey—from 65 years of age until end of life and from 50 years of age for Aboriginal and Torres Strait Islander people, and for the homeless and other prematurely ageing populations.

For many older Australians this will include financial planning, primary health services, carers, in-home care, functional health care providers, specialist care providers, residential care, acute and subacute care, as well as system facilitators and navigators.

Figure 1 shows an integrated view across the ageing continuum and wider definitions of 'consumer' and 'industry'. Taking a broader view of the workforce in this context is important as it will allow an understanding of how different parts of the workforce, such as health professionals, ancillary staff and volunteers, engage with the consumer along their ageing journey.

Of particular importance is the interface with the primary and acute health systems.



Older Australians have increasingly complex care needs that frequently require multidisciplinary services drawn from across aged, health and disability care. However, poor coordination of funding across these systems, along with professional practice and education silos, contribute to reduced access to care, diminished care experience and increased costs for consumers and governments.

The care of older people offers interesting and rewarding career opportunities. However, to date, lack of attention within undergraduate and specialised aged care training programs across many health professions is a barrier that warrants attention as we build the workforce of the future.

Older people with a variety of needs, preferences and expectations

Aged care consumers are the people accessing or using care as well as their families, carers and entities trusted or designated to act on their behalf, and the local community. They are diverse in age, with varied cultural backgrounds

and lived experiences. Those accessing or using care often have complex health needs and many manage multiple chronic conditions. Added to this picture is the increasing prevalence of dementia, with 52 per cent of people in residential care living with dementia.⁴

All of these factors shape the care needs, care preferences and expectations of consumers.

More than 1.3 million people⁵ access or use some form of aged care. The great majority receive home-based care and support, and relatively few live in residential care.⁶

It is imperative that our definition of ‘aged care consumer’ be extended beyond those people accessing or using care services to proactively include their families, carers and entities trusted or designated to act on their behalf, and the local community. Each has a perspective that needs to be heard and may not always be aligned. Genuine consumer insight will come from deeper engagement with each of these critical stakeholders.

Figure 1: Integrating consumer care across the ageing continuum, widely defined industry and workforces

Consumer		People aged 65+	Aboriginal and Torres Strait Islander people aged 50+	Groups ageing earlier due to disadvantage					
		Individuals accessing services	Their families	Carers	Trusted entities or people designated to act on behalf of consumers	Local community			
Industry and consumer participation across the consumer journey – formal and informal workforces	Planning	<ul style="list-style-type: none"> Financial planning Retirement planning Decision-making 	<ul style="list-style-type: none"> Primary health 	<ul style="list-style-type: none"> Carers 	<ul style="list-style-type: none"> In-home care 	<ul style="list-style-type: none"> Functional health 	<ul style="list-style-type: none"> Specialist care 	<ul style="list-style-type: none"> Residential care 	<ul style="list-style-type: none"> Acute and subacute care
	<ul style="list-style-type: none"> GPs Pharmacy Preventative health Chronic disease management Reablement Wellness 	<ul style="list-style-type: none"> Interactions with formal workforces Partners in care Source of information on care needs Respite 	<ul style="list-style-type: none"> Paid workforce Volunteers Flexible aged care services Respite care Specialist services Veterans People with a disability 	<ul style="list-style-type: none"> Preventative Therapy Dental care Reablement Wellness 	<ul style="list-style-type: none"> Chronic conditions Specialist nurses (e.g. Parkinson's) Palliative care Mental health Dementia 	<ul style="list-style-type: none"> Paid workforce Volunteers Flexible aged care services Respite care Palliative care Specialist services Veterans People with a disability 	<ul style="list-style-type: none"> Emergency departments In hospital wards Outpatients Transition back to home or residential care Multi-purpose services Cognitive and physical rehabilitation 		
System facilitators and navigators	Assessment teams and services – government	My Aged Care contact centre – government	System navigators – government and private	Advocates	Aged care – financial planners	Primary Health Networks Local Health Networks – governments			
Governance and expectations	Regulation, compliance and healthy ageing – within and across all levels of government	Governance and management – across industry, within organisations and cross-sector collaboration	Consumer and community shared value						

Reform and the changing consumer environment

The industry has implemented significant reforms over the past decade, driven in large part in response to the 2011 Productivity Commission inquiry report *Caring for older Australians*.⁷

Consumer expectations and preferences have also changed, including beliefs about ageing,⁸ the wish for greater choice, and expectations regarding safe, consistent and high-quality care. At the same time, there are pressures to address the fiscal sustainability of the health and aged care systems.

The shift towards a more consumer-centric market in aged care is consistent with changing consumer dynamics across the broader economy. Working with the community can enhance competitiveness while simultaneously advancing the economic and social conditions of the local community. Businesses across many other industries are becoming increasingly responsive to consumer preferences so they can attract and retain customers. The time is right for the aged care industry to lead community interactions and design its service delivery based on deeper and actionable consumer insights.

Looking to the future, the aged care industry requires a coherent strategy and key enabling infrastructure to support the strategic investment, translation and uptake of innovations designed to improve workforce capability, care quality and effectiveness. When compared with other service industries, such as health care, this absence of a well-supported research translation pipeline discourages government and private sector investment.

There is an opportunity for the creation of a research translation ecosystem to address barriers to the development and uptake of innovations by the aged care industry. Research on new service models and models of care that can assist the workforce to better meet consumer needs, improve quality and safety of care and enhance quality of life is also changing the way care is delivered.

Global developments around new and emerging technologies such as assistive technologies are critical drivers for innovative service provision and enablers for the workforce and consumers. Advances in these areas could better position Australia's aged care research sector to engage more effectively with the expanding export market for aged care skill, knowledge and technologies.

Workforce training and education— an opportunity

Workforce training and education is a shared responsibility between government and industry. Providers have obligations under the *Aged Care Act 1997* to ensure that there are adequate numbers of appropriately skilled staff to meet consumers' individual care needs. Volunteer workers also make a significant contribution across the sector.

Australian Bureau of Statistics workforce data highlight aged care as one of the nation's fastest growing job markets. Yet evidence gathered through the course of the taskforce's work suggests that there are considerable challenges within the industry associated with:

- high employee turnover, including significant movement between organisations
- poor employee engagement and enablement
- difficulty in attracting talent
- ineffective and inefficient design of work organisation and jobs
- undervalued jobs with poor market positioning
- suboptimal workforce planning
- casualisation of the workforce, particularly in home-based care
- leadership effectiveness gaps
- key capability gaps and skills and competencies misalignment
- career progression bottlenecks
- ineffective recruitment, induction and on-boarding processes.

These challenges are amplified outside major cities and metropolitan areas, particularly in remote and very remote settings.

In response to recent high-profile safety and quality of care issues,⁹ the aged care industry, and by extension its workforce, is perceived by some as failing to meet the care needs of older people, particularly with regard to residential care. Combined with negative societal attitudes to ageing and public portrayals of ageing as a problem and burden on the economy, the workforce faces significant workforce culture and operational barriers to change.

At the same time, the current composition of the workforce suggests that the industry will need to attract greater numbers of new and younger workers. A greater emphasis on successful workforce planning, training and development and a more positive industry image will reduce staff turnover and retain employees, especially those with the necessary skills, expertise and personal attributes to deliver high-quality aged care services.

Aged care growth and the workforce

When considered in the context of the growth of our ageing population, the manner in which the industry thinks about its workforce is critical.

An industry workforce strategy should reflect future trends, not just the issues of today; consider the evolving expectations of the consumer, noting this comprises the individuals, their families, their carers and their local communities; and ensure that it establishes the foundations for growing and enabling the current and future workforce.

The taskforce's approach to building the workforce strategy

The taskforce began with the aim of bringing the industry together and, in doing so, creating a unified industry voice to develop an industry-led strategy focused on the consumer.

The taskforce took the view that developing a pragmatic and sustainable workforce strategy for the aged care industry does not begin with the workforce. Instead, it starts with shifting mindsets. This required a holistic understanding of the industry and the drivers of change that have an impact on how this industry operates now and into the future.

The taskforce recognised that the strategy must be disruptive in its thinking, transformational in its approach, pragmatic to implement, and supportive of immediate improvements.

Five imperatives guiding strategic intent

The taskforce used five strategic imperatives to frame its consultation and engagement and the work it commissioned to inform the development of the strategy.

The **first imperative**—why this aged care industry matters—recognises rising consumer demand for aged services, re-profiling the industry, supporting good governance and acknowledging it is essential to have people belong to this industry. The taskforce used a process of engagement and consultation to hear all voices in the industry. It then sought to articulate the story of the importance of Australia's aged care industry and its workforce now and into the future.

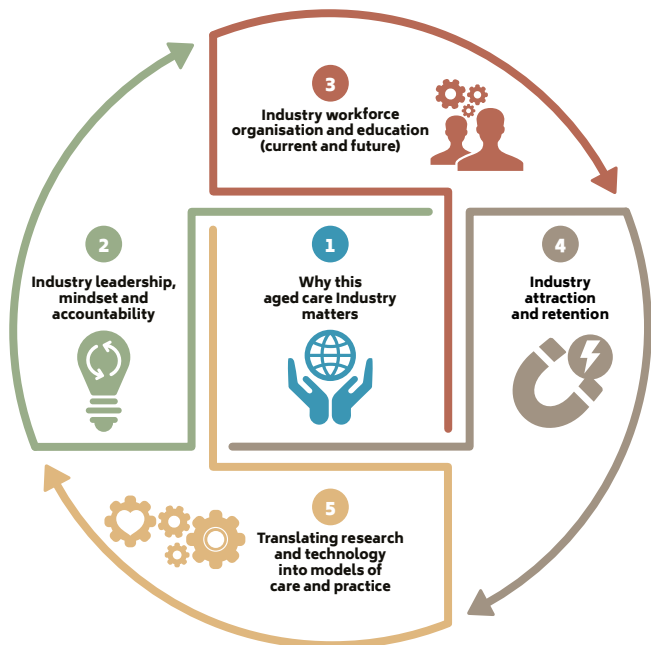
The **second imperative** underscores the importance of industry leadership, mindset and accountability. This imperative supports industry leaders to create a unified voice and to develop strong and visible leadership so that the industry is seen as an employer of choice—one where the workforce is inspired and talent is fostered and nurtured to produce the leaders of tomorrow.

The **third imperative** focuses on industry workforce organisation and education (current and future). With a line of sight to delivery of consumer outcomes and quality of care, this imperative covered current job roles, skills, capabilities and competencies, emerging education, training and skill needs, clear and attractive skills progression by levels and pathways, and the gap between the current state and the requirements for the future workforce.

The **fourth imperative** focuses on industry attraction and retention to assess the factors that influence the appeal of the industry and attachment to the work and organisations within the industry and developing well-targeted strategies that can be adopted to retain skilled people and attract new potential workforces.

The **fifth imperative** deals with translating research and technology into models of care and practice to ensure that new industry-focused models of care and technology are explored, proven and translated into practice. This will support implementation of work practices to enable better care outcomes while empowering the workforce with evidence-based resources and tools.

Figure 2: Five strategic imperatives—building the aged care workforce strategy



Building the evidence base

The taskforce drew on a range of sources to develop an evidence base to inform the strategy.

A substantial body of research and evidence was accessed through the recent work and report of the Senate Community Affairs References Committee inquiry into the future of the aged care sector workforce,¹⁰ the workforce-related observations in the government-commissioned *Legislated review of aged care 2017*¹¹ and the *Review of national aged care quality regulatory processes*.¹²

The taskforce commissioned work from subject-matter experts to support the taskforce and inform the development of the strategy. This work covered the following areas:

Consumer and workforce insights on why the aged care industry matters:¹³

Consumer and workforce workshops were held to uncover insights into the industry and establish a unifying belief for why the aged care industry matters.

- **Workforce organisation defining current and future state:**¹⁴ An analysis of the job architecture of aged care, including scoping of job families (drawing on global data), was conducted. Job descriptions, job level grading, remuneration, success profiles, and the implications for current and future jobs and career pathways were analysed.
- **Trends and drivers affecting the future state of the industry:**¹⁵ Applied research was carried out to identify global and national trends and drivers relating to ageing, care and the world of work. This was completed by scanning academic and grey literature and conducting structured data mining from social media. The data gathered and analysis undertaken was used to develop and inform scenarios with insights that can be used to support the industry.
- **Factors affecting recruitment and retention:**¹⁶ An analysis of aged care workforce quantitative and qualitative data on factors influencing attraction and retention was conducted, together with an assessment of skills utilisation and shortages to inform and add to evidence relating to jobs pathways and strategies for attraction and retention.
- **An employee engagement and enablement survey:**¹⁷ The survey was commissioned to focus on the fundamental drivers of attraction and retention and create an industry benchmark to guide future action.

- **Home care consumer experience:**¹⁸ The experience of home care, including the Commonwealth Home Support Programme, was explored. The work covered what consumers value, what could be better or done differently and workforce interactions.
- **A voluntary aged care industry code of practice:**¹⁹ An expert with extensive experience in drafting and consulting on industry self-regulatory codes was commissioned to assist the taskforce in preparing a principles-based code for the aged care industry.

Engagement and consultation

The taskforce engaged closely with many organisations, individuals and interest groups to shape the strategy.

The taskforce consulted with a wide range of aged care organisations across the country as well as consumers and consumer organisations, employees and their representatives, employer peaks, and specific interest or specialist organisations. This engagement included the health sector and other adjacent sectors, as these workforces interact with older people across the ageing continuum.

The taskforce undertook national consultation to capture the views of the many interested parties—aged care organisations, consumers and their families, workers, health professionals, volunteers and informal carers. These consultations have included:

- 400 providers/services across provider peak organisations, covering not-for-profit, for-profit, mission-based and other industry providers
- 684 responses to a call for public submissions
- more than 80 discussions between the taskforce chair and a range of interest groups and individuals/organisations, providing insights and advice on innovative practices
- community consultations involving 260 consumers, workers and providers
- 158 contributors to the process of developing the united belief for the industry
- two summits with 285 contributors
- five roundtables on specific topics—diversity, research and data, remote and very remote workforce issues²⁰ and palliative care²¹
- four technical advisory groups covering employee needs and expectations, health and aged care interface, Indigenous workforce issues²² and translation of knowledge and technology into care practices
- more than 25 presentations and speaking engagements with groups or meetings across the country
- an industry employee engagement and enablement survey involving 2,817 responses.



Why the aged care industry matters

The evidence base, the contributions made through the extensive engagement and consultations and the advice of subject matter experts have provided the practical building blocks that have informed the taskforce's considerations.

Underpinning this process, the taskforce shared an underlying belief that the aged care industry matters.

Every business must establish a clear sense of purpose so that those within the organisation, and interacting from outside, want to belong. The same is true of any industry. The aged care industry must agree on the belief that it is founded upon.

In nine consumer and workforce insights sessions across Australia involving consumers, advocates and unpaid carers and workers, there were rich discussions about why the aged care industry matters and the emotive drivers affecting community sentiment and workforce conditions.

Through the workshops, participants were asked core questions to uncover the desires, fears and frustrations at the centre of beliefs about aged care.

These discussions uncovered the emotive drivers and human truths that inform how the aged care industry is viewed—guilt, burden and a desire for continual enhancement of life.

Uncovering fundamental truths driving the industry

It became clear that true transformation of the workforce cannot be driven by the industry alone. Instead, the conversation between the industry, government and the community needs to be considered on three levels:

- First and foremost, to **shift societal attitudes to ageing**. In thinking differently, attitudes toward ageing can be addressed in order to attract and retain workers of all generations.
- Secondly, to **reframe the idea of care**, including the notion that the care industry is solely the domain of government. Reframing caring is a social challenge. It is about quality of life as people age. This begins with understanding that care for older people is broader than organised professional care. In the first instance, it typically involves informal carers, peer-to-peer support and caring for themselves.
- Thirdly, to **relieve the perceived burden of care**. The system is often perceived to be a burden rather than enhancing the quality of life of those in need of care.

Ageing and societal reform

The process of exploring these insights led to three platforms for broader societal reform:

- **Shifting attitudes:** This platform encompasses shifting attitudes to care and to the industry. It calls for unity of leadership to bring about a community-wide change of attitude towards ageing, driven by government, industry and community. This in turn will create the right environment for changes to access and enablement.
- **Reforming access:** Currently, it is difficult to access care and navigate the aged care system or understand and draw on the services and supports that are available. Continuing investment in My Aged Care and other government services is needed to improve access and find the required support. By reframing caring to a broader, more proactive approach and enabling care to be provided in a simple, easy way, we will enable consumers to access the right help at the right time.
- **Enhancing life:** Caring for older people should not be a burden. We must place a new lens over processes, systems and attitudes. Care must add to the quality of someone's life, and the workforce must be enabled to make life for others better. The basic proposition is that our life should be better, and 'living well' concepts should apply. Notably, in living well, a consumer's clinical, functional, cognitive, cultural and spiritual needs should be met.

Uniting through belief

At the heart of transformational change there must be a unifying industry-wide understanding of why the industry matters, as captured in a broadly adopted and promoted belief statement for the industry and its workforce.

The belief statement came out of the extensive community consultation and consumer insight sessions in which consumers, carers and employees were asked to reflect on these emotive drivers and themes for societal reform and then express their view on why this industry matters. The resulting belief statement is an inclusive statement for the wider workforce, industry and community.

'We exist to inspire people to want to care, enable people to properly care and enhance life through care. Because how we care for our ageing is a reflection of who we are as a nation.'

This belief statement is crucial to expressing the truths that underpin the need for transformational change both in care and in how care is considered across all levels of government and systems and carried through into the workforce providing care.

The consumers and employees involved in expressing this vision then went further and explained the rationale behind each of the key ideas expressed in this belief statement.

The result was a powerful story and manifesto to unify not only the industry but also all of those who have a stake in why aged care matters and why this industry matters.

Figure 3: A unifying vision of care



Have you ever heard the laughter of a life fully lived?
Or been lost in the stories of someone who has traveled a million roads — and back?

We have.

Have you ever seen a person confined to a single room, whose only crime is to grow old?

We have.

Have you ever pondered why it is that being old is somehow being less?

We have.

In a world of youthful beauty, constant change and shortened use by dates, we have seen how the simple act of stopping to learn, listen to and help our community's older members, has for many, become too hard.

We seek to change that.

We are the people who have the privilege to care for our ageing and we believe, deeply, that access to good care must be easier and that the very notion of caring must change from reactive and daunting — to **proactive** and **inspiring**.

We **champion** the simple ethos of a life well lived.

We want to **inspire** people to **want to care**; not feel the burden of having to.

And we strive to **enable** people to **properly care** — for their neighbours, friends or family.

Above all, we exist to **enhance** life **through** care — from the moment the smallest help is needed to the moment the final breath is taken.

As aged care professionals we choose to care; everyday, for every type of human in every type of condition.

Because ultimately, we believe how we care for our ageing is a powerful reflection on who we are as a nation.

An Aged Care Workforce Strategy

Aligned with the united belief and drawing on the manifesto, the taskforce has developed a workforce strategy grouped into 14 strategic actions that will:

- serve as a platform for action, immediately and for the longer term
- address key current workforce pressures across the industry
- position the aged care workforce for the future
- provide a holistic view of the industry and, in doing so, elevate the perceptions of the industry to enable it to operate more effectively in a competitive labour market
- drive the transformational changes required, not just iterative improvement.

Immediate implementation steps while looking to future industry sustainability

This strategy can be implemented over a one to three year period and positions the industry for the next four to seven years.

As part of the strategy's development, the taskforce worked diligently to ensure that the foundations for change are created while it was considering the development of a strategy.

The taskforce worked to ensure that the industry was supported to enter into a process for the development of an industry-led voluntary code of practice. It provided advice to inform the establishment of the dedicated Aged Services IRC by the Australian Industry and Skills Committee (AISC), which will enable fundamental reform of the skills and qualifications framework for the industry.

The Aged Services IRC will comprise representation from skills, competencies and profession-based organisations; employer and peak bodies; employee bodies; and education and training bodies. Nine specific interest committees will also be established to support the work of the Aged Services IRC: consumers; residential care, home care and community care; Indigenous and remote; diversity; dementia; palliative care; mental health; and pathways and tertiary education.

Further, the voices of service providers in remote areas have been amplified through the establishment of a remote accord.

14 strategic actions for Australia's current and future aged care workforce

1 Creation of a social change campaign to reframe caring and promote the workforce:

This action focuses on changing negative attitudes to ageing, recognising that reframing care is a social challenge. A multi-year workforce and industry positioning campaign that also addresses these perceptions while promoting employment opportunities in the aged care industry is required.

2 Voluntary industry code of practice:

A voluntary industry code of practice will enable the industry to define its consumer promise, standards, workforce practices and commitment to quality and safety. Standards and workforce practices that focus on the needs of the consumer and on attracting and retaining committed, high-quality staff are the hallmarks of the code.

3 Reframing the qualification and skills framework—addressing current and future competencies and skills requirements:

This action is based on two interrelated building blocks. The first is focused on job architecture and covers job design, job roles, progression and related competencies. The second is focused on modernising and realigning vocational training. It is also linked to higher education, along with additional support for on-the-job and non-formal learning.

4 Defining new career pathways including accreditation:

This action is aimed at supporting an agile workforce by rethinking and opening jobs pathways and career options. It recognises the emergence of new roles based more on integrated and living well models of care. The pathways are linked with reframed qualifications and skills, recognising competencies, creating new and longer career paths and moving to an industry standard for worker and volunteer accreditation.

5 Developing cultures of feedback and continuous improvement:

This action addresses the importance of workplace culture, including workplace-based feedback measures by supporting consumer, employee and leadership surveys/feedback or better pre-employment vetting of potential employees, and 360-degree feedback to support the development of existing employees and line managers. It reinforces the central place of feedback on consumer outcomes and the role of organisations' governing bodies in reviewing, modernising and acting on feedback mechanisms and data.

6 Establishing a new standard approach to workforce planning and skills mix modelling:

With aged care organisations required to demonstrate that the workforce is planned and the number and mix of staff deployed enables the delivery and management of safe and quality care and services, a standard approach to the fundamental elements of workforce planning is needed. The elements are:

- an organisation's business model (including model of care offered)
- profiles of each consumer
- development and updating of holistic care plans
- organisation of work (staff numbers, composition and skills)
- reporting and accountability to consumers, including provision for an integrated care and clinical governance committee for coverage of care delivered.

7 Implementing new attraction and retention strategies for the workforce:

This strategic action goes to how better employee engagement and enablement will improve attraction, retention and workplace culture in individual organisations and across the industry. Consistent follow-up action on this needs to be complemented by scaling up of successful industry models, well-organised and purposeful student workplace placement experiences and targeted strategies for specific groups, particularly for young people and a diverse workforce. These actions will reinforce finding and retaining the right people with the right fit and keeping valued skills and talented people.

8 Developing a revised workforce relations framework to better reflect the changing nature of work:

This strategic action recognises that, while individual organisations must be responsible for their industrial arrangements, opportunities need to be taken for the industry peak bodies, employers, employees and their representatives to open dialogues on modernising approaches to workforce organisation and productivity. The focus needs to be on the consumer needs, preferences and values driving the industry, the quality of jobs and realigning business and workforce models as the world of work changes. This action also recognises the value of all parties aligning on the funding required to underpin the sustainability of the industry.

9 Strengthening the interface between aged care and primary/acute care:

This strategic action responds to the need to better support the health and quality of life of each older person, based on their stage of life and personal goals. The interfaces and workforces involved are across the continuum of care and systems, and cover primary care, acute care and dental services. It recognises the impact on older people of siloed funding and systems. This action aims to maximise integrated care, take full advantage of well-tested regional coordination mechanisms and promote dialogue across all levels of government on areas needed for short-term and longer-term improvement.

10 Improved training and recruitment practices for the Australian Government aged care workforce:

This strategic action focuses on developing the capability of the various government workforces that work closely with consumers, organisations and the

industry. These workforces are customer-facing and in direct and daily contact with consumers and aged care organisations. They must be knowledgeable about aged care and the industry, and their skills and competencies can influence how care is delivered and the timing of access to care.

11 Establishing a remote accord:

Workforce issues in remote and very remote areas call for specific and tailored actions, informed by on-the-ground experience. A united remote and very remote industry voice is envisaged, with action to engage on workforce issues needing attention and develop pathways for change involving all levels of government, industry and the community.

12 Establishing an Aged Care Centre for Growth and Translational Research:

The centre will provide the collaborative research ecosystem that is required to support current and future aged care organisations and their workforces in accessing the best empirical evidence to guide improvements in models of service delivery, the application of new models and technology into practice and the workforce capability required. This will serve as a resource to help develop the industry's potential in services export markets through priority-driven, outcomes-focused research.

13 Current and future funding considerations, including staff remuneration:

This strategic action focuses on the current funding and related innovation challenges for the industry. It recognises the need to have a more nuanced, open and aligned conversation on sustainable long-term funding in order for the industry to support and recognise their skilled workforce and meet evolving community expectations.

14 Transitioning the existing workforce to new standards: This is focused on an approach by which industry can lead execution of the strategic actions in a coordinated, sequenced and systematic manner through an Aged Services Industry Council. The council, made up of industry chief executive officers (CEOs), would establish the voluntary code of practice and implement a transformation program based on six cross-industry work streams. Each would be led by a CEO and cover the principal strategic actions with clear accountabilities and timelines for completion.

The 14 strategic actions explained

The remainder of this report outlines the 14 strategic actions and the context within which the industry, government and the community need to consider the approach that the taskforce has adopted.

For each action the taskforce outlines:

- the strategic opportunity to be realised
- how the strategy will contribute to driving the changes needed to grow and sustain the workforce providing aged care services and support for older people
- specific, pragmatic recommendations to support those responsible for implementation, including support by governments.



Strategic action 1:

Creation of a social change campaign to reframe caring and promote the aged care workforce

Strategic opportunity

How we care for our older people reflects who we are as a nation.

The aged care industry—and, by extension, the workforce—is perceived and portrayed as failing to meet the care needs of older people, particularly those in residential aged care.

Shifting negative attitudes towards ageing, the elderly, death and dying is a social challenge. It begins with understanding that care for older people is broader than organised, professional care.

These factors contribute to the perception that aged care is not a career of first choice. The opportunities that ageing and aged care present in terms of employment, research, contribution to the economy and as a driver for innovation also go largely unrecognised.

To support the workforce, a social change and workforce recruitment campaign is needed to reframe attitudes to care, ageing and dying and to promote the value of the aged care workforce. Ultimately, it is about shifting community attitudes as well as changing how the industry presents itself to the community.

Considerations

In the workshops and community consultations that the taskforce conducted, it discovered a significant perception that ageing and caring for the aged is a burden.

This perception is built on:

- the past experiences of families and carers
- highly negative portrayals of ageing and aged care in media and public discourse
- a lack of understanding of the aged care system and supports available
- inherent fears and frustrations of ageing, including death.

As a result, there are public portrayals of aged care as being in crisis. Descriptions of ‘tsunamis’ of ageing as being a problem and a burden on the economy act as barriers to workforce attraction, and the aged care workforce feels persecuted and undervalued by the community.

There is a need to shift community bias towards ageing and care of the aged and to drive a change in thinking about what it means to be working in aged care. This can be achieved by:

- reframing the notion of care and building an understanding that caring for older Australians is something to be valued and a reflection of us as a society. By extension, the aged care workforce is something to be valued and respected for the care provided and its contribution to society. This is important for consumers, providers and the industry.
- creating a culture in which people want to belong to and feel valued by the industry

- promoting aged care as an industry of opportunity with many different roles and career paths. This is important, because the industry needs to attract a workforce that is passionate about making a difference to older Australians and to promote the aged care industry as a positive career choice.
- encouraging more people in Australia to have deeper discussions, earlier, about the care of elderly loved ones in their lives.

The development of an industry-focused campaign designed to inform, educate, motivate and change behaviour with regard to perceptions of aged care will be an important underpinning for the Aged Care Workforce Strategy.

The campaign could build on the united belief and manifesto that has been developed through the taskforce's work and, in the process, assist in addressing societal bias towards ageing and aged care.

Recommendations for action

The taskforce recommends that the industry implement a multi-year social change and workforce recruitment campaign to address community perceptions of aged care and shift community perceptions of those in the care of the industry:

- This action will not only be designed to attract new talent to the industry by promoting the roles and career paths offered, but it should also be created to emotionally reinforce to those already caring for the ageing that they can take pride in their work.
- In the spirit of the belief and manifesto, this campaign must be highly evocative and not designed merely to recruit. It must help all Australians to emotionally engage with and change their view on the importance of this industry.



Strategic action 2:

Voluntary industry code of practice

Strategic opportunity

The aged care industry does not have a code of practice to promote desired behaviours and expectations, yet consumers expect it to have one. Other industries acknowledge, through a code, the need to remain ahead of community expectations. Where such industries are regulated by government, these expectations are even higher.

A voluntary industry code of practice would enable the aged care industry to get ahead of consumer and community expectations and demonstrate that the industry is taking responsibility for shifting mindsets from a compliance-based mentality to proactive improvement.

A code would signify that *this industry has a collective vision and aspirations and its own leadership, and it will hold itself accountable to the community for complying with these promises.*

A critical precondition for this transformation is an industry declaration of leadership and responsibility for the reform. As a clear and tangible demonstration of this, the taskforce is seeking the support of established industry leaders as signatories to a voluntary industry code of practice. The code will commit signatories to lead industry initiatives to encourage and support service providers to achieve consumer-centric, high-quality aged care, including workforce practices that will attract and retain committed, high-quality staff.

Considerations

There is no single model for an industry code. Industry codes vary considerably in style and scope. Codes have their own unique context, which includes the structure and dynamics of the industry, the diversity of members,

the complexity and risks of the products and services provided, the degree of government regulation, the professions that are involved, the peak body structure and maturity and the strength of the consumer 'voice'.

Typically, codes also evolve over time, reflecting changing environmental pressures, addressing recent problems and adapting to changing community expectations, laws and regulation.

It is intended that a well-designed code will sit alongside and complement current regulatory frameworks, not replace them. Furthermore, it would reinforce standards and ensure they are upheld and ultimately exceeded, ensuring consistently positive consumer and workforce experiences.

The code will provide an opportunity over time for the industry to demonstrate improvement in outcomes to government, and where this is demonstrated to be the case government should be prepared to review and simplify regulation in a way that better supports new models of care.

The taskforce has developed a voluntary industry code of practice based on community, workforce and provider consultation. The code has received in-principle support from the three aged care provider peak bodies.²³

The code comprises a set of guiding principles that define what is expected of the industry. These are supported by leadership pledges that spell out what is expected from industry leaders to deliver on the guiding principles and reframe the industry in line with a shared vision.

The code begins with seven guiding principles to promote desired behaviours and expectations across the industry.

Table 1: Aged care industry voluntary code of practice—guiding principles

Principle	Description
<p><i>Principle 1:</i> Consumer-led and community shared value</p>	<p>Consumers must be at the heart of care decisions and outcomes. The shift towards a more consumer-centric market in aged care is consistent with changing consumer dynamics across the broader economy.</p> <p>This principle includes consideration of the evolving and increasing expectations of the consumer, who is living longer and demands quality of life. Aligned closely to the principle of living well, engagement with the community must reflect the evolving and increasing expectations of the consumer—particularly to age well ‘in place’.</p> <p>From a workforce perspective, this ensures consumer outcomes are nationally consistent with and proportionate to the risk(s) being managed.</p>
<p><i>Principle 2:</i> Living well and integrated models of care</p>	<p>Ageing well, with dignity and independence, is something that everyone deserves.</p> <p>It will be imperative to focus on each consumer’s quality of life and on living well instead of the current compliance-based posture, which is focused on minimum standards of care.</p> <p>Living well is more than just clinical care (which must continue to be delivered). It also includes the consumer’s physical, emotional, cultural (environment and identity) and spiritual aspects. All of these are equally important and need to be captured in holistic care plans.²⁴ It is founded by trust and respect between the consumer and those supporting them with care and requires the creation of a cohesive environment that supports individuals to optimise their choices to improve quality of life.</p> <p>Living well is underpinned by integrated care, which requires the provision of care needs be aligned to the consumer’s journey along the ageing continuum.</p> <p>Integrated care refers to the care provided across the aged care, primary and acute health systems, by considering the consumer’s needs in a holistic manner. Moreover, it clearly distinguishes safety and clinical needs from functional needs and quality of life considerations.</p>
<p><i>Principle 3:</i> Board governance</p>	<p>Effective corporate governance by all organisations needs to be taken seriously, recognising that good governance increases business value.²⁵</p> <p>Good board governance cannot be legislated, but it can be built over time by creating a climate of trust and candour; following a culture of critical thinking and working outside the norm; ensuring individual accountability; and regularly evaluating the board’s performance.</p> <p>This includes the creation of appropriate subcommittees of boards or managing bodies to address integrated care compliance, consumer and community expectations and commitments to serious major incident and missed care reporting.</p>

Principle	Description
<p><i>Principle 4:</i> Best-practice sharing and industry benchmarking</p>	<p>This principle recognises the need to draw upon innovative approaches and best-of-breed solutions that exist within the aged care industry—or, indeed, within others—and apply them in a way that supports the betterment of the industry as a whole.</p> <p>This principle recognises the need to share lessons learnt and better practices and, in particular, the role of higher-performing organisations to support innovation across the industry to ensure that economies of scale are not an impediment to overall industry advancement.</p> <p>Aligned with best-practice sharing, it is also important to benchmark the industry to other sectors and high-performing organisations around the world, and to be more receptive to looking at other industries for better-practice thinking and innovative ways of operating.</p> <p>This would also involve adopting an approach to industry benchmarking that focuses on the consumer experience in order to inform workforce planning and proactive community engagement.</p>
<p><i>Principle 5:</i> Education and training, including workforce accreditation</p>	<p>Education and training is an area warranting attention. There is a pressing need for more active partnerships with the education sector, particularly with universities and vocational education and training organisations across the country. The competencies and skills of the existing workforce must be boosted, with a focus on practical skills and known competency gaps. People working in the industry should be able to see themselves as valued aged care professionals and the full range of their skills recognised.</p> <p>Workforce accreditation (using a unique employee identifier) would allow employers to view each existing and potential employee’s skills and qualifications online (supported through the vocational education and training sector).</p>
<p><i>Principle 6:</i> Workforce planning</p>	<p>The industry needs to commit to standards to approach workforce planning and skills mix modelling, applicable to both home care and residential settings based on holistic care plans.</p> <p>This modelling would be part of a provider’s business model. It would be used to define improved workforce allocation to deliver care outcomes.</p>
<p><i>Principle 7:</i> Proactive assurance and continuous improvement</p>	<p>Proactive assurance requires an organisation to determine whether it is operating efficiently and effectively and meeting its stated overall business outcomes. Put simply, it is about defining ‘what must go right’ and then understanding the risks to achieving these outcomes (or ‘what can go wrong’).</p> <p>High-performing organisations use assurance mechanisms (for example, management controls, audit and compliance) to help drive organisational improvement and support sustainable cultural change.</p> <p>Assurance mechanisms (applying the three lines of defence (3LOD) model)²⁶ can be linked with transparent feedback cultures to proactively drive continuous improvement across the industry.</p>

To ensure that these seven guiding principles are executed, signatories to the code will be encouraged to demonstrate what they will do through practical, measurable commitments. This approach will provide stakeholders such as government, regulators and consumers with some confidence that the principles will be translated into concrete action.

The starting point will need to be leadership commitment to and support for an industry

leadership group (the Aged Services Industry Council); implementation of the workforce strategy; and promotion of the code to service providers.

To ensure that these seven guiding principles are executed, signatories to the code will be asked to meet required leadership commitments along the lines of the following seven leadership pledges.



Table 2: Aged care industry voluntary code of practice—leadership pledges

Leadership pledge	Description
<i>Leadership pledge 1:</i> Establishment of an industry leadership group	There is a need to meet regularly to design, oversee and approve initiatives and to evolve and articulate the role of and mechanisms for this leadership group. The Aged Services Industry Council would be responsible for securing the first group of signatories to the code.
<i>Leadership pledge 2:</i> Implementation of the industry workforce strategy	The Aged Services Industry Council would be accountable for establishing the appropriate capability/structure to design and implement the required key projects as a transformational program to deliver the agreed 14 strategic initiatives, including the code. It will take responsibility for implementation of key industry steps called for in the workforce strategy.
<i>Leadership pledge 3:</i> Promotion of the code to service providers	Another step will be to promote the code to broader industry and encourage industry participants to aspire to its higher standards of care and the workforce strategies that attract and retain skilled people. To formalise commitment to the code, an aged care service provider that agrees to aspire to the code principles would be asked to sign the code and thereby become a signatory to the code.
<i>Leadership pledge 4:</i> Development of good-practice guidance materials to explain application of the principles	Best-practice forums and the practices that emerge from these could be formalised and captured through guidance notes.
<i>Leadership pledge 5:</i> Supporting adherence to the code	The Aged Services Industry Council would articulate what code obligations are intended to mean for service providers. However, compliance with the code should not become a checklist activity. An evaluation mechanism must be directed to the broad aims of the code and promoting a consumer-centric, 'living well', integrated approach to care. This requires the involvement of experts in the field able to make sophisticated judgments.
<i>Leadership pledge 6:</i> A channel for feedback (complaints)	Critical to any industry code environment is how feedback (complaints) by consumers or their representatives, or employees are handled. Code signatories must have sound internal complaint handling as a part of their compliance. Complaints that are not resolved directly with the signatory service provider must be escalated to a high-quality independent complaints resolution body. ²⁷ An early role for the leadership group will be to establish a complaints capability that complements and enhances current regulatory complaints frameworks.
<i>Leadership pledge 7:</i> Code monitoring, compliance and maintenance	This aspect of the code relates to its 'ownership'. It will require industry to form a view about the appropriate mechanism or structure to be responsible for this important aspect of an industry code. The aim is to avoid any obstacle to proceeding with the early development of the code and to allow the solutions for this to be resolved over the first few stages of the code's development.

A trusted industry ‘owner’ for the code is needed—responsible for its development and approval and ongoing monitoring and maintenance. The lesson from other industry codes is that, without a trusted ‘owner’, a code is unable to achieve the public confidence in the industry that is a key driver for a code. The taskforce considers the owner for this industry should be the Aged Services Industry Council (as recommended in strategic action 14).

Application of the code will continue to evolve over time in accordance with industry maturity. Moreover, it will build confidence in the industry’s leadership and governance process, providing greater transparency to the workforce on how they are supported by their industry, their community and all levels of government.

Recommendations for action

The taskforce considers implementation of the code is a priority for the industry, with action initiated during the second half of 2018.

The taskforce recommends that, as part of a wider leadership role, an Aged Services Industry Council should administer and evolve an effective code²⁸ working in collaboration across the industry.

The taskforce recommends the code should be reviewed every five years, with broad stakeholder input sought as part of the review.

The taskforce encourages the industry to build industry actions to improve performance, add progressively to workforce capability and keep the contribution of the code under constant review.

The taskforce recommends that if, over time, a self-regulatory code does not appear to be delivering the reform required, an industry/ government co-regulatory approach should be considered, including mandatory features if needed.

Strategic action 3:

Reframing the qualification and skills framework—addressing current and future competencies

Strategic opportunity

Consumers rely on a knowledgeable and skilled workforce to meet their care needs. They value the relationships with the people they see daily in a variety of settings.

One of the taskforce's subject-matter experts²⁹ reviewed work organisation across home care, residential care and regional services. This body of work clearly shows that, when benchmarked against a globally robust job framework, there is inconsistency and variable quality in the way jobs are defined and sized across the industry.

From advice provided to the taskforce, it is also clear that the current education and training skills and qualification framework is not aligned with the nature of the work, relationships with consumer and leadership roles now expected in this industry, and the industry's structures.

Examination of insights, feedback and complaints from consumers has pointed to significant gaps in the competencies of the current workforce and tells a compelling story about what needs to be attended to when looking to the shape and role of future workforces.

There are inconsistent approaches to job families, job design, jobs pathways, career development and succession planning in aged care.

The education system, across both vocational education and training (VET) and higher education, needs to keep pace with the sector to ensure an adaptable, highly skilled workforce that supports the growth and evolution of the service delivery. Education and training options will need to be flexible and fit for purpose, and they must respond to support workers and industry in this changing environment.

Considerations

Workforce competency gaps

From submissions and other evidence provided to the taskforce, it is clear that workforce competencies need to be boosted, particularly for personal care workers (PCWs), in areas such as:

- basic care skills, such as hydration and nutrition
- specialist knowledge in areas like oral health, diversity, mental health, medication management, dementia and end-of-life care
- personal skills such as communication, assisted decision-making, diversional therapy, person-centred care and client relationships
- financial skills
- supervision, team leadership and people management.

The taskforce undertook a detailed assessment of the competency gaps that will need sustained attention from the industry. The taskforce expects this work will support the AISC's new Aged Services IRC,³⁰ which will be responsible for considering industry skills requirements in the development and review of VET qualifications and units of competency in training packages associated with aged care. It will include a unique remit to consider skill requirements across both the vocational and higher education sectors.

Specific consideration needs to be given to meeting the skills and competency development needs of new hires and some groups within the workforce from culturally and linguistically diverse backgrounds who may need additional support in the workplace.

The Aged Services IRC will give industry and consumers the opportunity to work together to consider the competencies and skills that the workforce needs, as well as how to incorporate new living well models of care and career pathways. It will play an important role in Australia’s wider aged care reform by bringing industry together to help drive the necessary competencies and capabilities to deliver safe, quality care.

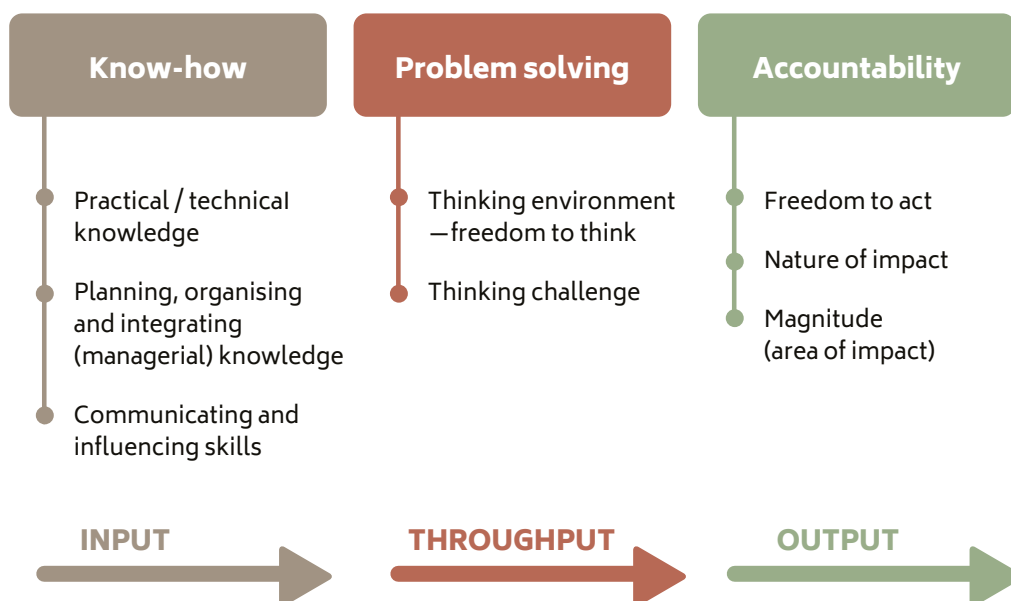
Job design, roles and pathways

In the work undertaken for the taskforce, current job roles, structures, career pathways, skills and capabilities in the industry were analysed.³¹ The methodology is based on the concept of a universal approach to measurement and provides a common language that enables jobs in different organisations, functions and countries to be consistently evaluated. Three main factors have been used—know-how, problem solving and accountability.

The analysis of the current state of aged care industry workforce architecture showed the following:

- The value of the PCW role is currently underestimated in both home-based and residential settings.
- Organisation structures and role design within organisations do not allow for realistic career progression. Opportunities to have skills and experience recognised are limited.
- There is significant ‘scope creep’ in nursing roles. Nurses tend to be treated as ‘jacks of all trades’, leading to burnout and sub-optimal use of professional and technical skills.
- As currently configured in residential aged care, there is a need to shift from a more traditional view of nursing as focused on clinical care to a more nuanced role, including extending scope of practice and covering clinical, functional and cognitive needs.

Figure 4: Methodology used to analyse current aged care jobs



- Emerging roles in the workforce need to be recognised in areas such as scheduling coordinated care, family liaison and working as part of interdisciplinary or inter-professional teams.
- Specialisations or higher skill levels are also emerging in dementia care, both for PCWs and in nursing roles.
- There is evidence the industry is struggling to find the right balance between clinical expertise and managerial skills. This results in sub-optimal, poorly defined and extremely stretched managerial roles, which are increasingly difficult to fill either internally or externally. For example, it can be a challenge to find leaders with the requisite clinical backgrounds needed to make informed decisions.

Personal care workers—mission-critical roles

Based on the methodology and analysis undertaken, the PCW job roles were sized—as defined by the industry—and showed as being lower than some common roles such as receptionist, call centre representative or IT helpdesk staff.

The reality is that PCW roles have a much bigger impact on the provider organisations and the industry. PCWs form the majority of the aged care workforce and are the eyes and ears of the entire aged care system.

Of all the roles in the aged care industry, the PCWs spend the maximum amount of time with consumers and work with them daily in the closest proximity.

They require a high level of confidence to deal with new, challenging and unpredictable situations. For example, in home care, the PCWs have to operate in new/different working environments multiple times in a day and deal with these situations, operating at a distance from their supervisors/managers.

PCWs are at the front line, delivering services necessary to ensure their clients have high-quality care that is safe, meets individual needs and supports their quality of life. They are also essential to the reputation of the industry, as they carry out the most visible roles in relationships with families, informal carers, friends and the broader community.

The current PCW role offers limited opportunities for progression, and different skills are required of them in different care settings.

If the Australian aged care industry has to transform—to reframe the notion of caring and reorient care strongly around ‘enhancing life’ of older people—the PCW roles must be the key drivers of this change.

In some parts of the industry, the levels and progression of PCWs are recognised in extended or different roles, with associated pay and standing in their organisations. This approach is realistic and demonstrates the value of the contributions that PCWs are making.

Nursing

Enrolled nurses and registered nurses need to work in close collaboration with PCWs as part of the care team. The distinct specialist contribution of nursing in aged care settings, including the roles played in clinical care, and the growing importance of cognitive and functional health as part of an aged care scope of practice, need to be fully recognised.

Taskforce consultations showed that there are innovative organisations which have focused on the nursing role in aged care settings and recognised in their scope of practice a combination of clinical, cognitive and functional roles (where cognitive and

functional considerations taken together are given as much weight as clinical aspects of the role).

The taskforce welcomed a Commonwealth-funded independent review of current nursing preparation and education, to begin in 2018, to explore improvements to the system. The review will consider factors that affect nurses who are entering the workforce and how entry and development pathways can shape future careers. The review will consider both national and international trends and conduct extensive consultation with consumers and the health (including aged care and disability), education and regulatory sectors.

Modernising and aligning education and training

Following advice from the taskforce, on 14 March 2018 the AISC announced the establishment of a new Aged Services IRC to assist in responding to findings emerging from the taskforce's work.

This IRC has been tasked with ensuring that the national training system and higher education can address the current and future competencies and skill requirements of both new people entering the industry and existing employees needing to upskill. The Aged Services IRC will revisit national competency standards and take account of all job families (widely defined) and scope opportunities for collaboration across VET, higher education and a range of industry sectors to tackle the challenges of an ageing society.

The Aged Services IRC will place a strong focus on ensuring the national training system meets the requirements of mission-critical roles in the industry, particularly in breadth of responsibility and complex operating environments of PCWs.

Membership will encompass representation from competency-based professional organisations, consumer advocates, peak industry bodies and employer and employee representatives. This will ensure that there is a comprehensive voice for aged care skills and workforce planning.

The Aged Services IRC will need to consider aligning qualifications with a new industry job family structure and support new pathways for career progression up, across and within levels.

This is backed by a review of the skills and competencies required at an individual job role level.

It will work in collaboration with other IRCs with an interest in qualifications relevant to the aged services industry—in particular, the Direct Client Care and Support IRC and the Enrolled Nursing IRC—to ensure all issues are considered when seeking to meet industry skill needs.

These steps will address longstanding concerns within the industry about the quality and relevance of training packages. They provide the opportunity to consider higher education in relation to aged care industry needs. The intended outcomes are to be industry driven and will build employers' confidence in the changes that are made and make clear to Registered Training Organisations (RTOs) across the country what is expected in serving the needs of this industry.

Additional dimensions

The new national qualification and training framework will be supported by exploring additional features recognising that, across its workforce, the industry has a strong foundation of on-the-job and non-formal learning that can be harnessed.



Opportunities available through the education and training sector include:

- nesting of qualifications, where lower qualification levels are described as ‘nested’ within the courses leading to qualifications at the higher levels
- accreditation of qualifications recognised by industry
- systems for local credentialing by individual organisations
- capacity for micro-credentialing—skill-specific certifications that allow organisations to have their employees’ capabilities independently verified (for example, working with multiple morbidity/complex needs, using assistive technologies or detecting signs of early deterioration)
- recognition of prior learning and experience
- identification of workplace placement requirements and recommended volume of learning
- designing qualifications around career paths, job roles and workplace outcomes.

These approaches open up opportunities for volunteers to enter the workforce with suitable training, allow current workers to upskill and further their careers or advance their professional paths, and provide greater opportunity to build a new pool of workers for

employers and industry to draw upon. It could provide opportunities for informal carers after they have ceased their caring role.

By creating a new picture of industry-wide workforce structures, job families, and articulated jobs pathways and career paths—supported by responsive education and training systems—we can shift the community’s perceptions of the industry, change understandings about the range of work available and support the industry’s ability to match skills and knowledge with innovative models of care.

These changes will need to be recognised and supported through pay and other forms of reward and recognition.

Industry placements central to success—aged care teaching and learning organisations

The creation of a new qualifications and skills framework does not end with the work of the Aged Services IRC.

The current requirements for relevant VET Certificate III and Certificate IV qualifications require students to complete at least 120 hours of work. The aged care industry,

students and the wider community benefit from considering how to make the most productive use of this requirement.

The types of placements need to be considered as broadly as possible, including for 'VET delivered to secondary students'³² as an introduction to care work for new generations.

Successful, well-managed placements can contribute to interest in the industry as a career of choice, create a talent pipeline and support changing perceptions of the kinds and quality of work available in the industry—work that is valued by parents, students, teachers and employers.

For this to be effective, individual aged care organisations will find value in participating in placement activities, and related assessment, by partnering at the local level, either individually or through collaborative effort, with their local RTOs, TAFEs and universities.

The success of action on education and training depends on well-organised placements of students in supportive environments where they can learn, contribute to the organisations where they are placed with contemporary thinking, add to inter-professional collaboration and create a talent pipeline for the industry.

In addition, positive and structured placements for health professionals in aged care settings will add to their clinical and practice knowledge in interacting with older people. This is an investment of value for health professionals in deepening their understanding of the health and care needs of older people, who will also be patients in primary care and acute care settings.

The taskforce acknowledges the challenges that will need to be addressed in engaging with universities and training organisations on the need for and suitability of student placements in aged care settings.

Parts of the industry have already applied successful models that have proven their value. The experience gained through a number of Teaching and Research Aged Care Services (TRACS) aged care and university partnership sites demonstrates the factors contributing to successful outcomes for organisations, students, universities and consumers.³³

Some parts of the industry already manage their approaches to placements well. Others will need support through industry-led guidance, support and sharing of good practice. It is critical to the industry that as many organisations as possible proactively open up opportunities for work and student placements, including well-based assessment processes.³⁴

Delivering a highly skilled workforce—shared contributions

A successful response to the workforce capability and capacity challenges of the industry will require commitments and contributions from individuals, industry, the education and training sector and governments.

In the VET sector, state and territory governments provide the majority of public funding for training. The Australian Government's funding contribution to the VET sector is primarily provided to state and territory governments via intergovernmental agreements and is supplemented by incentives and income contingent loans for specified occupations and qualifications.

The Australian Government is the primary public funder of the higher education sector; however, higher education providers have flexibility to allocate their funding to align with their priorities.

Industry contribution to education and training can take many forms. The provision of work placements is a key component for some training. Commonly, employees are supported through direct financial support, scholarships, traineeships and apprenticeships. Individuals also contribute to their education through fees.

Within their remits, the Aged Services Industry Council and the Aged Services IRC will have critical roles in identifying and communicating workforce and skills requirements and, where appropriate, advocating for support (for example, funding, additional places, changes in curriculum and delivery models) from key stakeholders, including from accrediting and professional bodies.

The role of IRCs in reviewing and revising national training packages within the VET sector is now well established. The unique remit of the Aged Services IRC to consider skill requirements across both the vocational and higher education sectors (tertiary sector) is both essential and untried. While the IRC will provide industry-led insights on the capabilities expected of higher education graduates in the aged services sector, higher education providers have autonomy in respect of the qualifications and curriculum they deliver.

For the IRC to be successful in influencing the delivery of essential skill sets for the future aged services workforce—through both VET and higher education—all stakeholders will need to be open to innovation and collaboration.

Recommendations for action

Job design, roles and pathways

The taskforce recommends the industry uses commercially tested models to help shape job structure and design, job definition, job sizing and career path design.

The taskforce recommends small to medium- sized organisations should be supported to develop standardised job descriptions to ensure more efficient recruitment and improve understanding of aged care work amongst prospective employees.

Aged Services IRC

The taskforce recommends the work of the Aged Services IRC should be guided by the strategic actions and recommendations of this workforce strategy, including job family and related skills mapping and the analysis of competency gaps.

Linked with this work, the taskforce recommends the future-focused competencies for roles in the aged care industry, including leadership roles, should be identified, defined and developed using methodologies backed by research and commercially tested approaches—which take a well-rounded and ‘whole person’ view in assessing and developing talent.

The taskforce advises that in meeting the broad remit approved by the AISC, the Aged Services IRC will benefit from:

- building links across related sectors and disciplines through engagement with other IRCs and other relevant stakeholders responsible for the disability, community services, enrolled nursing and related functional health industries

- establishing a number of specific interest committees to support the work of the IRC covering consumers; residential care, home care and community care; Indigenous and remote; diversity; dementia; palliative care; mental health; and pathways and tertiary education.

The taskforce recommends the Aged Services IRC should give immediate priority to reviewing the current electives for the Certificate III (Individual Support) and Certificate IV (Ageing Support) and consider whether any of these electives should be changed to core units that must be completed by all learners, or at least included as electives for learners choosing to specialise in ageing.

Industry leadership role

The taskforce recommends the Aged Services Industry Council³⁵ as the vehicle by which the industry reviews RTO and higher education provider capability for accreditation to deliver industry training packages and, in collaboration with the Aged Services IRC and drawing on available evidence, establish standards for the duration and form of student workplace placements in aged care settings.

The taskforce recommends that the Aged Services Industry Council, drawing on the Industry Skills Forecast produced by the Aged Services IRC, provide an annual assessment report on the responsiveness of industry, VET and higher education providers, governments and other key stakeholders in contributing to the shared workforce and skilling challenges facing the aged services industry.

Government education and training support and the industry

The taskforce recommends to governments that the new national qualification and training framework be supported by complementary funding mechanisms available to the industry across all levels of government. To support this process, the Aged Services Industry Council could be responsible for seeking distribution of Commonwealth-supported enabling places based on industry-sponsored, evidence-based professional modelling of demand.

The taskforce recommends that the Chairs of the Council of Australian Governments (COAG) Education Council and Industry Skills Council take an active and shared responsibility in providing joined up national leadership for key industry sectors, such as the aged services sector, that are facing workforce and skilling challenges that cross traditional VET and higher education divides.

The taskforce also recommends that the Aged Services IRC, industry, organisations and employees and their representatives take the opportunity provided by the review of nursing to develop a united point of view on how nurses should be educated to meet the needs of older people, specifically in aged care and across the widely-defined definitions of 'consumer' and 'industry' that the taskforce has outlined.³⁶

Strategic action 4:

Defining new career pathways, including how the workforce is accredited

Strategic opportunity

The existing structures and job roles within aged care organisations do not currently allow for realistic career progression. Work undertaken for the taskforce on job definitions and pathways shows there are new roles emerging based on new models of care and new career pathways that can be opened up.

There is a strong perception of misalignment between the skills and competencies required for direct care roles and the current educational framework.

Numerous reports point to a lack of career progression as a principal disincentive to working in aged care.³⁷

With the exception of nursing, where there is an established career pathway through enrolled nursing to registered nursing (together with moving to nurse practitioner and specialist roles), there is no clear career pathway for the broader PCW workforce.

In addition, despite the enriched scope of practice, leadership opportunities and greater autonomy of roles, many nursing staff are attracted to higher paid work in other sectors, so it is difficult to retain staff. However, it is possible that nursing staff would elect to stay in aged care if career pathways were created and supported.

For registered nurses, current career pathways can take them into management roles without the necessary training and support or recognition that these are different and separate job families with distinct experiences and competency required.

Considerations

In order to open up career pathways, there are well-established and research-backed corporate methodologies that can be utilised to enable interaction between job families and opportunities to move across job families. The taskforce commissioned such an assessment for aged care.³⁸ Each is described below.

Defining career pathways

When an industry workforce needs to be understood at the job level, one technique is to examine job families—a cluster of jobs that share a specific set of core characteristics covering:

- skills
- knowledge
- behavioural attributes
- accountabilities.

Analysing work in terms of job families enables a structured and comprehensive view of the workforce which is particularly helpful in identifying the full range of potential career progression opportunities within and across job families. The job family approach also provides the foundation for developing and implementing an effective workforce architecture to address key workforce organisation issues.

Job families

Based on various data inputs, including interactions with aged care organisations, Jobs in the current aged care environment at a typical site/region or residential facility were identified.³⁹

Table 3: Current-state workforce architecture: aged care job families

Current job families	Home care	Residential care
Personal care worker: Delivers domestic and personal care services to consumers.	✓	✓
Nursing—individual contributor: Delivers clinical nursing services to consumers. These roles operate as individual contributors working closely with other staff, but they are not responsible for managing a team. These roles require nursing qualifications.	✓	✓
Team leader (nursing background): Manages a team of PCWs and nurses to deliver care services to consumers. These roles require nursing qualifications.	✓	✓
Team leader (non-nursing background): Manages a team of PCWs to deliver care services to consumers. These roles work in close collaboration with nursing staff to ensure appropriate care delivery. They do not require a nursing background.	✓	
Clinical risk and quality: Responsible for developing and implementing policies and procedures to ensure optimal quality, safety, clinical governance and risk management in the delivery of care services in line with government regulations and organisational standards.	✓	✓
Scheduling: Responsible for planning, managing and coordinating the scheduling and rostering of staff to ensure effective care service delivery to consumers and optimal levels of productivity for the care team.	✓	
Customer excellence: Understands specific needs of consumers, guides them to the right service offerings, manages on-boarding and maintains relationships to ensure an overall effective experience for consumers and their families.	✓	✓
Functional health: Delivers functional health services to consumers to meet their specific needs and to improve their quality of life and wellbeing.	✓	✓
Ancillary care: Delivers ancillary services to consumers to meet their specific needs and to provide their daily needs.	✓	✓
Business enabling: Provides business support services to the organisation to ensure it runs effectively and efficiently. These services typically include (but are not limited to) administrative services, finance, human resources, industrial relations, information technology, legal, marketing and public relations.	✓	✓
Residence/site manager: Manages and runs a residential facility or a site (residences or programs for home-based care). ⁴⁰	✓	✓

PCW job family

Analysis undertaken for the taskforce shows progression within the PCW job family is limited and based largely on external educational qualifications (Certificate III and IV) rather than on a continuum of behavioural and technical competencies acquired and developed on the job.

From its consultations, the taskforce recognises that many organisations have started to challenge this practice and are actively testing more holistic approaches to progression and applying additional criteria such as behaviours and competencies on top of qualifications.

Further, once a PCW has completed Certificate III or IV, there is little room for growth within the PCW job family regardless of their years of experience. Generally, they end up doing the same job over and over again unless they complete another set of higher educational qualifications (Diploma/Bachelor of Nursing) to progress to the nursing job family.

That said, the industry has many PCWs who have completed diplomas or associate degrees, or have acquired additional specialised qualifications (in such areas as dementia care) to add to their skills as PCWs. Within the PCW job family, these qualified and skilled people need to be recognised for the role they then play in supporting consumers to achieve optimal care outcomes and an improved quality of life.

Nursing job family

Career progression opportunities within the nursing job family are based on qualifications and registration. Interpreted narrowly, this can lead to a siloed or hierarchical view of the roles within the job family.

This can be addressed in various ways, including actions to support collaborative working environments (recognising the varying nursing roles that can be played), support nursing specialisations and acknowledge individuals' professional scope of practice.⁴¹

The range of clinical, functional and cognitive challenges to be met within a nurse's scope of practice in aged care settings can result in both stimulating and rewarding job roles. The opportunity open to aged care is for the industry to define new career pathways for nurses into clinical specialisations, such as diabetes, dementia or respiratory care.

The industry can also open up and extend pathways for more nurses to become nurse practitioners in aged care settings, both into and out of the health sector.⁴²

Should nurses seek or choose to move out of the nursing job family and into other roles, such as into business enabling or residence or site management roles, this may be challenging in light of current organisation and current job design. Business management roles require competencies in business and commercial management, operations management and people management.

Current nursing roles may not prepare the individuals to make the transition to business enabling or residence or site management roles effectively and confidently.

Current organisation structures also lack effective ‘bridging roles’ to bridge the gap in job size and complexity and help nurses to prepare and develop themselves for business management roles if they wish to do this.

Guiding principles for future-state job architecture

Through advice provided to the taskforce a set of guiding principles and proposed high-level future-state solutions⁴³ for workforce architecture have been developed:

- **Integration:** The current-state workforce issues that the industry faces are deeply intertwined. Hence proposed solutions need to be based on a holistic and integrated approach. Solving for just one issue in an isolated manner will not address the industry challenges.
- **Career progression:** This should enable people to progress across job families or have a lasting career within a job family where they continue to grow and build seniority.
- **Role re-engineering:** There is a need to redefine existing roles and introduce new roles to enable the full range of meaningful and feasible career progression opportunities both within and across job families.
- **Interdependence:** This should create an operating environment where it is essential to work interdependently and collaboratively for the roles to be successful.
- **Clarity:** This needs to focus on driving clarity of roles, accountabilities and reporting structures.

- **Focus on the core:** This should enable roles to focus on the core outcome by suitably decoupling operations and people management from clinical expertise, recognising that clinical expertise is not necessarily the primary driver for every role.
- **Collaboration:** The current model must be transformed into ‘multidisciplinary integrated care’, where roles work in teams and collectively focus on the core outcomes.

Future-state job families

The move to a future state opens up new and innovative models in aged care services that are driven by a need to fundamentally rethink and realign the concept of care delivery. The primary focus of the new model is on delivering a much better, more meaningful care experience to the consumer.

For example, in the traditional model of residential aged care, nursing staff are in charge of consumers congregated in hospital ward-like accommodation, and they direct and manage the delivery of care through a team of PCWs with close supervision and monitoring.

New models of residential aged care are being adopted in the industry based more on a social and humanistic approach to caring for the aged and focused on positive ageing and reablement and improving the quality of life of older people.

The fundamental premise underpinning these new models is to create environments where frail older people can realise their potential, whether that is to have a good life within the limitations imposed by having multiple morbidities or have a good death due to the progression of disease.

Through analytical work undertaken for the taskforce,⁴⁴ together with evidence provided through the taskforce’s engagement and consultation activities, a proposed future-state workforce architecture has emerged (see Table 4 below).

In outlining the future state, the taskforce recognises that the combination of roles that are needed will be influenced by consumer needs, the approach of each organisation to workforce planning and the models of care adopted. The guiding principles already outlined enable a transition to new job families.

Table 4: Future-state workforce architecture: new aged care job families

Future job families	Description/roles
<p>Care assistant:</p> <ul style="list-style-type: none"> • <i>Domestic care assistant</i> • <i>Associate care assistant</i> • <i>Care assistant</i> • <i>Senior care assistant</i> 	<ul style="list-style-type: none"> • Extends the levels of work within the job family so they can be recognised for their experience or skills or additional educational qualifications. • Some care staff may want to stay within the job family and be recognised for their skills or move horizontally—for example, taking on a mentoring role or in-house training roles. • Care attendants with strong people management skills and aspirations to take on larger and more complex management responsibilities can progress to the care team leader job family, where they can develop their skills and broaden their experience. This can prepare them for a career in business management.
<p>Clinical specialist:</p> <ul style="list-style-type: none"> • <i>Associate clinical specialist</i> • <i>Clinical specialist</i> • <i>Senior clinical specialist</i> • <i>Clinical process leader (residential only)</i> 	<ul style="list-style-type: none"> • The enrolled nurse has been repositioned as ‘associate clinical specialist’ and the registered nurse has been repositioned as ‘clinical specialist’ or ‘senior clinical specialist’. • The proposed design clarifies the purpose of and expected outcomes from the clinical specialist roles. • The proposed design, through creation of appropriate bridging roles, also enables meaningful and well-supported career development options for clinical specialists.
<p>Care team leader:</p>	<ul style="list-style-type: none"> • Redefined around its core purpose of leading a team of care professionals and working collaboratively with clinical specialists, functional health specialists and customer excellence professionals to ensure effective delivery of care services and effective consumer or customer management and family liaison. • A nursing background is not essential. To be effective in this role, the person needs the appropriate behavioural competencies for effective operational and people management, as well as a desire to lead a team of care assistants to deliver a high standard of care services. • The care team leader does not need to be a clinical expert but needs to have sufficient skill and knowledge to work closely with clinical specialists, functional health specialists and consumer or customer excellence professionals to ensure effective and compliant delivery of care services and effective customer management and family liaison.

Future job families	Description/roles
Care excellence:	<ul style="list-style-type: none"> • Ensures a structured and disciplined organisation-wide approach to quality, safety and governance and effective risk management in care service delivery. • Provides a feasible pathway for senior clinical specialists.
Scheduling:	<ul style="list-style-type: none"> • Given the current complexity of scheduling for the home care workforce, many organisations are moving towards creating dedicated scheduling roles rather than allocating scheduling as an additional activity to other roles such as business managers, team leaders or administrative support. Going forward, the scheduling job family will play a critical role in ensuring smooth functioning and optimal productivity in home care organisations. These roles need to better reflect the competencies around field force management present across many other industries with non-office-based workforces.
Customer excellence:	<ul style="list-style-type: none"> • Ensures effective experience for consumers and their families throughout the customer journey. • Provides an effective training ground for business skills around consumer relationship management and client advisory. • Launching pad for care team leaders or care assistants aspiring to business manager roles.
Call centre:	A potential career path for some care assistants who want to move into non-care roles. Typically, larger aged care organisations have dedicated call centres. Going forward, small to medium-sized aged care organisations might consider setting up shared service call centres serving a group of providers.
Functional health:	Going forward, this job family will play an increasingly bigger and critical role in delivering holistic care services that support positive ageing and reablement and improve the quality of life of consumers.
Ancillary care:	Typically includes (but is not limited to) residential maintenance, residential repairs, gardening, cook, chef, catering assistant, housekeeper and cleaner.
Business enabling:	As described in Table 3.
Residence/ site manager:	Leads the business, operations and organisation at a given region/site and runs a residential facility or a site (residences or programs for home-based care).

The future-state workforce architecture focuses on driving role clarity through clear articulation of roles and clear identification of clinical and management capability and skill sets.

This will strengthen career development and growth options and create potential career pathways for people in direct care roles, should they elect to do so, to move across job families and into larger and more complex roles. In saying this, there is evidence of some compartmentalisation or perceived distinction between clinically focused roles and care roles. This needs to be reconceptualised so that the clinical and care roles are recognised as part of safe competent nursing practice.

The indirect care workforce (such as ancillary staff) is recognised as integral to the living well model of care. Insights coming out of good job family design create opportunities for job growth, rewarding roles and career progression.

Organisation best-practice design indicates that effective organisations have ‘bridging roles’ that facilitate the progression of individuals into broader, more complex roles. The bridging roles act as a stepping stone to more complex roles. They provide a development platform for individuals to move beyond their relatively narrow focus and experience a somewhat wider and more complex range of situations and business problems.

The future-state design redefines and positions the care team leader as an effective bridging role in the career progression of care assistants and, should they choose to do so, clinical specialists. For example, clinical specialists with demonstrated people management skills and aspirations to take on larger and more complex management responsibilities can progress to the care

team leader role, which can act as an effective bridging role on the way to their development as a business manager.

The future-state workforce architecture for home care and residential care is underpinned by a common set of guiding principles, so there are many similarities. However, the detailed architecture also has differences and nuances that are specific to the context of home care or residential care. For example:

- Home care also includes a scheduling job family, which recognises complexity of scheduling for the home care workforce that is taken up across various job families in the current state.
- In residential aged care, there are models where care assistants have full accountability for managing the smooth, efficient and effective delivery of services in a ‘home’ of eight to 10 consumers, with the help of other specialist and support staff. This enables the creation of more fulfilling, broader and more empowered roles for the care assistants. It also creates an environment where care assistants work collaboratively as part of a team.

Workforce industry accreditation

Regulation of the aged care workforce is limited to those professions covered under the National Registration and Accreditation Scheme (NRAS) for health professionals. Aged care professions that are regulated under NRAS include medical practitioners, nurses and some allied health professions.

PCWs in aged care, however, are not regulated. This means there are no minimum training requirements or ongoing professional development obligations.



The lack of formal quality oversight of PCWs means that consumers, families and employers cannot be sure that a prospective PCW is 'job ready' or practising within adequate safeguards. Recent inquiries⁴⁵ have called for screening of unregulated direct care workers and endorsement of a code of conduct for unregulated workers.

To ensure greater oversight of the unregulated workforce, there is a need for standardisation or harmonisation of education requirements, clearly defined competencies for each level of worker and requirements for continuing professional development. The actions outlined under strategic action 3 will address these factors.

The industry also needs to consider the question of accreditation in the context of any movement of care workers between sectors.

National Code of Conduct for Health Care Workers

In 2015, the COAG Health Council approved a National Code of Conduct (NCC) for Health Care Workers. The NCC sets standards that apply to all unregistered health care workers and regulatory powers to deal with complaints from consumers (or other persons) about health care workers who breach the code of conduct.⁴⁶

It is the responsibility of states and territories to implement the NCC. However, by the time the taskforce reported in June 2018, not all jurisdictions had implemented the NCC, and there is no single register with details about prohibition orders.

The NCC does not impose minimum training standards or continuing progression development requirements. Therefore, in the view of the taskforce, the NCC does not go far enough to ensure aged care PCWs are included, are adequately trained and meet the requirements and full intent of a national registration process.

The proposed voluntary code of practice (strategic action 2) provides a platform for national consistency within the aged care industry. The taskforce envisages that the code and Aged Services Industry Council are the appropriate vehicles to establish an industry-led workforce accreditation system. The council could then review the NCC, and other appropriate accreditation standards, and evolve an accreditation system that better reflects the desired accreditation standards tailored to the aged care industry.

The guiding principle is that the industry is not subject to duplicated or multiple requirements and focuses on an accreditation process fit for the nature of the industry.

Recommendations for action

The taskforce recommends that, to properly design career pathways, the aged care industry should deploy commercially sound guiding principles and commercially recognised tools to enable longer career paths and transition between job families.

The taskforce recommends that the Aged Services Industry Council work closely with the Aged Services IRC, together with evidence provided through the taskforce's engagement and consultation activities, to develop a qualifications framework that reflects emerging roles and the proposed future-state workforce architecture.

The taskforce recommends that the Aged Services Industry Council take responsibility for an industry accreditation standard, working with the IRC to determine role levels requiring accreditation.

Additionally, the taskforce recommends the Aged Services Industry Council consider existing accreditation frameworks and codes of conduct and frame these within evidence-based and contemporary models of care, focused on living well, by:

- centralising registration for all care staff and volunteers to ensure that all workers have completed mandatory police checks (as already required) and are trained and accredited to work with aged care consumers
- standardising workforce architecture across the industry—job families, job design, job grades, job definitions, success profiles and career pathways—to build an effective and engaged workforce and strengthen the industry-wide employee value proposition
- considering adopting the job titles of aged care assistants as the industry transitions to new competency standards and qualifications frameworks⁴⁷
- considering digital badging and investigating opportunities for extending the current Unique Student Identifier system for VET achievements to include higher education and other relevant study⁴⁸
- extending the levels within the PCW job family so that they can be recognised for their experience or skills or additional educational qualifications
- considering the NCC as a mechanism for ensuring adequate safeguards are in place.⁴⁹



Strategic action 5: Developing cultures of feedback and continuous improvement

Strategic opportunity

Incorporating performance feedback into service improvement is at the heart of good practice.

For this strategy to achieve its objectives of shifting negative public perceptions of aged care, embedding consumer-centred care in practice and creating a workforce more responsive to changing service demands, the industry must embrace a culture that values feedback from consumers, their families and carers and demonstrate how this feedback is applied to improve care.

Employee job satisfaction and retention can also be promoted by creating an environment that draws on staff insights and perspectives on the organisation of work, care practices and service design.

It is widely accepted that consumers and community members add value to the decision-making processes surrounding planning, policy development and service delivery in human services. Aged care organisations' boards or managing bodies should include consumer and community advisory committees to enhance consumer voices in service delivery.

Considerations

Figure 5: Four strategies to promote effective use of feedback



The importance of a culture receptive to feedback on service performance is well established. Organisations with strong feedback cultures outperform competitors on a variety of outcome measures including employee engagement, trust in leadership, cross-unit cooperation, learning, innovation, staff turnover and safety.⁵⁰ However, barriers to the provision and application of feedback limit its use by many aged care organisations both in Australia and overseas.

Through the consultation process the taskforce heard that fear of retribution and a lack of organisational action were critical impediments to establishment of a positive feedback culture.

Aged care organisations should at a minimum have the following four strategies in place to promote the effective use of feedback to guide service design:

- **Consumer experience surveys:**

Consumer satisfaction is promoted where organisations seek to understand their consumers' needs, listen to their suggestions and ideas, and respond well to feedback and complaints. Regular surveys are a means of collecting this feedback and assessing how services are perceived. Consumer experience surveys must capture the views of people receiving care as well as their families and carers. Each is likely to have a different impression of care and their views must be incorporated in service design.

Organisations need to be mindful that the process of providing feedback must be easy and safe for consumers. It may take time for consumers to feel confident in sharing feedback. Businesses could move towards attributed feedback over time. Advocacy groups have a critical role in supporting consumers to share their views.

- **Employee engagement surveys:** Clinical, support and direct care staff have much closer alignment with consumer perspectives of care than managers and are more sensitive to gaps between organisations' espoused values and actual practices. This has been observed across industries and indicates that leaders need to rely on more than their own views to assess their organisation's conduct. Employee feedback also helps to address issues that may undermine staff job satisfaction to minimise workforce turnover.



- **360-degree leadership surveys:**

Organisational leadership has a critical role in driving implementation of this strategy and promoting new standards of care. A survey of the Australian aged care workforce conducted for the taskforce found that trust and confidence in leadership is the principal driver of workforce engagement and enablement in aged care.⁵¹

There is a need for boards or managing bodies to review leadership capability frameworks to assist with the development of senior leaders who have learning mindsets and who value feedback. These surveys will form an important part of a development plan to be put in place, agreed with employees and updated over time.

Regular evaluation of management performance by the staff that they manage will help boards or managing bodies to improve leadership skills and address issues with vision setting and communication necessary to achieve change and attract and retain quality staff.

- **Pre-employment screening:** Psychometric testing enables employers to assess whether staff have the aptitude and attitude to work in aged care and are the right fit for the job for which they are applying. By improving recruitment processes, employers can reduce staff turnover.

Feedback on consumer outcomes

An essential part of feedback for all organisations, and particularly for boards or managing bodies, is related to care outcomes.

This is established and recognised as a key feature in the single set of Aged Care Quality Standards commencing on 1 July 2018.⁵²

All boards and managing bodies need to consider clinical indicators associated with consumer outcomes of care such as unplanned hospital transfers, falls, pressure injuries, and use of restraints (chemical and physical), all of which impact significantly on quality of life and can be prevented.

Recommendations for action

The taskforce recommends aged care organisations review their current feedback and continuous improvement practices with a particular focus on the consistent use and review of consumer experience surveys; employee engagement surveys; 360-degree leadership surveys; and pre-employment screening.

The taskforce encourages the boards or managing bodies of aged care organisations to review employee performance, exit surveys, organisational competency and succession planning at regular intervals, and agree to action plans.

Aged care organisations' boards or managing bodies should consider including consumer and community advisory committees to enhance consumer voices in service delivery.

The taskforce also encourages boards or managing bodies to:

- establish processes for tracking and responding to feedback, with information on how feedback has been addressed communicated to consumers and employees
- use simple, readily available digital technology and online methods to support feedback strategies for consumers and their workforces
- play an active role in creating the safe environment vital for people to give feedback: this process is central to proactively identifying missed care and supporting continuous quality improvement.

The taskforce recommends that boards or managing bodies:

- regularly review clinical indicators to identify and address practices and/or environments that result in preventable poor consumer outcomes
- review missed care and serious major incident reporting and response alongside occupational health and safety at regular intervals.⁵³

Strategic action 6:

Establishing a new industry approach to workforce planning, including skills mix modelling

Strategic opportunity

The aged care industry does not have a standard approach to workforce planning, including skills mix modelling.

As industries evolve it is not uncommon to find industry-wide capability gaps. Through the taskforce consultations it became clear that workforce planning is a capability gap broadly across the industry, as is the approach to care planning and assisted decision-making.

The relationship between staffing in aged care organisations and the quality of care provided is complex. Aged care organisations need to build and adjust their workforce, including the mix of skills needed, to support innovation through different models of care or to enable specific care interventions according to the demand for their services.

There are two underlying and unique workforce planning challenges for aged care organisations:

- Older people accessing care will be at different stages of life:
 - Many are seeking sufficient support to enable them to pursue an independent life in the community, where care services can include a combination of assisted living services and health services ranging from wellness to post-acute care support (where needed).
 - In residential aged care, the care required will not necessarily be limited to clinical interventions modelled on hospital practice but may call for supporting living well, through improved functioning (for example, through physiotherapy) or safety interventions (for example, speech pathology for improved swallowing).

- The care and support needs of older people, whether in their own home or in residential care settings, will change over time (particularly as a result of the progression of disease) or as a result of an event like a fall. The nature and extent of care needed, including clinical care, will vary accordingly.

An additional factor that has influenced concerns about workforce planning and skills mixes has been the impact of the need to care for increasing numbers of people living with dementia and the demands on aged care staff relating to end-of-life care.

In residential aged care settings, staffing numbers and the organisation of work can also be significantly influenced by the model of care developed by individual organisations as well as the design, size and configuration of buildings. In response to consumer demand, there are examples of organisations moving to models of care based on clustered domestic, more home-like environments, changing the combinations of skills and quality of jobs involved, with evidence of improved care outcomes, including for people living with dementia.⁵⁴

Residential aged care organisations can combine a number of skills and professions—both in the employed workforce and through external providers and specialisations—in response to changes in the needs of the consumers in their care at any point in time.

Static models or set staffing ratios will not assist in meeting these expectations or necessarily result in better quality of care outcomes.

Considerations

Aged Care Quality Standards—workforce requirements

Standard 7 of the Final Draft Aged Care Quality Standards and Application of Final Draft Aged Care Quality Standards by Service Type, released on 4 June 2018,⁵⁵ requires that organisations have sufficient skilled and qualified workforce to provide safe, respectful and quality care and services. Organisations will be required to demonstrate that the workforce is planned and the number and mix of staff deployed enables the delivery and management of safe and quality care and services.

There is no single optimum number of staff, or combination of staff qualifications, that will result in quality aged care in all circumstances. Rather, the number of staff required will change according to the varying needs of those individuals; the service or facility size and design; the way work is organised, including the extent to which services are outsourced; and, ultimately, the business model.

Working in teams

Workforce models in aged care need to consider how to provide adequate numbers of direct care staff who have a core required skill sets that include assessment, delegation and supervision from qualified health care professionals, such as nurses or through gerontic specialisation.

Increasingly, aged care organisations are moving to a relational model of staff allocation, increasing the capacity and likelihood of PCWs being able to identify change requiring referral to a nurse and undertake delegated tasks appropriately.⁵⁶

Workforce planning, quality of care and staff ratios

There has been an ongoing debate about fixed staffing ratios of nurses to personal care workers in residential care, linking staffing ratios to the quality of care outcomes for consumers.

Over many years, and through many inquiries, differing views have been offered, with debates also about the available evidence.⁵⁷

In 2017 the Legislated Review of Aged Care (the Tune Review) identified the range of interrelated factors that combine to drive the quality of care:

- legislated and other regulatory requirements
- the quality framework, which includes aged care quality standards, quality assessment and monitoring processes undertaken by the Australian Aged Care Quality Agency
- compliance action by the Department of Health where providers are not meeting their legislative obligations
- access to complaints mechanisms
- transparent information for consumers (via My Aged Care and provider information)
- provider governance, leadership and systems⁵⁸
- the day-to-day delivery of care and services and quality of interactions between consumers and workforces.⁵⁹

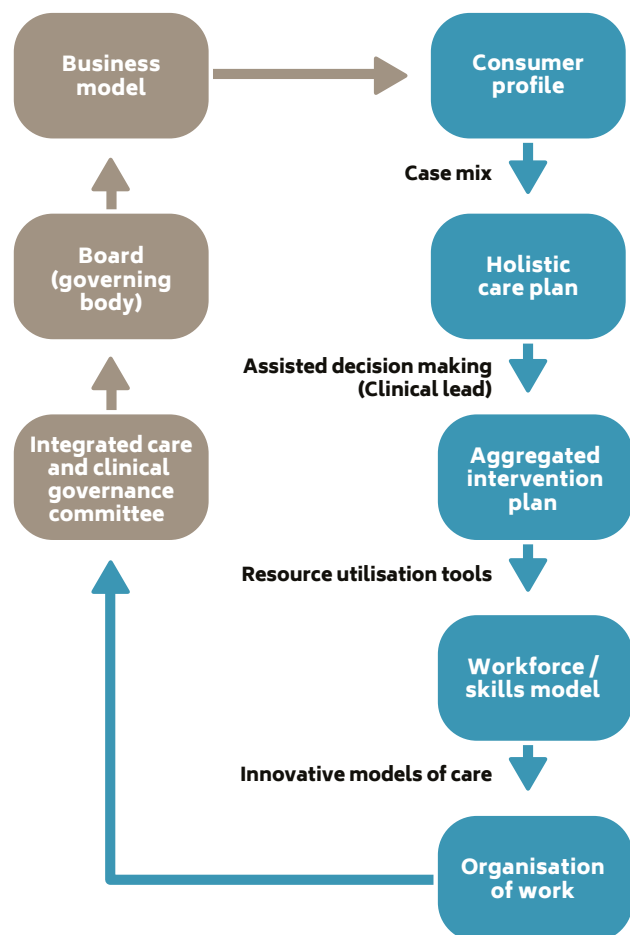
In light of the significant changes being made in quality, compliance and the role of My Aged Care,⁶⁰ the taskforce has particularly focused on the workforce planning decisions required to support the day-to-day delivery of care and services and quality of interactions between consumers and workforces.

This theme is central to other strategic actions—in particular, the industry adopting a voluntary code of practice, the practical actions outlined to improve the skills and job pathways of employees and the place of feedback and continuous improvement involving both consumers and employees.

Reaching an industry standard based on consumer needs

Management of the workforce needs to be an ongoing exercise—not a ‘set and forget’ exercise. This applies to both home-based care and residential aged care.

Figure 6: Industry standard to approach workforce planning, skills mix and organisation of work



With the clear direction established for the industry—consumer-centred care—the taskforce considers the industry needs to move to a standard approach to workforce planning.

Business model as the starting point

Workforce planning is integral to an organisation’s business model. The legislative and regulatory requirements of aged care organisations provide the starting point only. Industry should always be focused on meeting and exceeding consumer needs and community expectations, not meeting regulatory minimums.

A good business model should clearly answer the fundamental questions:

- Who is the consumer? (This involves knowing the consumer in depth—and not just their immediate health needs—and how his or her needs change over time.)
- What does the consumer value? (For example, this can challenge a clinically driven approach to care.)
- How can the organisation deliver value to customers at an appropriate cost?

The business model—and how this will be delivered within available funding, and based on knowledge of the consumer catchments to be targeted—is a basic building block for boards or managing bodies in considering their workforce needs.

Consumer profile

With a good business model in place, aged care organisations can turn to their consumer profile. This applies first and foremost at the individual level.

Consumers will have different journeys through the ageing continuum and multiple entry points into aged care. Consumer profiles need to be used as the basis for developing care plans that are regularly reviewed and tailored to their individual profile and requirements.

Care plans need to be holistic

One of the valuable differentiators for aged care organisations is to be able to demonstrate their care planning approach to consumers and their families. This provides a way to articulate the services they do (and do not) provide and how these services are provided (that is, ‘this is how we do it here’) so they can better manage consumer and family expectations throughout the consumer journey.

A key differentiator across the industry is the ability to make the care plan a broader ‘holistic care plan’ that addresses a consumer’s care needs, together with their cultural needs and living well aspirations.

Fundamentally, it is this scope of care that differentiates the emerging industry from its hospital past—for example, using medication when other evidence-based solutions might be better for the consumer. If the care plan is based on this approach then the combination of skills and expertise needed can be recognised.

Care planning needs to be a process of assisted decision-making, supporting the consumer in articulating their needs and aspirations. It is also an opportunity to engage the consumer and their family in understanding (through either a home or residential care setting) how the journey will evolve and ultimately also to discuss advance care directives while people are

capable of doing so. Care plans will need to cover mornings, afternoons, night-time and weekend requirements.

The taskforce encourages organisations to take a holistic approach to differentiate service offerings, improve consumers’ understanding of what to expect and support transparency to the consumer.

A number of organisations are already taking these steps. However, not all are doing so, and there is a need to transition to a higher standard across the industry. This is essential if the industry is to move ahead of community expectations and be able to begin a much more nuanced and sophisticated discussion around the right span of control (or ratios) for *each organisation* rather than using a ‘one size fits all’ approach, which would be inappropriate for the industry.

Workload and intervention planning

Following on, care plans are then aggregated into a single intervention plan that defines the organisation’s overall workload. In turn, this would be used to determine how the workforce should be organised and the most appropriate skills mix required.

The ability to get to this point, consistently as an industry, is missing—particularly the ability to roll up care plans and then adequately do the workforce planning and skills mix modelling to optimise the delivery of the care and the cost.

Governance and assurance

Having started with the business model at board or managing body level, consumer care outcomes and their delivery through the workforce will need continuing attention at the same level. Basic safety and quality standards have to be upheld.

Specific consideration needs to be given to the ongoing mechanisms of assurance—for example, through the establishment of a committee responsible for care compliance in accordance with the business model, reporting to the organisation’s board or managing body.⁶¹

This committee would be responsible, through periodic assessment, for ensuring that care plans are being delivered and the costs of delivering services are being monitored and managed. Just as the audit committee of a company board should be chaired by a suitably qualified director, so too should this committee be chaired by a director with appropriate clinical care experience.

To reinforce the approach the taskforce is recommending, the steps outlined are premised on delivering on the care plans that each organisation’s business model has committed to. When looked at from the consumer’s standpoint, that can be seen as non-negotiable. The taskforce encourages boards or managing bodies to be very focused on whether or not that is in fact happening.

If an organisation identifies that consumers’ care plan expectations are not being delivered and that what is needed to deliver the care plans and the associated funding does not add up, there are two choices:

- innovation and process re-engineering has to happen, or
- the business model has to be revisited.

Building better practice

The taskforce’s proposal under strategic action 12 for an Aged Care Centre for Growth and Translational Research will, in time, support evidence-based research on new models of care to better inform the nature, time and duration of care interventions designed to achieve more effective outcomes.

In combination with the other actions proposed in this strategy there is an opportunity for the industry to implement a new approach to workforce planning that is transparent and demonstrates that consumers’ needs and expectations can be met.

The taskforce notes there is a body of research globally that reviews minimum hours of care. These studies vary by country and business model but do provide guidance on the factors that organisations should be considering when making workforce decisions around their chosen model of care.

The taskforce considers that the industry and individual organisations can benefit from drawing on available international research and good industry practice applied by leading edge organisations to support approaches to hours of care and nurse staffing levels when making decisions and commitments to consumers about hours of care.

Recommendations for action

The taskforce recommends that the Aged Services Industry Council work with provider peak bodies and across the industry to:

- implement the proposed standardised approach to workforce planning
- understand what specific issues individual organisations may face in applying the approach in their business and whether these can be resolved by organisations improving their own business practices
- examine what technology platforms can be made available to organisations (providing economies of scale) to allow them to better articulate their workload and workforce requirements
- define and develop a training program to support the development of workforce planning and skills mix modelling competencies. This could be considered for development as a micro-credential by the Aged Services IRC.

The taskforce also recommends that industry develop and roll out guidance for development of holistic care plans based on the taskforce's considerations that include coverage of:

- clinical needs
- functional health
- cognitive health
- identity, cultural and diversity needs
- living well
- morning, afternoon, night-time and weekend care
- advance care directives
- model rules (obligations of individual, family and aged care organisation).

The taskforce recommends all organisations establish an integrated care and clinical governance committee (or equivalent) to review holistic care plans and ensure they are being delivered, regularly updated and communicated with individuals and families:

- The committee would be responsible, through periodic assessment, for ensuring that care plans are being delivered and the costs of delivering services are being monitored and managed.
- Where cost is an issue, innovative care practices are considered in the first instance.

The taskforce recommends that organisational boards or managing bodies be held accountable for the review of this committee's processes and findings. This review would include a regular review of missed care, serious major incidents, occupational health and safety and staff/consumer feedback.

The taskforce recommends that organisations publish the model of care and hours of care across elements of the holistic care plan to better support their consumers and inform the family, carers and the local community.

Strategic action 7:

Implementing new attraction and retention strategies for the workforce

Strategic opportunity

Aged care has a unique and pressing challenge to capitalise its position as part of the rapidly growing health and social assistance industry in Australia.

Tackling attraction and retention is essential. This will call for addressing the interplay of a number of complex factors, persistence over time, preparing for an increasingly intergenerational workforce and tailoring action based on local labour market conditions and the characteristics of consumer catchments.

To take advantage of the opportunity of growth, consideration needs to be given to making best use of contemporary human resource practices and focusing efforts on attracting and keeping the right people who are the right fit for the industry and the work.

Reinforcing a strong and respected industry reputation provides an essential foundation. The current reality is that the industry is not viewed as an employer or career of choice.⁶² Taking practical action under the voluntary code of practice will signify the industry's intention to be ahead of community expectations.

Finding ways of addressing pay for PCWs and nurses will be important. This will call for longer-term action on funding for aged care⁶³ and employers and peak bodies opening up dialogues with employees and their representatives about adjusting business models and work organisation.⁶⁴

In a highly competitive environment where there is increasing demand for workers with similar skills, action is needed at industry, organisational and local levels to address the factors influencing attraction and retention of the workforce.

Engaging and enabling employees is a key aspect of attraction and retention. Highly engaged and enabled employees are found not only to be more likely to stay with their organisation but also to provide better service to consumers and contribute to improved business performance.⁶⁵

Considerations

Motivation to work in aged care and why people leave

The 2016 Aged Care Workforce Census and Survey reported on the factors motivating or encouraging people to work in aged care settings:

- rewards of the work by making a difference and helping others (valuing the intrinsic rewards of caring)
- a direct interest in working with older people (with greater emphasis on contributing to the wellbeing of consumers)
- working in teams
- job availability
- location of the job.⁶⁶

The last two factors can apply to any industry. The risk for the aged care industry is that, where there is competition for workers in local labour markets, other factors will come into play for prospective employees in making employment choices.

An additional insight is that the community-based workforce strongly valued being able to help older people to maintain their independence and continue to live in their homes. Community aged care was also seen, particularly by nursing staff, as offering greater autonomy and task diversity.⁶⁷

There is evidence of significant numbers of aged care workers having worked previously in another aged care organisation.⁶⁸ This is significant in the context of the scoping, take-up and influence of an industry-wide workforce strategy.

Data from the 2016 National Aged Care Workforce Census and Survey show that a majority of the nurses and care workers interviewed planned to remain working within aged care for at least the next three to five years. Around two-thirds of these workers wanted to continue working in the same role with their current organisation.⁶⁹

A quantitative online survey of community-based aged care workers conducted by the Trustee of Health Employees Superannuation Trust Australia (HESTA) in 2017 showed that, of a sample of estimated 500 aged care workers, 60 per cent indicated their intention to stay in their current job for at least five years.⁷⁰ This is consistent with the 2016 National Aged Care Workforce Census and Survey findings, which found that about 80 per cent planned to stay in the next 12 months.⁷¹

In the HESTA survey, an estimated 23 per cent of aged care workers intended to leave for jobs outside of aged care or to resign within one to five years. Of these, 14 per cent indicated they wanted to move to other parts of home and community services, with more than half of this group (56 per cent) intending to transition to the hospital segment.⁷² The reasons for leaving were:

- wanting to develop new skills
- wanting to try something different
- not being paid enough.⁷³

For those intending to find new jobs within aged care, among the top reasons for leaving was they were not getting enough hours (30 per cent).

An employee survey undertaken for the taskforce (see 'Employee engagement and enablement' below) confirmed the findings of the 2016 National Aged Care Census and Survey in relation to motivation or commitment and identified the top three factors that would lead employees to leave the industry:

- dissatisfaction with the direction the aged care industry is going in⁷⁴ (particularly the effect of consumer directed care in home care settings on security of employment and variable working hours)⁷⁵
- the desire to achieve better pay
- the desire to find a less stressful job (with understaffing and time constraints reported as contributors).

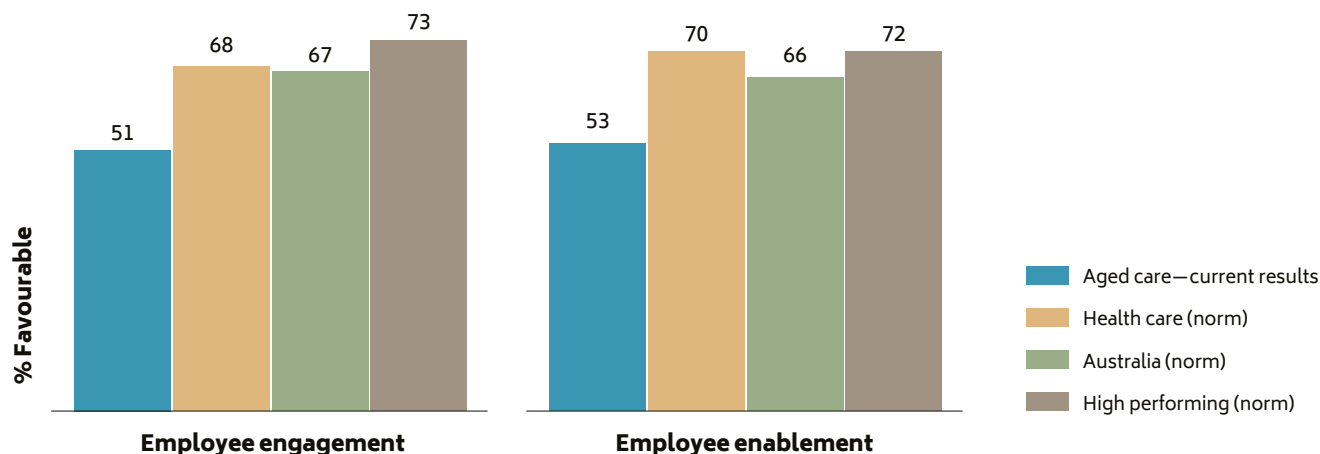
Added to these are factors relating to not being able to spend enough time with consumers and having to work with other staff who are unsuitable for the work.

Employee engagement and enablement

The taskforce, with the support of aged care peak organisations and some large providers, sponsored an employee engagement and enablement survey (EES) in March/April 2018.⁷⁶

The survey attracted 2,817 responses⁷⁷ across in-home and residential aged care services, representative of the overall characteristics of the industry and the known composition of the workforce.⁷⁸

Figure 7: Employee engagement and enablement—benchmarked comparison of the aged care industry (2018)



The EES is not a job satisfaction survey:

- Employee engagement is about committed and loyal people ready to ‘go the extra mile’. It is typically driven by factors relating to confidence in direction; trust and confidence in leaders; quality and consumer focus; respect and recognition; development opportunities; and compensation (pay, terms and conditions) and benefits.
- Enablement is about having the right people in the right roles in an enabling work environment. It is typically driven by factors relating to performance management; authority and empowerment; resources; training; collaboration; and work structures and process.

The results of the EES show that, at 51 per cent employee engagement and 53 per cent employee enablement, the aged care industry sits significantly below all external benchmarks.

The analysis of the survey results shows areas the industry needs to give attention to and where it needs to understand the drivers of engagement and enablement.

A ‘Key Driver Analysis’ is designed to reveal which questions have the greatest influence on the outcomes of engagement and enablement. This helps to distil the large amounts of data produced through the survey and understand where best to focus action planning in order to have the biggest impact on engagement and enablement. This analysis is unique to the aged care survey population.

Figure 8 shows the results of the Key Driver Analysis, ranked in order of importance, along with the percentage of favourable responses to each question.

The positive drivers of industry engagement are clear: quality and consumer focus as expressed in providing high-quality care, services and support; valuing and promoting employee diversity; and employees’ understanding of how their jobs contribute to their organisations. These are all completely within the capacity of industry to influence. The commitment to quality and consumer focus provides a good foundation for the positive benefits that can flow from the proposed industry code of practice (strategic action 2).

Figure 8: Aged care—key drivers for engagement and enablement

		 Engagement	% Fav
1	Quality & consumer focus	This organisation provides high-quality care, services and support.	59
2	Confidence in leaders	I have trust and confidence in this organisation's management.	40
3	Confidence in leaders	I believe that this organisation has the right strategic priorities and goals.	49
4	Confidence in leaders	This organisation is open and honest in communications with employees.	38
5	Diversity & inclusion	This organisation values and promotes employee diversity.	61
		 Enablement	% Fav
1	Confidence in leaders	I understand how my job contributes to this organisation's strategic priorities and goals.	74
2	Confidence in leaders	I have trust and confidence in this organisation's management.	40
3	Resources	I have the resources I need to do my job effectively.	54
4	Development opportunities	I have good opportunities for learning and development at this organisation.	50
5	Development opportunities	I have opportunities to achieve my career goals at this organisation.	42

The dimension that appears most frequently in both key driver analyses is ‘Confidence in leaders’ (as highlighted in blue in Figure 8). This indicates the importance of the employee’s connection with both the leaders themselves and the strategy they communicate in order to feel both engaged and enabled.⁷⁹

Development opportunities are also prominent in driving enablement, indicating the importance of providing opportunities for learning and development for employees and for them being able to achieve their career goals.

Key findings

Figure 9 provides a high-level summary of the findings from the survey. The areas that emerged came from assessing the survey results compared to benchmarks and the Key Driver Analysis.

A short summary of each follows:

- **Trust and confidence in leaders:** The results show aged care is below the benchmarks. This can have a significant impact on both engagement and enablement levels. Stemming from this survey, improving the relationship between leaders and employees is one of the most important areas to consider.

- **Confidence in direction:** Less than half of employees believe their organisation’s strategic priorities and goals are the right ones, and almost a quarter are unsure about it. This indicates an opportunity for leaders to improve how they connect employees to their strategy (a key driver of engagement) and help them to understand how they fit into this picture (key driver of enablement).
- **Development opportunities:** Compared with other organisations, aged care employees do not see that they can achieve their career goals in their organisation, and they do not feel they have good opportunities for learning and development. Improving both career paths and learning and development opportunities for employees is likely to have an impact on overall enablement.
- **Diversity and inclusion:** Although there is a diverse workforce, almost a third of employees do not feel they are treated with respect regardless of personal characteristics or background.⁸⁰
- **Retention of under 40s:** Many of those under 40 do not plan to stay in the aged care industry long term. In order to create a sustainable workforce, consideration should be given to how the industry will create an employment proposition that will attract and retain the talent required for the future.

From the taskforce’s consultations with employees, their representatives and aged care organisations, there is a growing recognition of the need to improve safety and quality, customer focus, and diversity and inclusion, together with an understanding

Figure 9: Aged care—key findings, challenges and opportunities



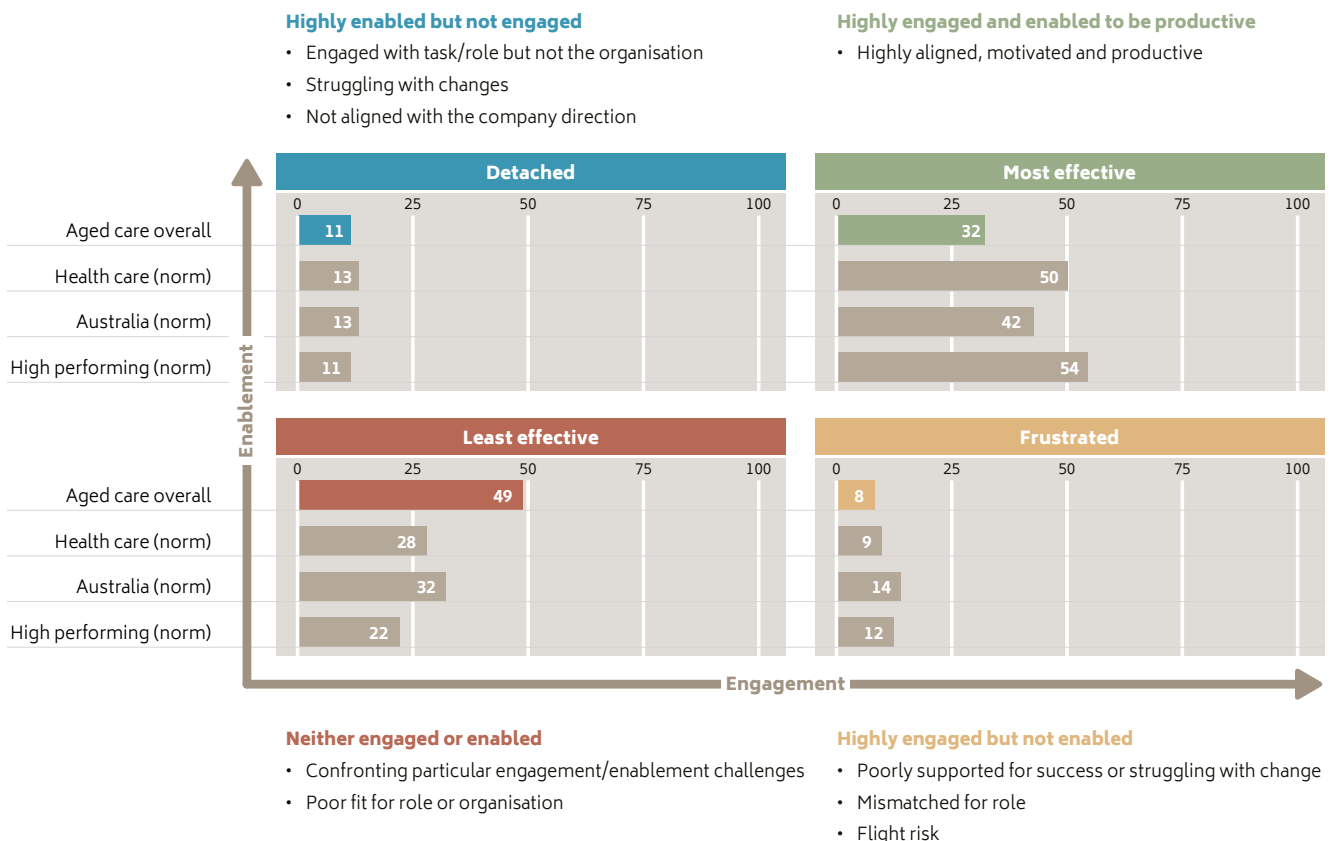
of how front-line jobs contribute to the priorities of aged care organisations. These are features that the industry and all organisations can build on and enhance.

Drivers relating to confidence in leaders highlight significant issues that need to be addressed in relation to trust and confidence in management, open and honest communication, and whether organisations have created a line of sight for employees to strategic priorities and goals.

Significantly, while many employees are highly aligned, motivated and productive, the results show that a significant part of the workforce is neither engaged nor feeling enabled.

This finding reflects the comments provided in qualitative interviews in 2016 with direct care workers, where around one-third of interviewees had experienced working with colleagues they thought were ‘unsuitable’ and found this distressing and frustrating. Sometimes they found it a health risk to work with people who are not engaged in their work.⁸¹ Nurses, and especially care workers, raised concerns about co-workers. Examples of colleagues who lacked requisite skills and experience, were unsuited to aged care work and acted in a disrespectful manner were provided.⁸²

Figure 10: Aged care employee engagement and enablement—effectiveness profile



Responding to challenges and opportunities

The Key Driver Analysis from the EES can be used to develop, shape and sustain a positive working environment of value to individual aged care organisations and their current and prospective employees.

Action in relation to each of these, organisation by organisation, will support industry growth and contribute to improving the workplace culture and performance of individual organisations.

The industry and organisations can use the results—together with their own workforce data and the findings of the Aged Care Workforce Census and Survey—to reflect on the areas calling for action and consider the questions raised about the current engagement and enabling environment.

Performance in an industry like aged care goes directly to relationships with consumers and the trust and collaboration needed across people in leadership and management and front-line workers.

By taking each of these drivers, and reflecting on their impact in each organisation, boards or managing bodies can use the results to inform practical actions they may wish to take to boost employee engagement and enablement. Having this as a starting point, they can then regularly test how they are responding and the effect of actions to improve workplace leadership and culture around engagement and enablement.

Focusing attention on these issues will support improved workforce planning, the quality of leadership in the industry and workplace culture.

Segmenting attraction and retention factors

By improving the understanding of what the industry has to offer, and improving the industry's reputation as an employer, opportunities can be created to encourage new and different groups of people to join, see aged care as a career or value a stint in aged care.

An analysis undertaken for the taskforce demonstrates that aged care organisations need to examine carefully and respond specifically to the different factors affecting the employment decisions of specific groups. This includes non-traditional sources such as men and younger people. The findings of the EES and the use of the feedback mechanisms outlined under strategic action 5 will be material.

There is a strong imperative to attract younger people into the industry, particularly as the industry will be competing with other sectors for a smaller pool of young people and the large group of millennials (in the next 10 years, generations Y and Z are set to make up 60 per cent of the national workforce).⁸³ Work undertaken for the taskforce on the future of working in aged care highlighted both the expectations of younger workers and the future workplaces they would be committed to.⁸⁴

For young people, positive exposure to the industry can start with their experience of a student or workplace placement in an aged care setting.

All organisations will need to consider specific actions for supporting new hires, including induction and on-boarding practices. Aged care was often seen by new hire workers (and especially those working in residential settings) as being a ‘stepping stone’ for future employment aspirations, including careers within other health care fields such as nursing in a hospital setting.⁸⁵

Males comprise just over 10 per cent of the current workforce. Research has found that men’s entry into care work—a female-dominated environment—can give rise to assumptions about men’s skills and traits held by both potential employees and potential employers, which can impede their entry into this kind of work.⁸⁶ Strategies to attract more male workers would need to challenge perceptions that aged care work is ‘women’s work’ and emphasise activities and roles that may appeal to men.⁸⁷

The aged care workforce is older than the national average age of workers across all occupations,⁸⁸ with many mature-aged workers (and volunteers) keen to remain in their role and work as long as possible. Their capacity to work will depend, in part, on their health and fitness to sustain the physical and emotional toll of care work. Factors influencing retention can include:

- provision for reduced working hours
- more diversity in their work (for example, mixing care work with administrative tasks)
- shifting to less intensive work
- the opportunity to take on mentoring roles
- ability to make plans for transition to retirement, with support from workplace.

Residential and home-based aged care organisations benefit from the participation of thousands of volunteers carrying out a range of tasks including gardening, meals on wheels, social support and planning of group activities and social companionship.⁸⁹ Attracting and retaining volunteers calls for strong connection with the local community, practical training, attention to managing tasks to ensure they do not take on work that should be undertaken by the formal workforce and supporting their contribution as part of teams. In addition, some organisations benefit from volunteers who were former health professionals. The strategy’s provision for micro-skilling in strategic action 3 will support volunteers.

Aged care is considered rarely to be a first choice for nursing graduates due to beliefs that the industry is lacking in clinical and technical expertise and opportunities for career advancement. Instead, when this cohort chose employment in aged care, they were seen as using this work to obtain skills and experience before moving on to work in an acute setting.⁹⁰ In addition, nurses can be attracted due to a particular interest in dementia and palliative care work and a perception that the work offers challenging and diverse work.⁹¹

As outlined under strategic action 3, well-managed workplace and student placements for health students, including for undergraduate nurses and allied health practicums, are fundamental to career decision-making and attracting health professionals to the industry.⁹²

The industry can benefit from taking active steps, nationally and at a regional levels, to share the successful approaches used by individual organisations.

Whole-of-industry action at the regional or local level

In addition to the industry-wide and organisational actions outlined on employee engagement and enablement, the industry can also benefit from taking collective action in local labour markets.⁹³

There are many examples where individual leading organisations have adopted strategies to improve recruitment and retention rates, and boards or managing bodies have committed financially to supporting placement programs designed to secure attachment to an organisation.

The voluntary code of practice envisages an industry committed to sharing lessons learnt and better practices—an industry in which higher performing organisations are asked to support innovation across the industry to ensure economies of scale are not an impediment to overall industry advancement.

However, there is a clear need for greater alignment amongst organisations at the regional or local level to leverage the footprint of the industry as a potential employer in the community. There are already practical working examples of this kind of approach in the industry, and these should also be leveraged.

To do this, a well-organised, agile and focused effort is required to drive the changes needed and create a collaborative environment and a shared focus.

Taking a whole-of-industry approach at the local level will involve bringing together and educating the parties involved, creating the relationships and trust needed to build a local pipeline to employment and forming partnerships (including with Primary Health Networks (PHNs)) to bring together the interests of aged care organisations and the employment, health and education and training sectors.

This would also involve working across levels of government—for example, in supporting ‘VET delivered to secondary students’ and drawing on multiple funding sources—and a strong focus on recruiting younger people into the industry.

This local level industry approach should be established in a form that demonstrates to all involved the cost benefits of participating in collective action and return on investment by tapping applicable funding at all levels of government.

Recommendations for action

The taskforce recommends that the results of the 2018 aged care employee engagement and enablement survey are used as a benchmark point of reference for the industry to guide future action.

The taskforce recommends that each aged care organisation’s board or managing body:

- review the key findings and key drivers as they relate to their own workforce and their current approaches to employee engagement and enablement
- establish a dialogue at organisation level around the key drivers for improvement
- develop their approach to addressing priority areas for action on employee engagement and enablement within their own organisations, together with associated timely action plans
- consider how best to use the feedback and continuous improvement recommendation of the taskforce to support employee engagement and enablement.



The taskforce recommends the industry and individual organisations fund the regular and systematic gathering, analysis and examination of data on employee engagement and enablement issues.

The taskforce recommends that the industry and governments collaborate in establishing a mechanism for regional or local level whole-of-industry action to leverage the footprint of the industry as a potential employer in the community.

The taskforce recommends the industry as a whole, and individual organisations, focus attention on:

- reframing the appeal of the industry to males, young people and millennials
- developing specific and well-targeted strategies to retain new hires and different groupings of people from culturally and linguistically and other diverse backgrounds with the values and engagement needed in the industry
- maximising the value of work and student placements as a pipeline for new talent and recruitment and retention of employees with the right fit
- developing approaches to evidence-based clinical placements to support engagement of young health professionals with the aged care industry.

Strategic action 8:

Developing a revised workforce relations framework to better reflect the changing nature of work

Strategic opportunity

Productive collaboration between employers, employees and employee representatives will result in gains for the industry and its workforce.

Industry peak bodies and service providers have highlighted that meeting future demand for the aged care workforce will not be a simple replication of the work patterns of today.⁹⁴

All employers, employees and their representatives need to rethink their approach to workplace change and workplace relations as the world of work and the changing nature of work affect their relationships, needs and expectations at work.

Considerations

Aged care organisations are covered by the *Fair Work Act 2009* and other state or territory industrial requirements. Employers or their peak bodies and employee representatives represent their interests in negotiations or cases before the Fair Work Commission or the Fair Work Ombudsman.

Peak employer organisations can play a role in supporting their members on industrial matters.

In a fragmented industry, many employers have only handled or considered industrial issues in the context of workplace negotiations for enterprise bargaining purposes. Keeping up to date with industrial changes is a challenge for small organisations.

The taskforce recognises that not everything workforce related needs to be specified in industrial agreements.

Need for new dialogue

The timing is right for aged care peak employer organisations, employers, employees and those who represent them—employee representatives and professional associations—to have a dialogue about working together on workforce reform and workplace issues.

A number of employee representatives have coverage across aged care. They have a depth of understanding of issues at the workplace level and at the front line that is worth listening to and considering. They cover a range of occupations, from nursing and PCWs—the bulk of the workforce—to cleaners and maintenance staff.

Employee representatives need to be conscious that their individual employee bases form part of the overall picture. Taking a partial view can result in a negative portrayal of issues facing the industry and undermine community confidence in the industry as a whole. This can be a disservice to individual employers as well as to other employees in the industry.

With the rapid changes in the industry, employee representatives and professional bodies need to take up the challenge of stepping out of the interests of their immediate group and considering the industry as a whole. All can benefit from developing or using collaborative skills and displaying workplace leadership through cooperative or joint effort.

A common focus on the criticality of funding will be more productive for the industry and the workforce than diverting effort on single-issue campaigns.

Finding common ground

The taskforce's consultations showed that there are many areas of common interest amongst employers, employees and those who represent them. For example, these interests have been brought together on aged care reform issues through the National Aged Care Alliance.

Employers have new service imperatives as consumer-centric care becomes the focus for how work is organised ('the consumer owns the shift') and teams are increasingly used to marshal the care needed for people with complex conditions.

Bodies representing professionals working in aged care settings bring particular insights on use of expertise and working on interdisciplinary teams.

There is a shared interest in the quality of jobs, how work can be organised to support living well and integrated models of care, secure employment, reducing the use of temporary staff and creating more productive time for direct care.

The industry needs to develop a more sophisticated approach on cross-industry workplace relations issues. These issues need to be worked through in a collaborative way with employees and their representatives.

Workplace relations and the changing workforce

While broader dialogue can be taken up, where business models need to change in light of the changes in the industry, organisations need to think through their approaches to collaborating with their workforces to achieve the desired outcomes.

Organisations are already being challenged to rethink their business models and service delivery to respond to high community expectations, consumer first in everything, and generations with different attitudes to work—and engage their employees in the process.

Individual organisations will increasingly need to consider nuancing approaches to opening negotiations about reshaping job roles, designing pathways for progression and organising work better to meet the shift to consumer-centric care.

The taskforce's consultations have shown that barriers to workplace reform include workplace culture, leadership capability and, for some parts of the industry, challenges in how to tackle industrial issues. Yet employers agreed with workers and employee representatives on the need to find ways to address issues such as securing a commitment to a minimum of 20 hours of work and reducing casualisation of the workforce.

The process of implementation of the voluntary industry code of practice will contribute to building trust and commitment.

The new Aged Services IRC process will contribute to building collaboration, through the lens of education, training and skills development.

Actions taken through strategic action 4 will, over time, support better jobs pathways, career development and recognition of skills in the workplace through better pay, terms and conditions and other non-financial rewards.

Action on developing cultures of feedback and continuous improvement and use of employee engagement and enablement surveys will improve workplace culture.

Workforce reform— an aligned agenda and shared interest outcomes

The industry, individual organisations, employees and their representatives can act to take forward a broad workforce reform agenda to support changes in the industrial and working environment of the industry.

The taskforce believes this can be initiated across six domains:

- the shifts to consumer-centric care, personalised servicing, de-institutionalised care and values-based care
- management of productive student and work placements in aged care organisations and different settings
- the quality of jobs, better designed work, multi-skilling and the links to innovative models of care
- changes in the nature of work, digital literacy, modernised working practices and the leadership roles of employers and employee representatives in responding to the pace of workplace change
- generational change and intergenerational relationships for workforces in aged care settings
- supporting movement across types of aged care services and sectors, particularly in regional and rural locations.

An agenda of this kind needs to be supported outside the industrial negotiating environment of individual organisations. It must provide a vehicle for productive interchanges on issues of shared interest across employer, employee or professional lines.

Recommendations for action

The taskforce recommends that industry, individual organisations, employees and their representatives collaborate to foster a community dialogue on how to secure the funding needed to provide aged care services.

The taskforce considers there is value in the industry leadership collaborating with employee representatives to hold a dialogue that brings together industry, individual organisations and employee representatives with a focus on shared interests. This will provide an opportunity to:

- establish a workforce reform agenda, drawing on the six workforce reform domains that the taskforce has identified
- consider how they can work together on the funding issues that need to be addressed for the industry
- work through how to best secure alignment and identify areas for action and next steps on industry funding and workforce reform.

The taskforce recommends that action is taken to develop and extend the capability of industry leaders and industrial and professional representatives to collaborate on workforce reform in need of cooperative attention.



Strategic action 9:

Strengthening the interface between aged care and primary/acute care

Strategic opportunity

Older Australians have increasingly complex care needs that frequently require multidisciplinary services drawn from across aged, health and disability care. However, poor coordination of funding across these systems, along with professional practice and education silos, contribute to reduced access to care, diminished care experience and increased costs for consumers and governments.

Better integration of these systems could be achieved by taking a population health approach, which structures care systems around the needs of consumers rather than around available funding.

Care systems should also be focused on maintaining wellness, supporting consumers to manage chronic conditions and promoting reablement rather than on providing episodic treatment for acute care needs, which is where the current emphasis lies.

For this to be achieved, there needs to be a frank discussion across the social and health care industries and all levels of government about how to restructure care and design more flexible funding mechanisms that support consumers to transition more easily between Commonwealth, state and privately funded services.⁹⁵

Considerations

Primary health care

There is broad agreement that preventative care and maintaining wellness are critical to supporting older people to remain healthy and independent for longer. However, this approach is at odds with a funding model for general practitioner (GP) services that is optimised for volume and access by incentivising management of care primarily through short and standard consultations. These comprise almost 80 per cent of Medicare Benefits Schedule (MBS) and Department of Veterans' Affairs (DVA) funded GP services.⁹⁶

Innovative service models such as the Australian Government Health Care Homes pilot have been developed to promote a greater focus on maintaining wellness and coordinated, team-based care for people with complex conditions through blended payment arrangements that better link financial returns for service providers with patient outcomes.⁹⁷

However, older people who are unable to travel to a GP or allied health professional clinics often experience poor access to these services. MBS, DVA and private health insurance subsidies provide little incentive for the predominantly private primary health care sector to provide outreach services in consumers' homes.

Access to allied health functional services is further reduced because of limitations on the number and types of services that are subsidised through the MBS, the level of subsidy provided and the requirement for GP referral to access services. In residential aged care there is also confusion over what services should be funded by residential care providers and what services must be funded privately.



This lack of access to health care services creates confusion over who has responsibility for managing consumer care needs. This confusion then contributes to ineffective management of complex care needs and poor coordination of care services. It also places tremendous stress on the aged care workforce to manage complex medical care needs that are beyond their scope of practice, without adequate support from medical specialists.

Acute care

Issues also arise with the management of care for older people when they require hospital treatment. Removing older people from their place of residence and transferring them to the unfamiliar hospital environment can be distressing and disorientating and can exacerbate pre-existing conditions.⁹⁸ Despite evidence that hospital outreach services can support care in the community setting and reduce hospital presentations for aged care residents,⁹⁹

there is a lack of investment in the development of these service models.

The hospital and aged care workforce require better training to coordinate transition of care between the community, residential aged care and hospital settings. Ineffective management of clinical handover during patient admission to hospital and poor coordination of care post-discharge has been shown to adversely impact patient outcomes.¹⁰⁰

Dental care

Older Australians in low income groups and residential care facilities are at higher risk for oral health problems. Several Australian Government measures have been introduced to improve dental care in aged care facilities:

- The Better Oral Health in Residential Aged Care program was intended to provide oral health education and training for aged care staff.

- The National Partnership Agreement on Public Dental Services for Adults provides the states and territories with \$242.5 million from 1 January 2017 to 30 June 2019 for additional services to around 400,000 adult public dental patients.

However, the provision of oral care in RACFs remains inadequate. There is a lack of ongoing training, organisational constraints and access to dental services, and this limits the provision of dental care.¹⁰¹

Coordination of care across systems

Regional governance organisations were created by the Australian Government (PHNs) and state and territory governments (Local Health Networks (LHNs)) to address local health service gaps and promote the coordination of care across care systems. However, to date these organisations have not adequately focused on the special needs of older Australians, particularly those with complex care needs who are unable to travel to receive care.

Education of health professionals

There is a need for undergraduate training to better prepare the hospital workforce to manage the special needs of geriatric care and cognitive impairment.¹⁰²

Advice provided to the taskforce reinforced the need for health professional education providers to:

- increase their gerontic undergraduate content for all health professionals. Older people make up the majority of consumers in the acute care system, yet undergraduate training does not adequately reflect this

- provide a systematic approach across the industry to managing student placement programs and graduate nurse programs, based on evidence of what works
- develop gerontology specialisations for undergraduate and postgraduate courses to increase the capacity and skills of all health professionals
- develop gerontology postgraduate qualifications for nurses working in aged care.¹⁰³

Recommendations for action

The taskforce recommends a ministerial level dialogue across governments to improve funding and service design to:

- promote better integration of services across health, aged and disability care
- increase access to multidisciplinary care for older people
- promote a greater focus on preventative care and wellness
- better support access to care for the most financially vulnerable and isolated members of our community.

The dialogue should include measures to address service issues relating to:

- improving access to quality primary health care
- improving acute care services for older people
- addressing local service gaps.

Improving access to quality primary health care

- Support outreach GP, allied health professional, specialist medical and after-hours practice services for vulnerable older people.
- Promote better access to dental care services.
- Assess whether incentivising residents' family GPs to deliver outreach services to residential aged care facilities can realistically address ongoing access issues for residents or whether funding incentives should be focused instead on supporting local GP business models that deliver services exclusively in residential care facilities.
- Examine MBS-subsidised primary health care services to provide flexibility in relation to referral requirements, the range of services funded and who can deliver them, to better address service gaps.
- Consider the introduction of an MBS item for home care and residential care services provided by nurse practitioners¹⁰⁴ and a wider review of MBS items to support the role of health and allied practitioners in home care and residential care settings.
- Improve the understanding amongst primary health care professionals of geriatric care needs, assessment and care coordination through revision of training and the creation of training placements in aged care settings.
- Create greater financial incentives for private health insurers' investment in preventative care.
- Invest in innovative technologies such as telehealth to support service outreach.
- Improve the compatibility of ICT systems across health and aged care to improve care coordination.

Improving acute care services for older people

- Improve undergraduate training for the hospital workforce around geriatric care and cognitive impairment.
- Adopt standardised admission and discharge planning processes and templates for clinical handover by the aged care and acute care sectors.
- Extend physical and cognitive post-discharge rehabilitation to 12 weeks to better support older people to remain independent and avoid premature entry into residential care.
- Improve access to post-discharge care for older people who cannot travel to receive services.
- Promote advanced care planning that ensures care is delivered in accordance with consumers' wishes.
- Invest in piloting innovative outreach care services such as the Hospital in the Nursing Home initiative, which support the management of care in the community setting and reduces hospital presentations.¹⁰⁵
- Develop specialised hospital roles designed to advise people on aged and health care services that will support them to manage their care on return to the community.
- Identify opportunities for discharge teams to be given more support and recognition in collaborating with aged care assessment teams to assist people through the care system.

Addressing local service gaps

The taskforce recommends the establishment of social care networks (SCNs) to better assess local aged and disability care service demands and engage local PHNs and LHNs to improve service coordination across systems including to:

- inform local service needs assessments
- identify opportunities for targeted Commonwealth and state government funded projects
- inform the development of health pathways by PHNs.

The SCNs would also provide a much-needed forum for professional networking across the local aged care workforce to support the sharing of knowledge and experience and promote service benchmarking.

In making this recommendation, the taskforce notes that this could alternatively be achieved by extending the scope of PHNs to include coordination of services involving and collaboration with local aged care organisations.

The role for the aged care industry

The taskforce recommends all aged care organisations consider the approach to workforce planning and skills mix outlined under strategic action 6 and update their approaches to workforce planning to make more effective use of combinations of functional health and clinical care providers.

The taskforce recommends all boards or managing bodies:

- link the actions outlined under strategic action 6 (workforce planning and skills mix) and strategic action 5 (feedback and continuous improvement) with organisational strategies to address known causes of avoidable hospitalisation, including medication management; immunisation; diabetes care; wound management; and advance care planning
- identify and assess clinical, consumer and other data needed to understand the impact on consumers and the costs to the organisation of avoidable hospital admissions
- consider and keep under review the education, training and continuing professional development needs of employees in leadership and front-line roles in the workforce to support them in managing health and aged care interfaces.



Strategic action 10:

Improved training and recruitment practices for the Australian Government aged care workforce

Strategic opportunity

The wider definition of ‘workforce’ covers the Australian Government’s workforce, which supports and interacts with providers, consumers and state/territory governments.

Improved training and recruitment practices for the Australian Government workforces that work closely with both consumers and providers and an understanding of the business of aged care will be a cornerstone of better decision-making and trust.

These workforces are customer-facing, and they are in direct and daily contact with consumers. Their approach can influence how care is delivered and the timing of access to care.

The government workforce is a significant influence as parts of the workforce serve as a gatekeeper in relation to consumer entry to Australian Government funded aged care programs.

Considerations

The Australian Government’s direct client contact workforce influences the delivery of care and services and thereby consumer outcomes. They may be Australian Public Service (APS) employees or contractors or contracted entities.

The terms ‘government workforce’ and ‘government worker’ are used in this part to describe those people who are engaged by government agencies to support the functions of the agency.¹⁰⁶ They include:

- Aged Care Complaints Commissioner
- Australian Aged Care Quality Agency (AACQA) accreditation assessors
- Department of Health aged care compliance
- Aged Care Funding Instrument validators
- My Aged Care.¹⁰⁷

The first three agencies have responsibilities under the *Aged Care Act 1997* to support the delivery of quality aged care services. They are collectively referred to as ‘regulators’ in this section. Effective regulation of an industry like aged care depends on the value added for the industry and the community through the work of the staff involved.

People in this workforce matter, because they:

- are customer-facing and have significant touchpoints with consumers
- directly communicate with consumers (individuals, families, informal carers), both face-to-face and electronically
- are integral to the consumer experience and care outcomes
- are significant conduits between providers and consumers.

The government workforce has an impact on the community's perception of aged care and the industry. Therefore, their work, the advice they provide and the role they play can influence how care is delivered and the timing of access to care. They need to understand new models of care and the interfaces between aged care and other systems; and have industry 'know-how'.

Each contributing agency must be trustworthy, as the quality of the workforce supported by appropriate policies and procedures creates the 'value add' for the sector and the community. The level of staff understanding of the business of those organisations that are regulated is the cornerstone of an exemplar regulator and critical for this workforce.

My Aged Care staff roles are different from the roles of staff employed by regulators in that they are engaging with consumers and their families in what could be characterised as an advisory role. They are also gatekeepers: they help facilitate a consumer journey into the aged care system.

Historically, this contact has been through online platforms and call centres. However, in the 2018 federal budget the government announced that it would trial face-to-face community-based services to assist and guide older Australians and their families to get the best outcomes from the aged care system, including outreach services to help vulnerable older Australians to make informed choices about their aged care needs.¹⁰⁸

Typically, people are appointed into government workforce roles through APS recruitment processes and often from within. There is little evidence that the agencies engaged in the oversight of aged care—apart from AACQA—have a policy to recruit from the sector.

Secondment to and from the private sector is not used extensively. Secondments to private sector organisations provide staff with new skills and work experiences that are often unavailable within the public sector. Secondments from private sector organisations to the agencies provide the agencies with industry expertise and enhanced cooperation.¹⁰⁹

Regardless of the mode of recruitment, government employers must commit to induction, ongoing training and accountability relevant to the role based on the job design principles outlined in strategic action 3.

Aged Care Quality and Safety Commission

In the 2018 federal budget the government announced the creation of an independent Aged Care Quality and Safety Commission from 1 January 2019. The commission brings together the functions of the AACQA, the Aged Care Complaints Commissioner and, from 1 January 2020, the aged care regulatory functions of the Department of Health. The one-stop shop will ensure that older Australians and their families have a single point of contact to raise concerns and ask questions about their aged care and to know the new commission is empowered to make changes.

The commission will be led by an independent Aged Care Quality and Safety Commissioner and supported by an advisory group. A new Chief Clinical Advisor will provide advice and strengthen quality assessors' access to clinical advice in assessing complex clinical care matters. A single statutory office will enable flexible and responsive regulatory powers and build a holistic, joined-up, risk-based approach to aged care regulation.¹¹⁰ The proposed structure will create ease of movement for staff from an employment perspective.

In addition, in the federal budget the government allocated \$32.6 million to develop a robust risk profiling approach. Also, \$8.8 million was set aside to support development of a performance rating system for residential aged care providers. These measures will require expansion of existing data management capability within the commission's workforce, and staff will need to be retrained on revised assessment criteria to support differentiated reporting systems.

Move to a national assessment workforce

In the 2018 federal budget the Australian Government announced the design and implementation of a new framework for streamlined and faster consumer assessments for all aged care services, to be delivered by a new national assessment workforce from 2020. The framework will be developed in consultation with a variety of groups, including aged care organisations, consumers (including Aboriginal and Torres Strait Islander people) and existing assessment workforce organisations.



The workforce needs to be underpinned by a clear competency framework and a tailored VET training package to support its purpose and performance.

Induction training and continuing professional development

Each of the agencies that engage with stakeholders has its own recruitment and training programs. The only training/qualification required by legislation is that set out for aged care quality assessors under the *Aged Care Quality Agency Act 2013*.

The training programs utilised by the heads of the agencies are a mix of in-house, on-the-job and externally provided learning. There are opportunities for these roles to be properly micro-credentialed and full qualifications supported for transparency and career pathways in and out.

The nature of the roles and considerable influence of staff engaged in quality control, complaints resolution, training and advice through My Aged Care means that, from a stakeholder perspective, there is no 'going back' from a piece of advice received or a decision made.

While people with an intimate knowledge of public administration understand the nuances around decision, delegation, suggestion and recommendation, consumers seeking information and those involved in care delivery hear the information in a different way. This situation and the clear capacity to create a long-term outcome for stakeholders means that staff engaged in these areas should be formally assessed as competent and knowledgeable in a number of domains.

One such domain is attracting Aboriginal and Torres Strait Islander people into the government workforce. Historical policies perpetuating systemic institutionalisation mean that Indigenous consumers can often start from a position of fear and mistrust when engaging with mainstream services.

My Aged Care capability development is made inherently complex by the rate of reform, the scope of the system and the potential effect on older people. To navigate this complexity, My Aged Care is adopting capability development including, but not limited to, targeted programs consisting of VET principles and subject area priorities informed by research undertaken in 2017.¹¹¹

The entry courses for quality assessors and complaints and compliance officers would all benefit from a review of VET qualifications such as Diplomas of Quality Auditing (for the Quality Assessment workforce) and Government Investigation (for the Compliance and Complaints workforces).

The bottom line for consumer safety is that training packages for customer-facing and decision-making staff must support regulatory purposes and meet appropriate job design standards.

Recommendations for action

The taskforce considers that the Australian Government must continue to invest in these workforces, which have clear training and competency development needs and where people with the right aptitudes need to be recruited.

The taskforce considers that secondments and exchanges support this approach and recommends that agencies develop formal secondment programs with the aged care industry. These placements should provide for movement both ways—government employment to private sector and private sector to government.

Additionally, the taskforce considers that a thorough review is needed of induction resources and processes for government workforces so that they gain the required understanding needed of the industry, the impact of changing consumer demand and their roles in the continuum of care and consumer journeys.

As part of the articulation of jobs pathways and career progression linked to strategic action 4, the taskforce considers that there is merit in defining career pathways within and across the government workforce and the industry.

The taskforce considers that the establishment of the new Aged Care Quality and Safety Commission will be timely for reviewing the applicability of the current induction and ongoing training for the quality assessment and complaints and compliance workforces. Action on these issues needs to form part of the program of work in creating the new entity.

The taskforce recommends that the qualifications, training and continuing professional development of the national assessment workforce are given sustained attention as part of the development of the governance for the workforce, including:

- upskilling to match delivery requirements
- a nationally consistent vocational curriculum
- provision for evidence-based micro-skilling.

The taskforce recommends that the level of training and assessment for the client-facing and decision-making government workforce should meet the requirements of units of competency under current VET arrangements, noting that training requirements and generic competencies relevant to government workforce roles could also be reviewed through the Public Sector IRC (responsible for the Public Sector Training Package) in collaboration with the Aged Services IRC.

The taskforce considers the focus needs to be on the specific skills identified for regulatory and client-facing support work, including but not limited to:

- customer problem solving based on an understanding of basic clinical health, functional health, cognitive health, cultural needs and living well aspirations of older people
- root cause analysis
- audit and continuous improvement
- skill sets to work with people who are culturally diverse
- system design
- investigator skills
- customer service
- workforce planning and skills mix modelling
- quality assurance
- risk analysis
- factors affecting quality.

The competencies and skill sets identified should form the basis of a series of micro-credentials and qualifications mapped to job roles and career pathways in the government workforce. This will raise skill levels, ensure transparency and confidence in skill levels and facilitate attraction of potential employees from across the aged care industry.

The taskforce considers that a program to expand the recruitment of Aboriginal and Torres Strait Islander staff into the My Aged Care workforce is vital to support Indigenous consumers who are seeking information to meet cultural safety.

Strategic action 11:

Establishing a remote accord

Strategic opportunity

Remote aged care providers have responded to the taskforce's call to action and an Industry Accord on the Remote Aged Care Workforce (remote accord) has been agreed.

The remote accord brings together remote aged care providers and intersecting interests from across the nation.

During consultations, remote aged care organisations consistently told the taskforce, 'we need a united voice' and 'we are different to mainstream aged care'. It has become clear that there is value in recognising remote aged care as a separate part of the system that requires tailored systematic and programmatic solutions.

Remote and very remote interests have made it clear that there needs to be a tailored approach to aged care workforce issues in remote and very remote settings and that all levels of government, industry and community need to work together to achieve this.

The remote accord will lead the industry in harnessing place-based opportunities to:

- utilise local community workforces
- design training and education experiences suited to people in remote settings
- work with community to support the safety of the aged care workforce
- work with governments on appropriate program and policy setting for remote aged care service delivery.

All of this is underpinned by the shared goal of improved care outcomes for older people living in remote settings.

It is imperative that the strategy sets in motion a mechanism to champion the industry voice that can continue to advocate for aged care in remote settings and ensure that decision-making on aged care matters accounts for the unique issues faced in remote areas. Aged care service provision in remote settings requires a different approach. The remote accord recognises this.

Considerations

A remote accord creates a platform for industry to engage on remote and very remote aged care workforce issues and to foster an ongoing shared understanding and agreement about the key priorities.

Through the taskforce's consultation, the key workforce challenges facing remote aged care service provision emerged. These challenges have formed the basis for the guiding principles of a remote accord.

The guiding principles of the remote accord are a set of statements of intent that establish the industry's advocacy agenda and a platform for the industry to input into government funding, policy and program design.

These principles will be a guide for industry in advocating for an effective and qualified workforce equipped to work in remote and very remote settings, with assurance that their safety, security and wellbeing is safeguarded.



The vision statement underpinning the remote accord and its guiding principles is that:

All elders deserve proper care and to live and die close to home with the care they need and deserve for a life well lived, provided by a workforce they know and trust, which is well supported and trained, and accountable.

This will be a reality when governments, industry and community come together to develop flexible approaches that work in many different communities but achieve the same outcome for the families who live there.

The guiding principles developed by the remote accord are:

- **Principle 1:** Forming a compact with government and community on the role and support of industry in remote aged care.
- **Principle 2:** The aged care consumer journey in remote and very remote areas.
- **Principle 3:** Specific strategies to address the unique challenges of attracting and retaining aged care professionals in remote and very remote areas.
- **Principle 4:** Tailored and relevant training, skills and career pathways in remote and very remote settings.
- **Principle 5:** Prioritise safety, security and wellbeing of the aged care workforce in remote and very remote settings.
- **Principle 6:** Flexible and responsive government funding, policy and programs.

A compact on remote and very remote aged care

A natural extension of the united industry voice that will emerge from a remote accord is a formal agreement between industry, community and government to work together on remote aged care issues guided by a shared set of principles.

A collaborative approach which marshals the interconnected resources and interests of those living and operating in remote areas is the only way to meaningfully tackle the complex challenges faced in these areas.

A compact is a mechanism to:

- redefine the relationship where information and priority setting are shared
- discuss service delivery redesign and reinvestment according to the needs and priorities defined and negotiated together
- demonstrate a commitment by government agencies to being responsive to remote and very remote aged care issues.

The compact aims to change the relationship between remote communities, industry and government and give remote interests greater agency in how government programs and services that impact on them are conceived, developed and implemented. The compact is the vehicle for resetting this relationship and ensuring that decision-making between government, industry and communities occurs collaboratively and in partnership.



Recommendations for action

The taskforce recommends that industry, with Australian Government support:

- establish and recognise the remote accord as the mechanism to provide a lead industry voice on remote aged care workforce issues, with defined relationships with government, peak bodies and remote aged care providers
- establish policy and secretariat support
- establish the ongoing leadership group from the industry to take the remote accord forward
- begin developing the visibility of the remote accord with required partners in remote settings, communities, related sectors and all levels of government
- submit the proposed compact to community, related sectors and governments for consideration and, if the compact is supported, partner in its continued development and execution.

The taskforce recommends that the Australian Government:

- support the establishment of a body to oversee further development of the remote accord and utilise this body in the provision of advice to government on tailored solutions to address remote aged care matters
- recognise the need for separately tailored solutions to respond to remote aged care in terms of system, infrastructure and policy design
- ensure that action on these tailored solutions for remote aged care is identified and supported as a policy priority for immediate reform in the aged care system
- work with the remote accord to conduct a series of consultations and prepare for discussion a contemporary roadmap for remote aged care funding models, services and infrastructure based on the principles agreed/identified by the taskforce and the remote aged care participants during the work of the taskforce.¹¹²

Strategic action 12:

Establishing an Aged Care Centre for Growth and Translational Research

Strategic opportunity

The aged care industry requires a coherent strategy and key enabling infrastructure to support the strategic investment, translation and uptake of innovations designed to improve workforce capability, care quality and effectiveness.

When compared with other service industries, such as health care, this absence of a well-supported research translation pipeline discourages government and private sector investment.¹¹³

The creation of a research translation ecosystem will address barriers to the development and uptake of innovations by the aged care industry to drive improvement in aged care service delivery and workforce capability.

It will also position Australia's aged care research sector to engage more effectively with the expanding export market for aged care skills, knowledge and technologies.

Considerations

The research translation ecosystem, the Aged Care Centre for Growth and Translational Research (CGTR), will foster formalised collaboration between end users, leading aged care researchers, investors and workforce educators that provide the skills, knowledge and infrastructure to support translation of aged care workforce related research and technology from conception to market (shown in Figure 11).

The research and translation priorities of the CGTR must be firmly focused on the contemporary workforce-related needs of the aged service industry. A priority-driven approach, not investigator-driven approach, will be needed.

The CGTR should be positioned to address critical areas of need in aged care workforce research, including development of:

- a minimum data set which will provide an objective benchmark for care outcomes and assessment of the impact of interventions
- evidence-based models of care, guidelines and assistive technologies to improve workforce productivity and care quality.

The CGTR provides a mechanism to improve research translation and uptake by:

- facilitating the co-design of research priorities with industry to ensure that research is developed to address the needs of the aged care workforce and is outcomes focused
- providing a single industry voice on funding priorities, as well as barriers to and opportunities to improve research commercialisation

- leveraging public–private investment to address funding gaps that impede the development and commercialisation of promising new technologies
- embedding workforce educators into the research translation ecosystem to ensure effective knowledge transfer to accelerate uptake of new technologies by industry
- attracting private investment in aged care research through the creation of an effective research translation pipeline that is primed and ready for investment.

Governance

An executive board will be established to oversee operation and advocate to industry, funding agencies and government on research priorities and opportunities to improve research translation. The executive board will be supported by expert advisory groups appointed to undertake targeted work to support executive board consideration of funding priorities, knowledge transfer systems and review of the CGTR’s performance.

The executive board will also establish partnerships with the National Health and Medical Research Council (NHMRC) National Institute for Dementia Research (NNIDR), Advanced Health Research Translation Centres and Austrade to align research priorities, leverage existing skills and infrastructure and assess opportunities to position aged care research to meet the growing demand for aged care innovations in lucrative foreign markets.

Knowledge transfer

An online knowledge transfer hub will be developed that brings together validated tools and information resources on innovations, technologies and models of care to improve the accessibility of this information for the aged care industry.

An education program involving online training modules, courses and onsite training will be developed using a fee-for-service model. Consultation will be undertaken with Dementia Training Australia to assess whether it is practical to leverage their existing education resources and staff to deliver this training.

Research seed funding

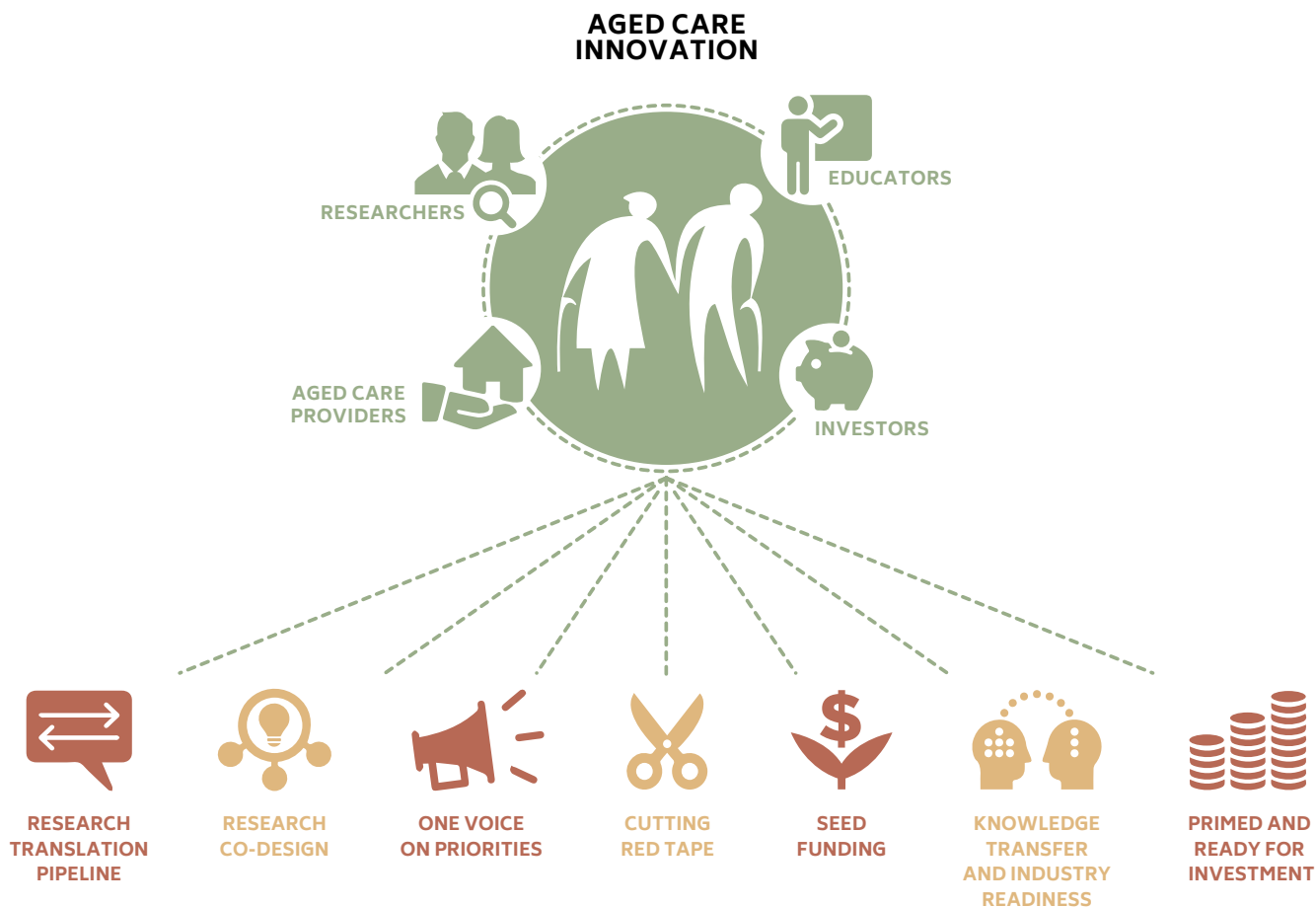
An equity fund will be developed with in-kind investment from the private sector to provide seed funding to support the development and evaluation of promising aged care innovations. This funding will prime the research collaborative network and demonstrate its potential to the aged care sector and investors.

To ensure equity of access to quality aged care services, dedicated funding will be allocated to projects designed to better address the needs of people who identify as Aboriginal and Torres Strait Islander; culturally and linguistically diverse; and lesbian, gay, bi-sexual, transgender and intersex.

Research fellowships

Research fellowships and doctoral scholarships will be supported for three years to attract research leaders and promising young researchers to the CGTR to address critical skill and knowledge gaps in the research network.

Figure 11: Structure, partners and functions of the Aged Care Centre for Growth and Translational Research



Recommendations for action

The taskforce recommends industry work with the Australian Government to establish the CGTR, including defining scope and identifying potential sources of funding.

Dedicated funding will be required to support the establishment and operation of the CGTR, with government, aged care organisations and research sectors contributing to these costs.

In its first year, the CGTR should consult on and develop a priority-driven research plan and examine opportunities to tap into the Medical Research Future Fund and other funding sources that support translational research.



Strategic action 13:

Current and future funding, including staff remuneration

Strategic opportunity

The industry, consumers, the workforce and the community will benefit from a more explicit discussion around funding and sources of revenue.

The taskforce believes there are distinct but interrelated parts to this dialogue:

- meeting consumers' needs through holistic care plans—extending traditional care plans to include clinical health, functional health, cognitive health, cultural needs, living well aspirations and advance care directives
- creating greater lines of sight to the way that organisations apply funding to the provision of holistic care
- addressing direct care shortfalls due to unplanned workforce vacancies, insufficient hours of care or understaffing
- attracting and retaining the right talent by addressing salaries of key roles under the midpoint salary range.

If this is the expectation then there are funding implications that need to be addressed to ensure ongoing viability of service provision.

Equally, if the expectation is that industry attracts the capital investment required in residential aged care to transform ageing buildings and associated infrastructure or enable industry to innovate *and* introduce changes in the way services are delivered, there are funding implications that need to be addressed.

When these parts are brought together, it becomes evident that further discussion is required to address revenue issues highlighted in recent reports and in response to the recommendations of the Tune Review associated with consumer fees and charges and ensuring the sustainability of the aged care system.

These are long-term considerations for government, industry and the community, and in the context of industry improving its standards and business models.

They need attention so that the industry can remain sustainable into the future.

There needs to be an informed debate where employers, employees and their representatives, government and the community align around the fact base and the problem to be solved and then solve it.

Considerations

The taskforce, through its consultation, acknowledges that funding (including consumer contributions) does not always meet the full costs of delivering aged care services. Furthermore, the industry has urged the taskforce to consider the impact of recent government decisions affecting the funding streams of aged care organisations.

The taskforce also acknowledges the work of the Tune Review on analysing aged care funding arrangements.¹¹⁴ Work is under way on a Resource Utilisation and Classification Study (RUCS) for the Australian residential aged care system. This study is due for completion in 2018. It will:

- identify those clinical and need characteristics of aged care residents that influence the cost of care (cost drivers)

- identify the proportion of care costs that are shared across residents (shared costs) relative to those costs related to an individual's needs (variable costs)
- develop a case-mix classification based on identified cost drivers that can underpin a funding model that recognises both shared and variable costs
- test the feasibility of implementing this classification and funding model across the Australian residential aged care system.
- Staffing costs are increasing at a greater rate than consumer price index (CPI), having risen cumulatively in the period 2014–2017 by 11.2 per cent as compared to CPI of 4.5 per cent.
- Legacy building design has a significant impact on financial performance due to the effect on the efficiency of staffing and resident movement.

In light of the above, the taskforce presents the 'logic' below to support an open and aligned dialogue between industry, government, employees and their representatives, consumers and the community. This logic is presented in three parts.

Consideration 1 focuses on the workforce costs to deliver care drawing on recent work undertaken by StewartBrown,¹¹⁵ which builds on their periodic financial assessments of the industry. StewartBrown looked at a third of the residential aged care market (915 facilities) and over 21,400 home care packages, or 401 home care programs across Australia. Their work highlights the following:

- There is little difference in terms of financial performance between not-for-profit and for-profit organisations in metropolitan and inner regional locations. This suggests that capital structure is not a driver of performance.
- Between 55 per cent and 60 per cent of provider expenses are employee related. Total labour costs in residential care increased by 3.2 per cent over the period June 2017 to December 2017 (partially due to the impact of influenza and gastro outbreaks resulting in increased hours of care per resident and use of agency staff).
- Strategic action 6 proposes an industry standard to approach workforce planning and skills mix modelling. To put this approach into practice, the industry standard must be aligned with an organisation's business model and deliver value to consumers at an appropriate cost. Further, organisations must implement holistic care planning that covers clinical, functional and cognitive health; identity, cultural and diversity needs; living well; morning, afternoon, night-time and weekend care; and advance care directives. Taken together, the taskforce is asking organisations (on the whole) to operate differently. In asking this, it acknowledges there are implications for the cost of doing business.

From StewartBrown's most recent data, it is evident that questions relating to funding arrangements are material to both industry development and salary deficiencies for the industry's workforce.

Acknowledging the work undertaken by StewartBrown, together with the consultations we have undertaken, the taskforce considers the following factors should be considered:

- Based on current revenue arrangements, some organisations consider they are restricted in the actual number of direct care hours they can provide. This may suggest that additional revenue is required. However, the taskforce notes that this needs to be looked at in the context of strategic action 6 and other actions that can be taken to raise skill levels and the overall performance and productivity of the workforce (particularly through improved employee engagement and modernising approaches to workforce organisation).
- We need to accept that, due to current perceptions of the industry, this industry is not able to attract and retain the workforce (numbers and capability) required. There is a skills shortage, resulting in unfilled vacancies. This directly affects the numbers of staff available to provide direct care at any time during the day or night.
- There are pay (salary) deficiencies for particular job families, particularly for PCWs and nurses, whose role and contributions are undervalued (see below). This directly impacts on workforce attraction and retention, leading to additional costs at the organisational level due to staff turnover and use of temporary or agency resources.
- There is a growing body of evidence that highlights increasing consumer expectations around what constitutes appropriate hours of care and skills mix to meet their clinical, functional and cognitive needs.

Consideration 2 goes to capital investment in residential aged care infrastructure. There is a substantial number of older properties that will need to be transitioned, over time, to new buildings to support new models of care if standards and consumer experiences are to be improved. Aged care organisations with older buildings and infrastructure that are no longer fit for the purpose in delivering contemporary care need to be identified and transition or improvement programs supported.

This issue is magnified in rural locations where access to capital can be limited. In the 2018 federal budget the Australian Government, through the Department of Health, provided for infrastructure investment for regional, rural and remote aged care to fund building improvements, urgent maintenance and infrastructure expansion for organisations in these areas.¹¹⁶

An accelerated capital transition plan could be considered to support those organisations that need to transition to newer infrastructure so as to support improved care delivery and safety for consumers and enable the workforce to operate more effectively and safely.

This plan would need to be developed between the industry and governments to support improvements in the quality of care and outcomes for consumers in a cost-effective way.

Consideration 3 focuses on the industry's ability to make progress within its current funding envelope and use established mechanisms to innovate *and* introduce changes in the way services are delivered.

As noted in strategic action 6, the taskforce is aware of the longstanding debate about using staff ratios in residential care as a means of delivering improved care. If prescribed ratios and hours of care were to be applied across the industry, this would result in significant additional costs. StewartBrown estimate that the effect of legislating direct care staffing hours to 4.3 hours per resident per day would increase care staffing costs by an overall average of \$53.09 per bed per day (\$19,379 per bed per annum, currently estimated to be a 20 to 25 per cent increase in total costs for organisations).

Instead, the taskforce is of the view that the issue is actually about sufficient numbers across the workforce as a whole, combined with good decision-making on the part of organisations to ensure the appropriate staff skills mix to meet the needs and expectations of care plans.

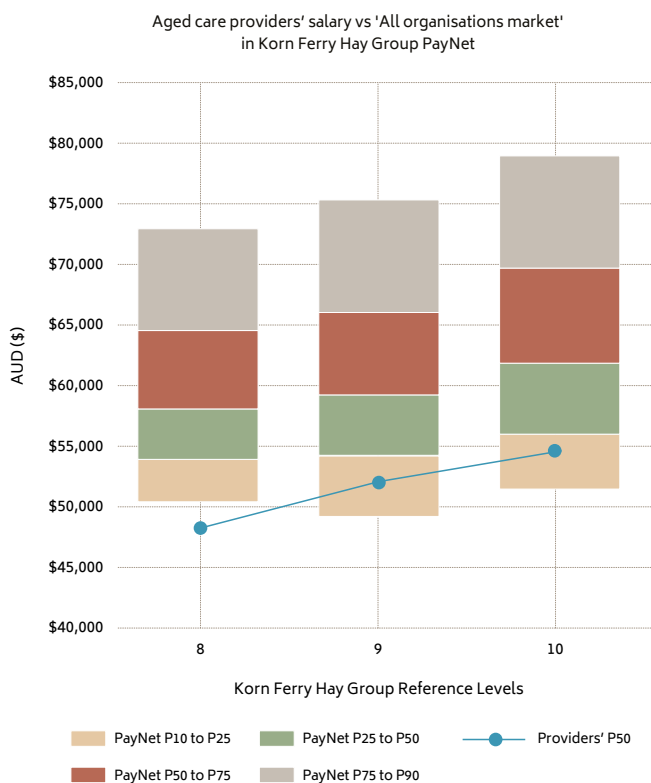
Unplanned workforce vacancies arising from poor retention and poor employee engagement and enablement have an impact on the ability of organisations to deliver on these expectations. Although not formally captured, anecdotal evidence from StewartBrown, supported by the taskforce's consultations, suggests unplanned vacancies, absenteeism and impact of staff turnover could be between 15 and 25 per cent staff vacancies. This amounts to understaffing, meaning that current organisations' workforce mixes are stretched and are probably not being used effectively and there are productivity gains to be made by improving attraction and retention across the industry.

When considering these two issues together, the taskforce is of the view that, at the heart of the matter, it is about the numbers of people in the workforce available on each shift, on each day, to provide the care that is needed. For these reasons, the taskforce has identified the factors outlined in consideration 3 and believes that a combination of action in these areas, together with genuine innovation, can enable the industry to perform better within its existing funding envelope.

Adding key additional perspectives on pay

The work undertaken for the taskforce on strategic action 3 demonstrated the undervaluing of the PCW role.¹¹⁷ This is reflected in additional analysis undertaken for the taskforce on the comparative pay position of PCWs when compared with other industries. This goes to attracting and retaining the right talent by addressing salaries of key roles under the midpoint salary range.

Figure 12: Personal care workers—comparative pay analysis¹¹⁸



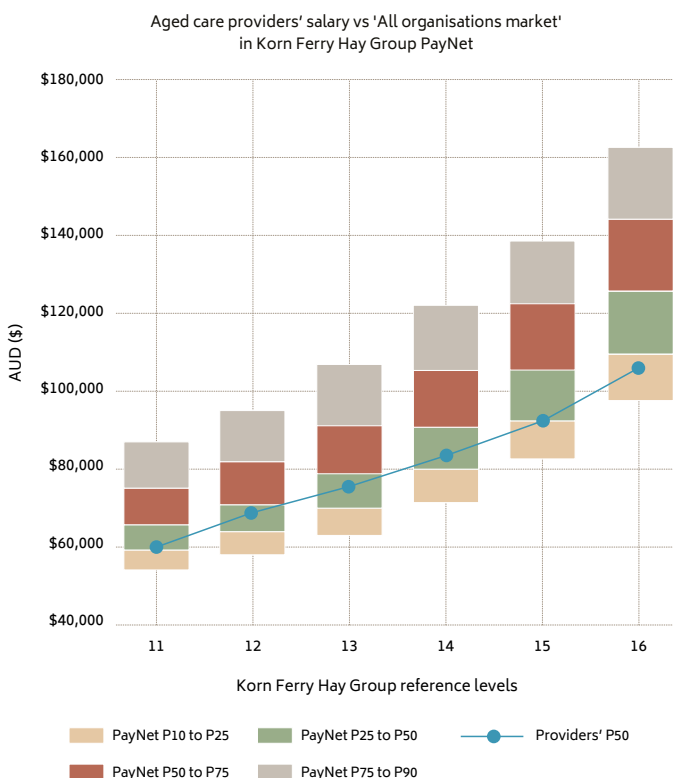
There are pay deficiencies, particularly for PCWs (residential and home care) and nurses. Korn Ferry Hay Group analysis undertaken for the taskforce highlights these roles, on average, are being under-rewarded by 15 per cent against the midpoint. This figure has also been identified by StewartBrown.

The Tune Review observed that aged care nurse wages are appreciably lower than their counterparts in the acute sector, which is the major competing employment sector. The report noted that there is a difference of around 10 per cent between nurse wages in the acute sector and those in aged care.¹¹⁹

The taskforce's consultations suggested that, through to the mid-1990s, the rates of pay and key salary-related conditions of registered (then enrolled) nurses across all sectors of employment had historically been accepted by the then Australian Industrial Relations Commission on the basis of evidence that the work was of the same value. This equivalence was gradually eroded by bargaining outcomes that reduced the salary position of nurses in the aged care sector relative to nurses in other sectors of employment.¹²⁰

Analysis undertaken for the taskforce confirms the comparatively low-paid status of nurses employed in aged care.

Figure 13: Nurses—comparative pay analysis¹²¹



Remuneration strategies

Remuneration strategies are required in each job family, taking into consideration talent supply, expected performance, retention risk level, workforce level in the organisation and industry stability (see Figure 14).

Strategies of this kind involve discussion and comparison of remuneration levels for staff in aged care relative to similar functions in the health and disability sectors; benchmarking aged services remuneration; and an annual survey of wages outcomes in the industry.

The consolidated impact of these three parts needs to be considered against the following backdrop:

- The Aged Care Financing Authority (ACFA) provided advice in 2016 that organisations operating in rural and remote areas face additional financial challenges, with higher cost pressures (notably labour costs) and lower financial results. This affects their ability to engage and retain staff and obtain access to specialised health services.

Figure 14: Remuneration strategies—considerations

	Experience	Performance	Market requirement	Potential, competence & skill	Retention risk
Range maximum	Extensive experienced	Consistently superior	Clearly apparent market premium	Highly specialised, scarce and critical area. Identified HiPo on a fast track	High impact, high risk
	Very experienced	Usually high performing superior performer		Very competent	
Midpoint	Experienced	Standard performer	Equal to market comparator overall	Competent employee, appropriately skilled and proven competence	High impact, low risk or low impact, high risk
	Some experienced	Not quite at standard performer but developing	Clearly lower than overall market	Developing experience and appropriate skills	
Range minimum	Recent appointment	Recent appointee, performance untested		Still to acquire necessary skills	Low impact, low risk

- The ACFA is studying and reporting on the increasing use of respite care and the appropriateness of the current arrangements, including funding structures, for providers and consumers (the reporting date is 31 October 2018).
- The ACFA, through the Consumer Finance Project, is analysing how consumers finance their aged care costs and will provide advice on whether there is scope to improve consumer support in making these important decisions (the reporting date is 31 August 2018).
- The Australian Government commissioned Resource Utilisation and Classification Study of residential aged care to identify those clinical and need characteristics of aged care residents that influence the cost of care (cost drivers) and identify the proportion of care costs that are shared across residents (shared costs) relative to those costs (the report is due by December 2018).



Recommendations for action

The taskforce considers action is needed across three broad areas:

- **Revenue shortfall:** The taskforce recommends that ACFA, with the support of StewartBrown, build on work to date to identify and quantify areas of potential revenue shortfall to inform the development of longer-term funding options. This should be done based on the taskforce findings in conjunction with the outcomes from other reviews dealing with issues related to funding such as the recommendations of the Tune Review.
- **Pay deficiencies:** The taskforce recommends that industry develop a strategy to support the transition PCWs and nurses to pay rates that better reflect their value and contribution to delivering care outcomes. More broadly, the taskforce recommends that organisations develop, in accordance with their business model, remuneration strategies covering each job family. This would take into consideration talent supply, expected performance, retention risk level, workforce level in the organisation, and industry stability (discussed in strategic action 7).
- **Innovative practices:** The taskforce recommends that the industry develop a productivity agenda focused on genuine innovation through changing models of care, improved and greater use of technology, enriching jobs and organising work in new ways.
- **Who pays for care:** The aged care industry, all levels of government and, in particular, the Australian Government—together with the community—need to have an aligned understanding of aged care funding, starting with the shortfall and consumer contributions. Only then is it possible to have a constructive, informed discussion around how to ensure a sustainable industry into future financial years. Based on the holistic care planning approach recommended in strategic action 6, the taskforce proposes a community-driven dialogue to answer the question of who pays for care. As part of this, there is a need to examine the impact of productivity across both industry and the government. This is about paying the workforce for their important contribution and equipping them to work well, safely and to full scopes of practice. It is about reframing the industry for the future to empower those at heart this strategy—the workforce and the consumer.

Strategic action 14:

Transitioning the industry and workforce to new standards

Strategic opportunity

The strategic actions put forward by the taskforce address workforce issues in a holistic manner, recognising the role of industry, the community and all levels of government.

The strategy is executable in one to three years and sets industry up for the next four to seven years.

The strategic actions were tested through extensive consultation with organisations, consumers, employees and their representatives. Each strategic action is solutions focused and will deliver tangible results to the workforce.

Moreover, the recommendations, taken together across the strategic actions, can be applied by the aged care industry and individual organisations in the main within existing funding envelopes. An organisation's ability to implement these recommendations does not depend on additional government funding. But it does require a mindset shift to ensure that people think and act differently.

Embedding long-lasting cultural change is fundamentally about inspiring people to act differently. It requires galvanised industry leadership to be visible and with a unified voice. This is necessary to execute the strategy in a manner that *empowers industry as a whole* to improve and ultimately enables consumers and the workforce to derive maximum benefit from the strategic actions.

The taskforce proposes the formation of an Aged Services Industry Council to bring the peak bodies together to enable strategic leadership across the industry. This will accelerate implementation of the strategic actions of the Aged Care Workforce Strategy in a coordinated and sequenced manner and realise the productivity

gains that can be made for the industry and organisations sooner. In so doing, all organisations will have to give this consistent and sustained attention.

This approach is critical to enable the industry and the workforce to achieve new standards necessary to remain sustainable into the future. Accordingly, the Aged Services Industry Council needs to:

- be authentic and well regarded in its intent, with transparency of its governance structure and leadership obligations
- have a mindset that strives to meet aspirational goals (not just minimum standards), notably enhanced quality and a positive consumer experience
- think strategically about the industry as a whole and manage disparate views and competing priorities, ensuring that outcomes benefit the industry.

Considerations

The Aged Services Industry Council has two key priorities:

- First, it must establish a voluntary industry code of practice¹²² for the aged care industry. The code is the primary vehicle to drive behavioural and cultural change across the industry. In driving this change, the code will underpin the creation of true industry leadership.
- Secondly, the council must support the implementation of the remaining strategic actions of the Aged Care Workforce Strategy.

Accordingly, the council will take ownership of the implementation of the recommendations. It will shape and oversee the delivery of the outcomes, working with industry and government *throughout* the process.

At the highest level, the council will drive behavioural and cultural change across the industry through the application of a proposed governance model. Figure 15 demonstrates

the three tiers of governance that would connect the Aged Services Industry Council with organisations and the workforce in order to implement the workforce strategy.

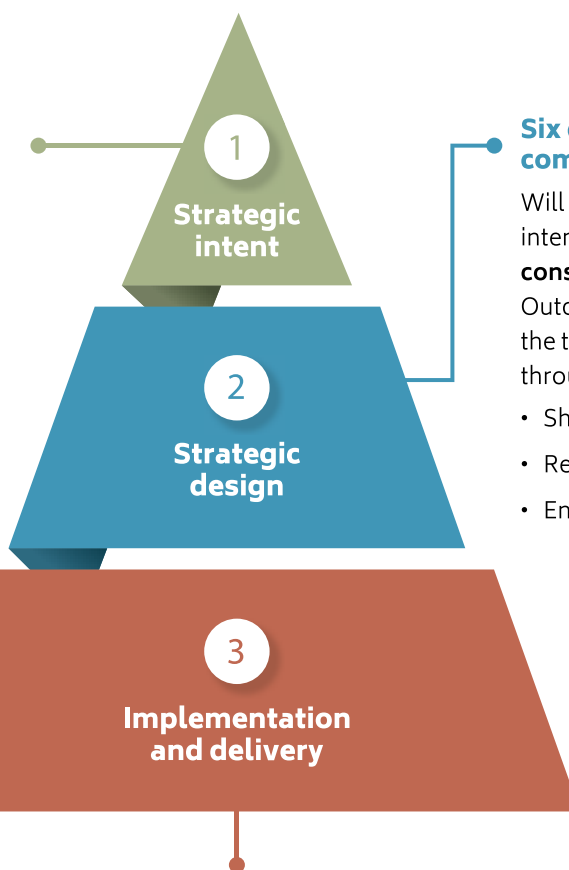
Figure 15: Implementing the Aged Care Workforce Strategy—tiered governance

Providing leadership for the industry. Underpinned by a three tiered governance structure.

Aged Services Industry Council:

Considers the direction of the industry (now and into the future) and how the **industry as a whole** delivers against this. In this first instance, this direction will come from the voluntary industry code of practice.

Strategic intent requires collaboration between a united industry, all levels of government, and the community.



Six cross industry committees:

Will deliver the strategic intent in a **nationally consistent** manner. Outcomes will be aligned with the three key insights derived through the workforce strategy:

- Shifting attitudes
- Reforming access
- Enhanced life.

Organisations and the workforce:

Delivering against an **industry approach to workforce planning** (reflecting the different requirements of care settings). Implementation and delivery will focus, in the first instance, on the following:

- Enhancing education and training programs to support the existing workforce
- Improving workforce attraction and retention across all 'job families'
- Establishing meaningful career pathways, particularly for personal care workers
- Giving the workforce a greater sense of dignity and belonging in the community, recognising the important role they play in our society.

Leaders across the industry will be the foundation for lasting change, working for the collective good of the industry. To create this change, the industry will need to draw on what it does well and also look outside to others that have been successful in this space. In this context, the Aged Services Industry Council, representing the peaks collectively, will become a galvanised industry voice to all levels of government.

With respect to the workforce, the Aged Services Industry Council will actively support industry leadership, capability and capacity to address, systematically, those strategic workforce matters defined through the taskforce's strategic actions. This would commence with the implementation of the voluntary industry code of practice.

An integrated program of work

There are two ways of approaching taking action across all strategic outcomes:

- individual organisations take them up, in the main within existing government funding
- an accelerated transformation program is adopted, led by the industry and undertaken as an integrated program of work.

To ensure the strategic actions deliver maximum benefit, the taskforce favours an integrated program of work. There are clear dependencies between strategic actions. While several actions can be undertaken concurrently, it is important to implement each strategic action methodically to ensure cultural and behavioural change is sustainable.

By approaching the strategic actions as an integrated program of work, there will be a clear line of sight to their implementation and an ability to adjust and refine their implementation as required.

An integrated program approach, coupled with the governance structure proposed, ensures clear accountability and ownership as strategic actions become embedded as 'business as usual' within the industry.

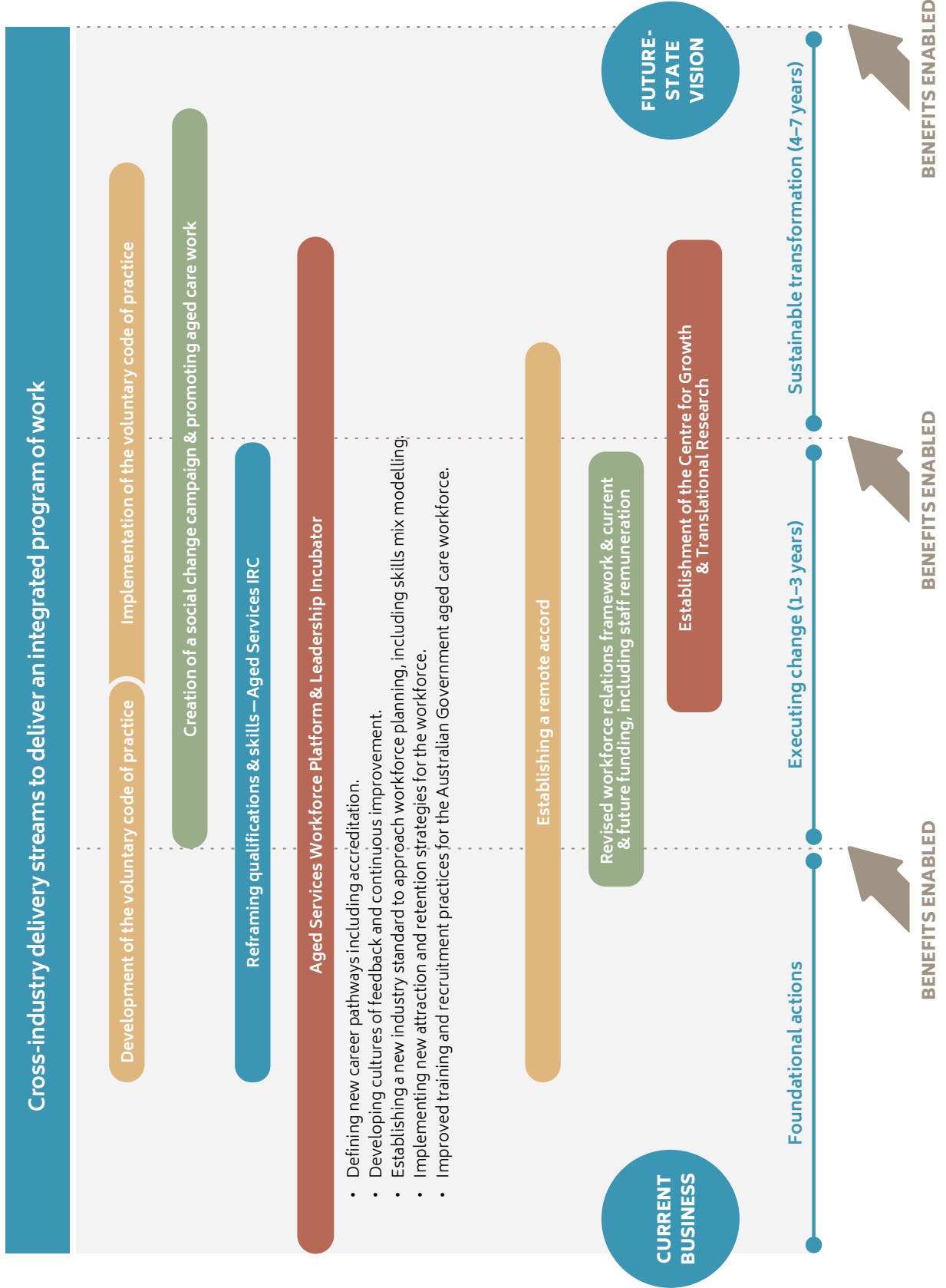
The integrated program approach is evidence-based and works through a set of processes, with defined outputs. This ensures collective agreement and commitment on objectives, activities, and results, while also providing the infrastructure and capability required to manage the translation of strategic intent to strategic design and, ultimately, implementation and delivery.

The following six cross-industry delivery streams will deliver most of the strategic actions:

1. Development and implementation of the voluntary code of practice.
2. Creation of a social change campaign to address community perceptions of aged care, shift community perceptions of those in the care of the industry and attract new talent by promoting the roles and career paths offered.
3. Industry input and support for the Aged Services IRC.
4. Bringing together an Aged Services Workforce Platform and Leadership Incubator approach to drive leadership development, establish new career pathways, implement an accepted approach to accreditation, support workforce planning and skills mix modelling, and implement new attraction and retention strategies.
5. Taking forward a revised workforce relations framework and engaging on funding issues.
6. Supporting and providing industry advice on the priorities for the CGTR.

Figure 16 depicts how these can be grouped as delivery streams.

Figure 16: Overview of cross-industry delivery streams



An economic case for change—for industry consideration

Regardless of the option selected, the Aged Services Industry Council would need to drive the mindset shift required across the industry so that people think and act differently. In doing this, the council would ensure the strategy has been executed over a one to three year time frame.

While the benefit of the first approach is a minimal financial investment, the trade-off would be that improvements would be only incremental, made by progressive organisations. Furthermore, organisations may ‘pick and choose’ what recommendations to implement, thereby reducing the benefits realised by consumers and the workforce.

The second approach, through an integrated program of work, enables consumers and the workforce to maximise the benefits realised through the workforce strategy. An integrated program approach would enable strategic actions to be dealt with in a coordinated and sequenced manner, ensuring that quick wins are made in the first instance while infrastructure is established to implement those strategic actions with a longer-term horizon. Importantly, this approach would set the industry up for the next four to seven years.

Indicative analysis undertaken by the Korn Ferry Hay Group estimates that, by taking an integrated program approach across the industry, there is a potential productivity saving for industry of an estimated \$488 million per annum. This is summarised as follows:

- annual cost savings (on average) from reduced workforce turnover (20 per cent to 12 per cent) of \$311 million, and annual cost savings (on average) from reduced workforce absenteeism (5 per cent each year) of \$177 million
- a comparatively modest annual financial investment to achieve these savings through the effective deployment of the fourth cross-industry stream of work—\$14.6 million—made up of:
 - funding for an ‘Aged Services Workforce Technology Platform’¹²³—\$5.4 million annually
 - funding of an ‘Aged Services Organisational Improvement Program’¹²⁴ (available to all organisations in the industry)—\$2 million annually¹²⁵
 - funding for an ‘Aged Services Leadership Incubator Program’¹²⁶—\$7.2 million annually. This approach recognises that effective implementation of the strategy requires a coordinated industry-wide program with focus on execution at the individual organisation level.¹²⁷

It should be noted that the figures presented represent a ‘minimum net benefit’, as the analysis is based on only undertaking the fourth cross-industry stream of work. It does not take into account the financial costs and benefits that can be realised across the other cross-industry streams of work.

For the program to be successfully implemented, the approach needs to:

- be grounded on an evidence base
- be socialised pragmatically with leaders from all organisations
- leverage the power of best-practice sharing and benchmarking within the industry and across the industry
- drive consistent outcomes across the industry
- leverage technology platforms to ensure access by all organisations, regardless of size.

Recommendations for action

The taskforce recommends the establishment of an Aged Services Industry Council to provide the necessary strategic leadership to accelerate the programmatic implementation of the workforce strategy. This will empower the industry and organisations to improve and ultimately enable consumers and the workforce to derive maximum benefit from the workforce strategy.

The taskforce recommends that as part of the appointment of the Aged Services Industry Council:

- members are appointed by the industry and approved by the provider peak bodies. This council would report back to the peak bodies and member organisations
- membership is drawn from current and emerging operating CEOs across the industry. This will provide an appropriate balance of skills, experience and industry representation
- there would be a membership of a maximum of 12 persons, comprising:
 - an independent chair
 - a deputy chair
 - industry nominated CEOs
- the council, where appropriate, would have cross-industry committees to implement the Aged Care Workforce Strategy
- the council would appoint secretariat support and arrange the necessary infrastructure. This could be drawn from individual company resources and existing peak secretariats on a rotational basis.

To facilitate the implementation of the remaining strategic actions, the Aged Services Industry Council would initiate the following:

- Six cross-industry committees will be established to address each of the strategic actions in a coordinated and integrated manner (noting the dependencies between certain actions).
- Each committee will be led by an industry CEO, who will have overall responsibility for project management of their team.
- These committees should have the requisite capability and capacity to satisfactorily address these strategic actions, noting that teams will have to work in collaboration to ensure the benefits are maximised and outcomes delivered are nationally consistent and coordinated.

Appendix A:

Taskforce Terms of Reference

The taskforce will develop a strategy for growing and sustaining the workforce providing aged care services and support for older people, to meet their care needs in a variety of settings across Australia.

The taskforce will place particular emphasis on:

- Workforce planning covering workforce size and structure, managing growth and changes in service requirements, mix of occupations, workforce roles and distinct workforce needs in different care settings and market catchments.
- Supply and retention of the right workers with the right aptitudes in the right locations and securing and sustaining up-to-date skills.
- The capacity of providers as employers, and the role of sector leadership, to equip the workforce to meet service requirements, needs and expectations of quality of care and services.
- Building sector-wide capabilities to innovate and extend new ways of working tailored to the needs of the older people who use aged care services, their families, carers and communities.

In undertaking its work, the taskforce will be expected to:

- Assess trends, emerging issues and potential scenarios relevant to the current and future workforce.
- Cover the entire aged care workforce engaged in providing care and services, including support staff, contracted services and volunteers.
- Work in the context of aged care system policy settings, integrity, consumer safeguards and funding.
- Consider wider government policy settings of relevance to the workforce.
- Have regard to recent submissions to and reports of relevant inquiries on aged care workforce matters, and government responses.
- Engage and consult widely to ensure all points of view are heard and considered.
- Integrate in its work an inclusive and responsive workforce to support the diverse needs of older people.
- Ensure coverage of regional, rural, remote and very remote workforce issues.
- Consider cross-sectoral challenges and opportunities, particularly with the health, disability, education and employment sectors.
- Incorporate short term, medium term and longer term actions as part of a sustainable strategy.

Appendix B:

Taskforce membership, meetings and acknowledgements

Chair—Professor John POLLAERS OAM



Areas of expertise: Business, education, training and skills development, innovation and technology.

John Pollaers has a proven track record in leading major Australian and

international companies, including Pacific Brands and Foster's Group. In his current roles he is working across government to bring about major reforms to vocational education and training and aged care. This is the realisation of his vision of building a strong future for Australia by creating opportunities for people and businesses to flourish and succeed. He is a passionate advocate for education and training, the care of senior Australians and including more people with disability in work and training.

John is Chair of the Australian Industry and Skills Committee and the Australian Advanced Manufacturing Council, a past member of Prime Minister's Industry 4.0 Taskforce, and past advisory board member at Melbourne University's Centre for Workplace Leadership. He runs his own business in Independent Living and Assistive Technology and sits on an international board.

Dr Michele BRUNIGES AM—Secretary, Department of Education and Training, Australian Government



Areas of expertise: Ex-officio member—education, skilling and training.

Dr Michele Bruniges AM is the Secretary of the Australian Government Department of Education

and Training. Through the department, the Australian Government takes a national leadership role in 'whole-of-life' education opportunities from early childhood education, schooling, higher education, through to skills and training and international education and research. Dr Bruniges has held this position since April 2016.

Previously, she led the NSW Department of Education and Communities and the ACT Department of Education. Her qualifications include a PhD in Educational Measurement and a Masters in Education.

Dr Bruniges is a Member of the Order of Australia and has received national recognition for her significant contribution to education as the recipient of the Australian Council for Educational Leaders (ACEL) Gold Medal Award.

Effective from April 2017, Dr Bruniges became the first Australian to be appointed Chair of the OECD's Programme for International Student Assessment (PISA) Governing Board in recognition of her expertise in assessing educational outcomes based on evidence, effective data collection and analysis.

Dr Penny FLETT AO—Pro Chancellor
University of Western Australia



Areas of expertise:
Leadership roles in aged care, geriatrician and medical administrator.

Dr Penny Flett is Pro Chancellor and Senate member of the University of Western Australia.

She is the former chair of the Methodist Ladies' College (WA) and Chair of the Bravery Decorations Council. She is a former Chief Executive Officer of the Brightwater Care Group (WA) providing residential, home and rehabilitation services for the elderly and young disabled people. She has been a board member of the State Training Board of Western Australia. As Chair of the WA Aged Care Advisory Council, she oversaw development of a State Aged Care Plan. Dr Flett was named Telstra Australian Business Woman of the Year in 1998.

Maria JOLLY—First Assistant Secretary,
Aged Care Reform Taskforce,
Department of Health, Australian Government
(from 10 May 2018)



Areas of expertise:
Ex-officio member.

Maria Jolly joined the aged care group of the department, bringing expertise from a range of health programs and policy development processes.

She has had experience in managing strategic policy development, the medical benefits schedule, Aboriginal and Torres Strait Islander health, rural health, primary care policy and health workforce. Her roles have been primarily in health, with some time also spent in the Department of the Prime Minister and Cabinet and the Department of Finance (many years ago).

Dr Stephen JUDD FAICD BA (Hons) PhD—
CEO Hammondcare



Areas of expertise: Sector leader, research, dementia and models of care.

With over 30 years' experience in the health care and information technology industries, Stephen has previously

held director positions on a number of bodies, including Aged Care Services (NSW & ACT) and the Community Council for Australia. He has written, edited and contributed to books on dementia care, aged care design and the role of purpose-driven charities. Stephen is a member of the Advisory Council of the Australian Aged Care Quality Agency and the Aged Care Sector Committee.

Professor Linda KRISTJANSON AO—
Vice-Chancellor, Swinburne University



Areas of expertise:
Research, tertiary education sector, clinical and health research.

Professor Linda Kristjanson is Vice-Chancellor of Swinburne University of Technology and is a

Fellow of the Australian Institute of Company Directors and the Australian Academy of Technology & Engineering (ATSE). She chairs the Victorian Comprehensive Cancer Centre and is a non-executive director of Education Australia Ltd. She was a member of the National Health and Medical Research Council from 2003 to 2006. She obtained her Bachelor of Nursing and Master of Nursing degrees from University of Manitoba and a PhD from University of Arizona. In 2012 she was recognised for her research in palliative care with a lifetime achievement award by the Bethlehem Griffith Research Foundation. In 2002, Linda was named the Australian

Telstra Business Woman of the Year in recognition of her entrepreneurial work in health, science and innovation.

Adjunct Professor Alan LILLY RPN RGN Grad Dip HSM MHA FCHSM FIML MAICD—
Chief Executive, Blue CrossSapphireCare



Areas of expertise: Health and aged care leadership and management.

Professor Alan Lilly has been Chief Executive of BlueCrossSapphireCare in Victoria since September 2016 and holds a

concurrent appointment as an Adjunct Professor of Australian Catholic University. He has predominantly worked in the Victorian Public Health System, including as Chief Executive of Eastern Health in Victoria for more than seven years prior to taking up his BlueCross position.

A Registered Mental Health Nurse and Registered General Nurse by background, with postgraduate management qualifications, he has presented extensively on matters related to recruitment, workforce development, quality and safety. He has also published articles on leadership, culture and workforce development.

He is a board director of the Aged Care Guild, a board member of the Monash Institute for Health & Clinical Education Advisory Board and a member of the Dementia Support Australia Expert Reference Group. Alan is a Fellow of the Australian Institute of Managers & Leaders, a Fellow of the Australian College of Health Service Management and a Member of the Australian Institute of Company Directors.

Professor Andrew ROBINSON—Adjunct Professor, Wicking Dementia Research and Education Centre & Professor Dementia Training Australia, University of Tasmania, Director of Dementia Training Australia and Principal Research and Innovation, Gravitas Leadership Group



Areas of expertise: Innovator in dementia care practice, aged care workforce development, health professional and online dementia education, and translational research in aged care.

Professor Robinson is Co-Founder of the Wicking Dementia Research and Education Centre at the University of Tasmania. He was Co-Director of the Centre and Professor of Aged Care Nursing until September 2017. He is recognised as a national and international leader and innovator in aged care and has led translational research and innovation projects involving a broad range of community and residential aged care services across Australia.

Professor Robinson is an international leader in dementia education through the Wicking Teaching Aged Care Facility program and a key driver of strategic innovation in research and online delivery systems such as Massive Open On-line course (MOOC) learning platforms. He played a central role in developing the world leading Understanding Dementia MOOC and the highly innovative and successful on-line Bachelor of Dementia Care program run through the Wicking Centre. As Director of Dementia Training Australia he is leading programs to develop online dementia products for the aged care workforce.

Tim SHACKLETON—Chief Executive Officer, Rural Health West



Areas of expertise: Rural health systems and regional development.

Tim Shackleton is the Chief Executive Officer of Rural Health West—a not-for-profit organisation dedicated to ensuring

that rural communities in Western Australia have access to quality primary health care. He has 25 years of experience in the rural health sector.

Between 2011 and 2016, he was the director of health services consulting firm Virtual Health and led a wide range of health consultancy projects for high-profile clients across Australia.

Tim had previously served as Chief Executive Officer of the Royal Flying Doctor Service of Australia (Western Operations) and regional director for the WA Country Health Service in the Pilbara-Gascoyne and Wheatbelt Regions. He is immediate past Chair of the Wheatbelt Development Commission and the WA Regional Development Council, and is currently Chair of the WA Pastoral Lands Board. He has been a non-executive director of the Regional Australia Institute since 2012.

Pat SPARROW—Chief Executive Officer, Aged & Community Services Australia (ACSA)



Areas of expertise: Sector leader, heads a peak body with high rural membership, aged care reform, provider perspectives, policy and strategy, government relations.

Pat Sparrow is a social policy leader and innovator

with expertise in stakeholder engagement and management. She has specific and detailed expertise in ageing policy and aged care, having worked as, and with, a diverse range of stakeholders including consumers, service providers, workforce, health professionals, corporate organisations and government. This unique ‘360-degree’ perspective ensures that Pat’s leadership approach is strategic and nuanced, inclusive and collaborative.

Pat is a member of the Aged Care Sector Committee, the National Aged Care Alliance (NACA) and various other advisory bodies as well as a Board Director on the Aged Care Industry Information Technology Council.

Catherine RULE—First Assistant Secretary, Aged Care Reform Taskforce, Department of Health, Australian Government (until 9 May 2018)



Areas of expertise: Ex-officio member—health, aged care, human services, government links.

Catherine Rule had overseen policy, funding, and regulatory activities for the ageing and aged

care system, including residential care, home care and the Commonwealth Home Support Programme. Catherine joined the Department of Health in July 2015 (leaving in May 2018 to take up a Deputy Secretary position in the Department of Human Services), having held senior executive positions in the Department of Human Services and the Australian Sports Drug Agency.

Adrian TURNER—CEO, CSIRO’s Data61



Adrian Turner is the CEO of CSIRO’s Data61, Australia’s largest data innovation network. He is a successful and influential Australian technology entrepreneur who has spent 18 years in Silicon Valley. He is also co-chair of the Australia

Cyber Security Growth Centre (AustCyber), a member of the Board of Directors for the Australian eHealth Research Centre (AeHRC), a member of the World Economic Forum Global Future Council on Digital Economy and a member of the Genomics Health Futures Mission Steering Committee. Most recently he was managing director and co-founder of Borondi Group.

Prior to this, Adrian was co-founder and CEO of smart phone and Internet of Things security company Mocana Corporation, had profit and loss responsibility for Philips Electronics connected devices infrastructure, and was Chairman of the Board for Australia’s expat network, Advance.org.

Adrian was also author of the eBook *BlueSky Mining, Building Australia’s next billion dollar industries*.

Ian YATES AM, BA—Chief Executive, COTA Australia (Council on the Ageing)



Areas of expertise: Consumer advocate; aged care reform; consumer and carer needs, interests and perspectives; higher education governance.

Ian Yates serves as the COTA representative on the Aged Care Sector Committee, the National Aged Care Alliance (NACA), and

various other bodies. He is a member of the Aged Care Financing Authority (ACFA), the Advisory Council of the Australian Aged Care Quality Agency, and the Advisory Board of the Centre of Excellence in Population Ageing Research (CEPAR)

Ian chaired the NACA Working Group on Workforce that advised the government during the development of the Living Longer Living Better Reforms, and co-chairs NACA’s Blueprint and Roadmap Implementation Group. He served for 20 years as a member of the Council of Flinders University, including lengthy periods as Deputy Chancellor and Chair of the Strategic Resources Committee.

Taskforce meetings

The taskforce met four times:

- Thursday 30 November 2017
- Tuesday 13 February 2018
- Tuesday 10 April 2018
- Tuesday 12 June 2018

Acknowledgements

The taskforce thanks the consumers, families, carers, providers, organisations, workers, employee representatives, academics and health professionals who contributed to the considerations of the taskforce.

We benefited from having access to a number of subject-matter experts and people who shared their expertise and experience across health and aged care. These are listed showing the issues or spheres they covered:

Taskforce subject matter experts

- Attraction and retention: Future of Employment and Skills Research Centre, University of Adelaide
- Code of practice and governance: Cameron. Ralph. Khoury
- Consumer and worker insights: HammondThinking
- Employee engagement and enablement survey: Korn Ferry Hay Group
- Strategy development, strategic advice and taskforce support: Apis Group
- Workforce organisation analysis and pathways—current and future state: Korn Ferry Hay Group
- Workforce—future state: Miles Morgan Australia.

Taskforce advisers and technical support

Aged care financing: StewartBrown

Event management support: Event Planet

Government workforce: Adjunct Professor Mark Brandon OAM, Member, Expert Panel, International Society for Quality in Healthcare

Home care experience: National Seniors Australia

Report production:

- Editorial and web compliance: Apricot Zebra
- Graphic design: Paper Monkey

Roundtable participants:

- Diversity: facilitated by Tempo Strategies
- Occupational therapy: held by Occupational Therapy Australia
- Palliative care: held by End-of-Life Directions for Aged Care (ELDAC) and Palliative Care Australia
- Remote and very remote
- Research and data: facilitated by Tempo Strategies

Student/workforce placements: Julie Goods, Helping Hand SA, Lee Veitch ACSA Tasmania, Samantha Bowen, Acorn Network WA

Technical Advisory Group chairs and contributors:

- Employee needs and expectations: chaired by Rob Bonner, Australian Nursing and Midwifery Federation
- Health and aged care interface: chaired by Associate Professor Christine Stirling, University of Tasmania; President, Australian Association of Gerontology
- Translation of knowledge and technology into care practices: chaired by Professor Deborah Parker, Professor of Nursing Aged Care (Dementia), Faculty of Health, University of Technology, NSW
- Working Group—action plan for strategies for achieving outcomes care for Aboriginal and Torres Strait Islander people (workforce elements): chaired by Matthew Moore, General Manager Aged Care, Institute for Urban Indigenous Health¹²⁸

The Department of Health's Aged Care, Sport and Population Health Group provided secretariat and research support for the taskforce.

Appendix C:

Glossary and acronyms

Glossary

Aged Services Industry Council

This refers to the new industry-led body recommended by the taskforce that will oversee, coordinate and sequence implementation of the 14 strategic actions presented in the Aged Care Workforce Strategy. The council will galvanise industry leadership by bringing together the three aged care industry peak bodies—Aged & Community Services, Leading Age Services and the Aged Care Guild. The council will be led by an independent chair and will be supported by six cross-industry committees.

Aged Services IRC

The Australian Industry and Skills Committee (AISC) has established a specific purpose Aged Services Industry Reference Committee (IRC) to support the industry to strengthen the skills and competencies of their workforce and position them to more effectively deliver care in accordance with a consumer-centred approach. The Aged Services IRC will be responsible for:

- reforming national training package qualifications and skill sets needed by the aged care industry
- examining new approaches to career structuring and progression in the sector, and the education pathways needed to support these
- scoping opportunities for collaboration across VET, higher education and a range of industry sectors to tackle the challenges of an ageing society.

Advance Care Directive

An Advance Care Directive is a legal document that allows a person to make their future health care preferences known if they were to lose their capacity to make decisions.

It will only operate when a person no longer has decision-making capacity. The law and forms for Advance Care Directives are different in each state and territory and the terminology used may vary as well (for example, they may be called Advance Directives, Advance Health Directives).

Advance care plan

An advance care plan states preferences about health and personal care and preferred health outcomes. An advance care planning discussion will often result in an advance care plan. Plans should be made on the person's behalf and prepared from the person's perspective to guide decisions about care.

Assessment and planning

These are activities undertaken in a way that identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end-of-life planning if the consumer wishes.

Australian Industry and Skills Committee

The Australian Industry and Skills Committee (AISC) provides advice to Commonwealth and state Industry and Skills Ministers on the implementation of national VET policies and approves nationally recognised training packages for implementation in the VET system.

Board

The 'governing body' of an organisation refers to the individual, or group of individuals, with overall responsibility and ultimate accountability for the organisation. In some cases, this may be a board. In other cases, where the organisation does not have a board, the CEO or the service owner would be the person with ultimate accountability for the organisation, including for the strategic and operational decisions that affect the safety and quality of care and services.

Care plan

A care plan outlines a person's care needs, the types of services they will receive to meet those needs, who will provide the services and when the services will be provided. It is developed by the person's service providers in consultation with them as part of the care planning process.

Care planning

Care planning is the process of identifying a person's needs and enabling care providers to access this information and work with the person to determine services that best meet their needs. The care planning cycle involves an assessment of the needs of the service user; documentation of those needs; developing strategies/support/treatment to meet those needs; discussing these strategies with the service user; choice of preferred options by the service user in collaboration with the service provider; documentation of the plan of care for each need; and regular review to assess management of the person's needs.

Carer

A carer is a person who provides personal care, support and assistance to a consumer. The definition is consistent with that used in the *Carer Recognition Act 2010*. This does not include a member of the organisation's workforce such as a person who is contracted or paid to provide those services or a person who provides the services in the course of doing voluntary work for a charitable, welfare or community organisation.

Cognitive health

A healthy brain is one that can perform all the mental processes that are collectively known as cognition, including the ability to learn new things, intuition, judgment, language, and remembering.

Consumer

The consumer is the person receiving care and services. Consumers are the people accessing or using care, their families, carers, those entities trusted or designated to act on their behalf, and the local community.

There may be some cases in the report where the word 'consumer' can only refer to the person accessing care. This is clear from the context in which it appears. The Aged Care Act refers to 'care recipients' rather than 'consumers', but the same concept applies.

Culturally safe care

This means recognising a holistic view of health of Aboriginal and Torres Islander people that includes the physical, mental, spiritual and cultural, and incorporating the client and all of their needs, including family and community.

Guidance around providing culturally safe practice can be found in professional codes of conduct and standards developed by the Nursing and Midwifery Board of Australia (NMBA) and Indigenous Allied Health Australia.

Dignity of risk

Dignity of risk refers to the right for consumers to make their own choices about their care and services, and the need to balance management of risk to older people with preserving their autonomy and right to choose. The approach adopted in aged care is to emphasise:

- the need for organisations to support consumers to understand the consequences of their choices
- the nature of any risks to the consumer and others
- how risk can be managed to assist consumers to live in the way they choose.

Diversity

Diversity refers to the diverse characteristics and life experiences of consumers and the people in the aged care workforce. It covers concepts relating to identity and culture, with all organisations expected to deliver care that is non-discriminatory, inclusive and sensitive to each person's background and life experiences. Respecting a person's identity, culture and diversity also means understanding an individual's needs and preferences and providing care that is reflective of, and responsive to, their culture, ethnicity, language, gender, sexuality, religion and spirituality.

End of life

Dying is a normal part of life and a human experience. Consumers must be empowered to direct their own care whenever possible. Providing for the cultural, spiritual and psychosocial needs of consumers, and their families and carers, is as important as meeting their physical needs.

End of life refers to the period when a patient is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years in the case of patients with chronic or malignant disease or very brief in the case of patients who suffer acute and unexpected illnesses or events, such as sepsis, stroke or trauma.

Evidence-based practice

Evidence-based practice entails finding, appraising and using the most current and valid research findings as the basis for decisions.

Functional health

Functional health is a way to describe a person's level of functioning:

- body functioning, qualified by extent
- body structure, qualified by extent, location and nature
- performance in life areas: activities, qualified by difficulty and need for assistance; and participation, qualified by extent and satisfaction
- Environmental factors, qualified by extent of influence either as barriers or facilitators to functioning.

For Aboriginal and Torres Strait Islander people, health is 'Not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community ... This is a whole of life view and it includes the cyclical concept of life-death-life' (National Aboriginal Strategy Working Party, *A national Aboriginal health strategy*, Department of Aboriginal Affairs, Canberra, 1989).

Holistic Care Plan

These plans, developed in consultation with consumers and their families, identify how the service provider will tailor its service offering to address the care needs of each consumer. Care plans articulate the services that each provider offers the consumer and how these services will be delivered, promoting transparency around the expectations of care across the consumer journey. They are a living document that provides a framework for service providers to guide care decisions in accordance with consumers' wishes and reflecting their individual care needs. Holistic care plans should address the following elements:

- clinical needs
- functional health
- cognitive health

- identified cultural and diversity needs
- living well
- morning afternoon, night-time and weekend care
- advance care directives
- model rules (obligations of individual, family and aged care organisations).

Industry

The term ‘aged care industry’ is used principally to refer to the care and services providers that receive an Australian Government subsidy or funding to provide aged care (regardless of whether they are currently an approved provider organisation) under Australia’s aged care system. See also ‘Organisations’.

Industry Reference Committee

Industry Reference Committees (IRCs) are the formal channel for considering industry skills requirements in the development and review of training packages:

- Each IRC is made up of people with close links to industry. They are leaders in their own sectors from big business to small enterprise and peak bodies to unions, who understand the skills needs of their sector, industry or occupation.
- IRCs advise the Australian Industry and Skills Committee (AISC) about the skills needs of their industry sector. IRCs ensure training packages meet the needs and concerns of employers, employees, training providers, and people seeking training qualifications.

Living well

The concept of living well is more than just safety and the provision of essential food, hydration and activity opportunities. It includes the consumer’s physical, emotional, cultural (environment and identity) and spiritual aspects. All are equally important.

It is founded on trust and respect between the consumer and those supporting them with care. It requires the creation of a cohesive environment that supports individuals to optimise their choices to improve quality of life.

Service responses to living well can cover three elements:

- **Wellness:** This is an approach that involves assessment, planning and delivery of supports that build on the strengths, capacity and goals of individuals; and encourage actions that promote a level of independence in daily living tasks as well as reducing risks to living safely at home.
- **Reablement:** This involves time-limited interventions that are targeted towards a person’s specific goal or desired outcome to adapt to some functional loss or regain confidence and capacity to resume activities.
- **Restorative care:** This involves evidence-based interventions led by allied health workers that allow a person to make a functional gain or improvement after a setback or in order to avoid a preventable injury.

Local Health Network

A Local Health Network (LHN) is an organisation that provides public hospital services in accordance with the National Health Reform Agreement. An LHN can contain one or more hospitals and is usually defined as a business group, geographical area or community. Every Australian public hospital is part of an LHN.

Managing body

See ‘Board’.

Organisation

Organisations are care and services providers that receive an Australian Government subsidy or funding to provide aged care (regardless of whether they are currently an approved provider) covering:

- residential care
- home care
- flexible care, including innovative care services, short-term restorative care and transition care
- Commonwealth Home Support Programme (CHSP)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) services.

Currently, the Aged Care Act uses the term ‘approved provider’, but this term does not capture providers that deliver the CHSP and certain grant-funded NATSIFACP services.

Palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care is provided to people of all ages who are going through the end stages of life.

Person-centred care

Person-centred care is about ensuring the patient/client is at the centre of everything you do with and for them. This means that you need to take account of their individual wishes and needs; their life circumstances and health choices.

This is reflected in a number of dimensions:

- respect for preferences and values
- emotional support
- physical comfort
- information, communication and education
- continuity and transition
- coordination of care
- involvement of family and friends
- access to care.

Primary Health Networks

Funded by the Australian Government, Primary Health Networks (PHNs) have the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Shared value

Shared value is about recognising that the industry can operate in a competitive way but nevertheless needs to further the societal and economic needs of the community. It refers to the expectation that aged care organisations work closely with their local community—co-creating their offering, approach and style of operation.

Training packages

Australia’s national vocational education and training (VET) system offers high-quality training across a range of industries to ensure students have the work-ready skills and qualifications that meet the needs of Australian industry. Training packages specify the skills and knowledge required to reflect nationally consistent qualifications to perform effectively in particular occupations.

Workforce

The word ‘workforce’ applies to all people working in an organisation who have assigned roles and responsibilities for the care of, administration of, support of or involvement with consumers in the organisation.

A member of the workforce is anyone employed, hired, retained or contracted by the organisation (whether directly or through an employment or recruitment agency) to provide care and/or services under the control of the organisation. It also includes volunteers who provide care and/or services on the invitation of the organisation.

In some cases, organisations subcontract or broker the delivery of services such as cleaning services. The organisation that receives funding from the Australian Government would be expected to ensure its workforce (including subcontractors) meets its responsibilities. This is because, ultimately, the funded organisation will be held responsible for the delivery of safe and quality care and services.

Acronyms

AISC	Australian Industry and Skills Committee
CGTR	Aged Care Centre for Growth and Translational Research
CHSP	Commonwealth Home Support Programme
COAG	Council of Australian Governments
DVA	Department of Veterans’ Affairs
GP	General Practitioner
HiPo	High-potential employees
IRC	Industry Reference Committee, advising the AISC
LHN	Local Health Network
NATSIFACP	National Aboriginal and Torres Strait Islander Flexible Aged Care Programme
NCC	National Code of Conduct for Health Workers
NMBA	Nursing and Midwifery Board of Australia
NRAS	National Registration and Accreditation Scheme for health professions
PHN	Primary Health Network
RTO	Registered Training Organisation
VET	Vocational Education and Training

Endnotes

- 1 Australian Government Department of Health, *2016–17 Report on the operation of the Aged Care Act* November 2017 (ROACA 2016–17).
- 2 There are 902 in residential aged care, 702 providers of home care packages and 1,523 organisations funded to deliver Commonwealth home support services. See Australian Institute of Health and Welfare, *Services and places in aged care, 2016–17*, https://www.gen-agedcaredata.gov.au/www_aihngen/media/2017-Infographics/Services-and-Places-Infographic-2016%e2%80%9317.pdf?ext=.pdf (accessed 30 May 2018).
- 3 Productivity Commission, *Caring for Older Australians*, August 2011. See: <https://www.pc.gov.au/inquiries/completed/aged-care/report> (accessed 21 June 2018).
- 4 Australian Institute of Health and Welfare, *People's care needs in aged care*, Fact sheet, 2016–17, https://www.gen-agedcaredata.gov.au/www_aihngen/media/2017-Factsheets/People-s_care_needs_in_aged_care_factsheet_2016%e2%80%9317.pdf?ext=.pdf (accessed 21 June 2018).
- 5 2016–17 figure, covering people aged 65 years or over, and aged 50 or more years for Aboriginal and Torres Strait Islander people: Australian Government Department of Health, *2016–17 Report on the operation of the Aged Care Act 1997*, 2017 (ROACA 2016–17), https://www.gen-agedcaredata.gov.au/www_aihngen/media/ROACA/2016-17_Report_on_the_Operation_of_the_Aged_Care_Act_1997.pdf (accessed 21 June 2018).
- 6 ROACA 2016–17.
- 7 The Australian Government's response to the Productivity Commission report was substantially in the form of the Living Longer Living Better aged care reform package announced on 20 April 2012. See: <http://webarchive.nla.gov.au/gov/20130410102018/http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-review-measures-living.htm> (accessed 21 June 2018).
- 8 CSIRO Megatrends, developed in 2015, provide insights into significant economic, environmental, social and technological trends that will shape the world over the next 15 years. One of the mega-trends 'Forever young' is described in the following terms:
'The aging population will be an asset, providing a wealth of skills, knowledge, wisdom and mentorship. However this will also present challenges, such as a widening retirement savings gap and rapidly escalating healthcare expenditure. This will change people's lifestyles, the services they demand and the structure of the labour force. People will likely retire later in life, gradually wind back and change duties in a tapered model of retirement and spend increasingly large sums of money through the healthcare system to combat age related illnesses.'
CSIRO, *Australia 2030: Navigating our uncertain future*, May 2016, p 11, <https://www.csiro.au/en/Do-business/Futures/Reports/Australia-2030> (accessed [DATE]).
- 9 Groves A, Thomson D, McKellar D and Procter N, *The Oakden report*, SA Health, Department for Health and Ageing, Adelaide, South Australia, 2017. An independent Australian Government Review of National Aged Care Quality Regulatory Processes was announced in response to this report. The report, by Kate Carnell AO and Professor Ron Paterson ONZM, was released in October 2017: see <https://agedcare.health.gov.au/quality/review-of-national-aged-care-quality-regulatory-processes> (accessed 21 June 2018). As a result, the government announced a number of changes to accreditation arrangements and the establishment of a new national independent Aged Care Quality and Safety Commission (planned to start from 1 January 2019).
In addition, in June 2017 the Australian Parliament's Senate Standing Committee on Community Affairs initiated a separate inquiry into the Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised (due to report November 2018).
In December 2017 the House of Representatives initiated an Inquiry into Quality of Care in Residential Aged Care Facilities in Australia.
- 10 Parliament of Australia, Senate Standing Committee on Community Affairs, *Future of Australia's aged care sector workforce*, Commonwealth of Australia, 2017. See: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareWorkforce45/Report (accessed 17 May 2018). The Australian Government's response to the report was tabled in Parliament on 26 June 2018. See https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareWorkforce45/Government_Response (accessed 28 June 2018).
- 11 Australian Government Department of Health, *Legislated Review of Aged Care 2017*, Commonwealth of Australia, 2017, <https://agedcare.health.gov.au/legislated-review-of-aged-care-2017-report> (accessed 17 May 2018).
- 12 Kate Carnell AO and Professor Ron Paterson ONZM, *Review of national aged care quality regulatory processes*, Australian Government Department of Health, 2017, <https://agedcare.health.gov.au/quality/review-of-national-aged-care-quality-regulatory-processes-report> (accessed 17 May 2018).
- 13 Conducted by HammondThinking on behalf of the taskforce.
- 14 Korn Ferry Hay Group was commissioned to complete this work.
- 15 Miles Morgan Australia was commissioned to undertake the research for the taskforce.
- 16 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, Future of Employment and Skills Research Centre, 19 April 2018.
- 17 Managed for the taskforce through the Korn Ferry Hay Group.
- 18 Research undertaken by National Seniors Australia.
- 19 Cameron. Ralph. Khoury was commissioned to undertake this work.
- 20 Two roundtables were held covering remote and very remote issues.
- 21 Sponsored by Palliative Care Australia in conjunction with the Australian Government funded End-of-Life Directions for Aged Care (ELDAC) project.
- 22 Through a working group comprising experienced Aboriginal and Torres Strait Islander aged care providers and experienced researchers in Aboriginal and Torres Strait Islander aged care / geriatric care. The working group was formed to develop an Aboriginal and Torres Strait Islander Action Plan within the Commonwealth's Aged Care Diversity Framework: Australian Government Department of Health, *Aged Care Diversity Framework: Aged Care Sector Committee Diversity Sub-group*, 2017, <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework> (accessed 19 May 2018).
- 23 Aged & Community Services Australia, the Aged Care Guild and Leading Age Services Australia.
- 24 As described in strategic action 6.

- 25 In Matthew Taylor, *Good work: the Taylor review of modern working practices*, July 2017 (an independent review of modern working practices), p 9. According to Matthew Taylor, chief executive of the Royal Society of Arts, one of the 'seven steps towards fair and decent work with realistic scope for development and fulfilment' was identified as follows:
- The best way to achieve better work is not national regulation but responsible corporate governance, good management and strong employment relations within the organisation, which is why it is important that companies are seen to take good work seriously and are open about their practices and that all workers are able to be engaged and heard.
- See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/627671/good-work-taylor-review-modern-working-practices-rg.pdf (accessed 21 June 2018).
- 26 Such an approach balances the traditional need for conformance (through compliance measures) with shifting to an aspirational way to assess industry performance (measured through successes and failures). The 3LOD model encompasses:
- First line: Culture and management controls (i.e. education and monitoring).
 - Second line: Performance audits and compliance mechanisms (substantiation activities typically include system health checks or spot checks for specific high-risk issues) and are internal to the organisation.
 - Third line: Independent audit and compliance functions that sit across the industry and help support nationally consistent standards and expectations with respect to clinical and functional health (that is, deep dives and comprehensive audits/investigations to determine the root cause of systemic failures and apply lessons learnt to benefit continuous industry improvement).
- 27 In aged care, there is an existing Australian Government body, the Aged Care Complaints Commissioner (planned to become part of the Aged Care Quality and Safety Commission from 1 January 2019) charged with carrying out this independent role. That does not remove the need for the industry to have a complaint-handling function. The code 'owner' must be able to deal with code-related aspects of any complaint that the Aged Care Complaints Commissioner cannot and should not be responsible for.
- 28 The purpose and role of the council are set out in full in strategic action 14.
- 29 Korn Ferry Hay Group.
- 30 The AISC IRC Operating Framework is intended to be sufficiently flexible to ensure that the work of each IRC is industry-led and stakeholder input considered. The IRC process enables all stakeholders to participate and supports the parties involved to negotiate a way forward that might significantly depart from current approaches and practices.
- 31 This was undertaken using Korn Ferry Hay's Job Evaluation Methodology. The Hay Job Evaluation Methodology is one of the most widely-used job evaluation methodologies in the world, used by over 12,000 profit and non-profit organisations globally. The methodology is based on the concept of a universal approach to measurement and provides a common language that enables jobs in different organisations, functions and countries to be consistently evaluated. The methodology is based on observations of the elements common to all jobs.
- 32 VET provides students with the opportunity to acquire workplace skills and knowledge through nationally recognised qualifications from industry-developed training packages or accredited courses while still at school. Once assessed as competent they are awarded a full or partial VET qualification issued by an RTO. See Department of Education and Training, 'What is VET delivered to secondary students?', <http://www.pssfw.myskills.gov.au/what-is-vet-delivered-to-secondary-students/> (accessed 21 June 2018)
- 33 The TRACS model was successfully piloted in Australia from 2011 to 2013 (with seed funding by the Australian Government). Based on best-practice international teaching hospital models, TRACS models were demonstrated sustainable gains. The TRACS sites involved partnering aged care facilities with universities to create a talent pipeline, provide for better quality clinical placement programs in aged care settings and contribute to an evidence base that underpins practice and care. See Barnett K, Moretti C and Howard S, *TRACS to the future: National evaluation of Teaching and Research Aged Care Service (TRACS) models: Final report*, Australian Workplace Innovation and Social Research Centre, The University of Adelaide, 2015, <https://agedcare.health.gov.au/tracs-to-the-future-national-evaluation-of-teaching-and-research-aged-care-services-tracs-models-final-report> (accessed 13 June 2018).
- 34 The taskforce commissioned a short paper on the value of well-managed placements to the industry and individual organisations. The paper drew on experience in three states and included considerations relating to attracting young people to the industry. Academic literature relating to the factors affecting the success of placements of health professionals in aged care setting was also reviewed.
- 35 See strategic action 14.
- 36 The review was announced in the May 2018–19 federal budget. See Australian Government Department of Health, *Budget 2018–19: Stronger Rural Health—Recruitment and retention—strengthening the role of the nursing workforce*, 2018, [http://www.health.gov.au/internet/budget/publishing.nsf/Content/90C169ED321182CDCA25826D00023775/\\$File/027_FINAL_FS_SRH_StrengtheningNursingWorkforcev2.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/90C169ED321182CDCA25826D00023775/$File/027_FINAL_FS_SRH_StrengtheningNursingWorkforcev2.pdf) (accessed 29 May 2018).
- 37 Productivity Commission, *Caring for older Australians, National Aged Care Workforce Census and Survey—The Aged Care Workforce*, 2016; Parliament of Australia, Senate Community Affairs Reference Committee, *Future of Australia's aged care sector workforce*, Commonwealth of Australia, 2017.
- 38 Using Korn Ferry Hay's Job Evaluation Methodology, Job Family Framework. Details are in a report prepared for the taskforce, Korn Ferry Hay, *Reimagining the aged care workforce*, 2017.
- 39 Strategic action 3 introduced Korn Ferry Hay Group's job architecture methodology and identified key themes emerging from its analysis of the aged care industry.
- 40 Korn Ferry Hay advice suggested using the term 'business manager' to ensure there was no potential risk of failing to distinguish this from the 'business enabling' job family. The taskforce agreed with the need for this distinction to be made, and also adjusted the terminology.
- 41 A nurse's scope of practice is defined by the NMBA as 'the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform'. An individual nurse's scope of practice varies according to their educational preparation, clinical experience, context of practice, relevant legislation and the employment setting. Nurses must only deliver care within their individual scope of practice.

- 42 A nurse practitioner is a registered nurse experienced in their clinical specialty, educated at Masters level, and who is endorsed by the NMBA to provide patient care in an advanced and extended clinical role. Nurse practitioners can access specified Medical Benefits Schedule items. For details see: http://www.health.gov.au/internet/main/publishing.nsf/content/midwives-nurse-pract-qanda-nursepract#2_1 (accessed 21 June 2018).
- 43 'Future-state solution' indicates an intended state of workforce architecture, based on sound principles of organisation and job design, that the industry can consider and move towards in the next one to three years.
- 44 Korn Ferry Hay Group sampled a number of aged care organisations to assess their workforce organisation, job roles and approaches to care delivery.
- 45 Parliament of Australia, Senate Community Affairs Reference Committee, *Future of Australia's aged care sector workforce*, Commonwealth of Australia, 2017; and Australian Law Reform Commission, *Elder abuse—a national legal response*, ALRC Report No 131, Commonwealth of Australia, 2017.
- 46 Details about the National Code of Conduct for Health Care Workers are at COAG Health Council, 'National Code of Conduct for health care workers', <https://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers> (accessed 29 May 2018).
- 47 As set out under strategic action 3.
- 48 A digital badge is a validated indicator of accomplishment, skill, quality or interest that can be earned in many learning environments. Open digital badging makes it easy for anyone to issue, earn and display badges across the web—through an infrastructure that uses shared and open technical standards. See HASTAC, 'Digital badges', <https://www.hastac.org/initiatives/digital-badges> (accessed 29 May 2018). For additional information on the use of digital badging in Australia, see Deborah West and Alison Lockley, 'Implementing digital badges in Australia: The importance of institutional context' in Dirk Iffenthaler, Nicole Bellin-Mularski and Dana-Kristin Mah (eds), *Foundation of digital badges and micro-credentials*, Springer, Switzerland, 2016, <https://researchers.cdu.edu.au/en/publications/implementing-digital-badges-in-australia-the-importance-of-instit> (accessed 29 May 2018).
- 49 While the original intent of the NCC was to cover health-related services or care, the definition could be modified to remove the reference to 'health-related' services. This would allow for all disability and aged care service providers in a jurisdiction to be covered by the national code of conduct and code regulation regime, regardless of the type of services or care they are providing.
- 50 Dr Louise Parkes, Dr Peter Langford, Paul Gollan and Cathy Xu, 'Centre stage: Giving employees a voice can boost engagement and productivity', *HR Monthly*, August 2013.
- 51 Korn Ferry Hay Group, *Annual aged care survey 2018*.
- 52 Quality standard 6 covers feedback and complaints. Quality standard 8 refers to organisational governance.
- 53 The new Aged Care Quality and Safety Commission will be able to better target substandard care through improved regulatory effort, risk identification and unannounced visits to aged care services. The design of a Serious Incident Response Scheme is also essential to protecting aged care recipients from abuse and mistreatment. See Australian Government Department of Health, 'Better quality of care—improving aged care quality protection', 8 May 2018, <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet83.htm> (accessed 29 May 2018).
- 54 See, for example, Dyer and others, 'Clustered domestic residential aged care in Australia: Fewer hospitalisations and better quality of life' (2018) 10 *Medical Journal of Australia* 208, 4 June 2018. The taskforce's Employee Needs and Preferences Technical Advisory Group referred to the NewDirection 'micro-town' community at Bellmere in Queensland, where residents are supported by trained 'house-companion' staff together with a team of health professionals. Mercy Health WA has introduced a new model of care at its not-for-profit homes in Western Australia, at Edgewater and also Claremont, with plans to roll the initiative out across all its new developments into the future. Anita Ghose, National Director, Residential Aged Care, Mercy Health, outlined the concept as being focused on creating home-like, normalised daily living experiences. This is facilitated by a dedicated multi-skilled team of care companions who assist residents with all their care needs and activities: 'After many years of research and review into the caring of older people, and especially those living with dementia, this new model of care is built around relationships, personal enablement and choice, meaningful living and reduced loneliness, isolation and boredom.' See Inside Ageing, 'Mercy Health moves to small house model', 15 September 2017, <http://insideageing.com.au/mercy-health-moves-to-small-house-model/> (accessed 21 June 2018).
- 55 See: <https://agedcare.health.gov.au/quality/single-set-of-aged-care-quality-standards> (accessed 21 June 2018).
- 56 Perspectives developed with the assistance of the taskforce's Health and Aged Care Interface Technical Advisory Group.
- 57 The Productivity Commission's inquiry considered evidence relating to staffing ratios (focused on nurses) and, in its 2011 report *Caring for Older Australians*, observed that improved information and communication technology would have an impact on both quality and productivity within the aged care sector. However, as well as bringing significant benefits, the introduction of information and communication technology also has implications for the skills and training of staff and the ability of aged care managers to successfully lead change. The Productivity Commission noted that: 'while there are superficial attractions to mandatory staffing ratios, there are also downsides. An across-the-board staffing ratio is a fairly 'blunt' instrument for ensuring quality care because of the heterogeneous and ever changing care needs of aged care recipients—in the Commission's view it is unlikely to be an efficient way to improve the quality of care. Because the basis for deciding on staffing levels and skills mix should be the care needs of residents, it is important that these can be adjusted as the profile of care recipients' changes (because of improvements/deteriorations in functionality and adverse events, etc). Imposing mandated staffing ratios could also eliminate incentives for providers to invest in innovative models of care, or adopt new technologies that could assist care recipients.' Productivity Commission (2011). *Caring for Older Australians, report no. 53, final inquiry report*. Canberra, p 206. The Legislated Review of Aged Care 2017 considered these issues, and noted there were differing views from consumer groups, unions (the Australian Nursing and Midwifery Federation in favour of mandated nursing to PCW ratios) provider peaks and individual organisations (not in favour of ratios). The review concluded: 10.106 There are diverse staffing models across residential care services with different approaches to care, all of them capable of delivering quality care outcomes. Diversity is to be expected given the considerable variation across the sector, including in the nature of the care recipients' needs, the service's size and design, the way work is organised and

the extent to which some services are delivered in-house or outsourced. Requirements will also change over time within individual residential care homes, as changes occur in the needs and acuity of care recipients.

10.107 Mandated staffing ratios or attendance requirements risk increasing costs of care, because they will operate regardless of the care needs of the particular consumers that a provider is catering for. Increasing costs of care in turn means the viability of smaller residential care services, or those in areas where it is difficult to attract nurses, would be threatened. This is disproportionately likely to affect rural and regional sites.

See: <https://agedcare.health.gov.au/reform/aged-care-legislated-review> (accessed 21 June 2018).

The issue of potentially applying ratios is not limited to nurses: the Australian Association of Gerontology drew to the taskforce's attention the question of how many geriatricians should be needed to support the ageing population. See: Commerford T, 'How many geriatricians should, at minimum, be staffing health regions in Australia', *Australasian Journal on Ageing* 2017.

The taskforce's Health and Aged Care Interface Technical Advisory Group noted that adequate numbers of qualified nurses improve care, adding that access to a stable and gerontic trained registered nurse and enrolled nurse workforce in sufficient numbers (established through research) is necessary. There is a lack of understanding of how to effectively utilise the full range of registered nurse expertise to integrate the holistic care needs of older people including appropriate delegation and referral. Nurses' core expertise is about the assessment, integrations and synthesis of care in contexts ranging from technical acute care to end of life care.

The Group noted the range of expertise and skills needed for contemporary care in the following terms:

- Appropriate workforce models in RACF and community need to recognize a continuum of skills from basic care to complex health care that include:
- Recognition of areas of overlap, and needs requiring expertise.
- Nurse practitioners expertise as ideal for leading health care for older people.
- Multi-disciplinary teams which can be led by those other than GPs.
- Flexible expanded scope models for Allied Health Practitioners and Nurses.
- Referral and access to appropriate health care assessment and care including Geriatricians.
- Appropriate and supervised delegation of health care tasks to support workers with a core skill set.
- Care staff need access to supervision by registered nurses—with required skills set such as Level 1 of the Palliative Care Capability Framework.
- Funded MBS 'training' items for NPs and Allied Health professionals training care workers at the point of delegation of new health care tasks.
- Industry to identify best practice models for including families and volunteers.

58 The part good governance can play in the workforce context was highlighted in the Australian Government's submission to the Senate Community Affairs References Committee inquiry into the future of Australia's aged care workforce in the following terms:

'Governance and leadership: Good governance in organisations providing aged care services, and the place of leadership across the sector and within organisations or services can make a material difference in attracting prospective employees to the sector, promoting understanding of the variety of possible career paths, developing the workforces within organisations and adding to the reputation of the sector and the profile of the work done. For example, the sector has acknowledged the role of workforce leaders in managing change in their organisations in responding to consumer choices and adding to reputation of the sector.'

See Australian Government Department of Health, *Submission to the inquiry into the future of the aged care sector workforce*, Submission No 293, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Aged_Care_Workforce/Submissions (accessed 21 June 2018).

In Kate Carnell AO and Professor Ron Paterson ONZM's Review of National Aged Care Quality Regulatory Processes report, the review noted that 'professionalism of aged care workers, a commitment to care and compassion, and effective clinical governance in the residential homes in which they work, are critical to ensuring residents are well cared for': Kate Carnell AO and Professor Ron Paterson ONZM, *Review of national aged care quality regulatory processes*, Australian Government Department of Health, 2017, p 144, <https://agedcare.health.gov.au/quality/review-of-national-aged-care-quality-regulatory-processes-report> (accessed 17 May 2018).

59 Australian Government Department of Health, *Legislated Review of Aged Care 2017*, 10.91, <https://agedcare.health.gov.au/legislated-review-of-aged-care-2017-report> (accessed 21 June 2018).

60 As announced in the May 2018 federal budget. See Australian Government Department of Health, 'Ageing and aged care', 8 May 2018, <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-t-ageing-and-aged-care> (accessed 21 June 2018).

61 The role of the committee will need to be based on policies relating to clinical governance, including use of guidelines available to the industry in such areas where evidence-based best-practice care is well defined such as those for medication management, use of restraint, preventing pressure injuries, end-of-life care and preventing falls.

62 See strategic action 1. In a paper on attraction and retention prepared for the taskforce commenting on a campaign approach, the following observation was made:

A campaign approach—to promote the benefits of working in the sector—would both allow the promotion of the positive aspects of aged care work and redress negative perceptions held by the community. In particular the rewards that a career in aged care can bring, the availability of work within an expanding sector, and the ability to obtain good work-life balance should be promoted.

Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 32.

- 63 See strategic action 13.
- 64 See strategic action 8.
- 65 Korn Ferry Hay Group, *Engaged performance framework research and validation report* (taskforce technical paper).
- 66 Kostas Mavromaras, Genevieve Knight, Linda Isherwood, Angela Crettenden, Joanne Flavel, Tom Karmel, Megan Moskos, Llainey Smith, Helen Walton and Zhang Wei, *The aged care workforce, 2016*, March 2017, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf (accessed 21 June 2018).
- 67 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 16.
- 68 Kostas Mavromaras, Genevieve Knight, Linda Isherwood, Angela Crettenden, Joanne Flavel, Tom Karmel, Megan Moskos, Llainey Smith, Helen Walton and Zhang Wei, *The aged care workforce, 2016*, March 2017, Table 3.28, 2016 Aged Care Workforce Census and Survey, p 34, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf (accessed 21 June 2018).
- 69 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 13.
- 70 Trustee of Health Employees Superannuation Trust Australia (HESTA), *Transforming aged care: Re-imagining the aged care workforce of tomorrow*, 2018, <https://www.hesta.com.au/transformingagedcare> (accessed 21 June 2018).
- 71 The 2016 NACWCS worker survey showed that around a tenth of workers in both the residential and community aged care workforces were actively seeking alternative employment: see Kostas Mavromaras, Genevieve Knight, Linda Isherwood, Angela Crettenden, Joanne Flavel, Tom Karmel, Megan Moskos, Llainey Smith, Helen Walton and Zhang Wei, *The aged care workforce, 2016*, March 2017, Tables 3.32 and 5.32, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf (accessed 21 June 2018). No differences were found in the future work plans of residential and community workers; about 80 per cent stated that over the next 12 months they planned to continue working in the aged care sector with their current employer: see Mavromaras et al, 2017, Tables 3.33 and 5.33.
- 72 Trustee of Health Employees Superannuation Trust Australia (HESTA), *Transforming aged care: Re-imagining the aged care workforce of tomorrow*, 2018, p 14, <https://www.hesta.com.au/transformingagedcare> (accessed 21 June 2018).
- 73 Trustee of Health Employees Superannuation Trust Australia (HESTA), *Transforming aged care: Re-imagining the aged care workforce of tomorrow*, 2018, p 16, <https://www.hesta.com.au/transformingagedcare> (accessed 21 June 2018).
- 74 Aged care has been the subject of significant reform between 2013 and 2018, and there has been evidence the pace of reform has affected the capacity of some parts of the industry to respond. The report notes earlier that high-profile safety and quality of care issues during 2017 and 2018 affected the aged care industry and, by extension, its workforce, resulting in perceptions by some of failing to meet the care needs of older people, particularly with regard to residential care.
- 75 Direct care workers expressed concerns about the potential impact the aged care reforms (and especially the extension of consumer directed care) could have on their organisations and own job security. Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 17.
- 76 The Employee Engagement Survey was conducted by Korn Ferry Hay Group, and the results were benchmarked against global and national benchmarks in health care, Australian businesses and high-performing organisations.
- 77 Advice provide by Korn Ferry Hay Group, based on their experience in conducting such surveys, is that, taking into account the estimated population of 366,000 in the workforce, the overall results are within 2 per cent margin of error. This means there is confidence the results are within 2 per cent either way. With the results as they stand and their relative gaps to any of the three benchmarks, this would have very little impact on the results and there is confidence they are representative of the industry.
- 78 Kostas Mavromaras, Genevieve Knight, Linda Isherwood, Angela Crettenden, Joanne Flavel, Tom Karmel, Megan Moskos, Llainey Smith, Helen Walton and Zhang Wei, *The aged care workforce, 2016*, March 2017, Table 3.28, p 34. See: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf (accessed 21 June 2018).
- 79 The 'Confidence in leaders' questions are some of the least favourable in the survey when compared to external benchmarks—in particular, the trust and confidence with organisations' management, which is 24 per cent less favourable than both the Australian and health care benchmarks.
- 80 These points were also evident in the qualitative findings reported from interviews conducted with workers from culturally and linguistically diverse backgrounds for the purposes of the 2012 National Aged Care Workforce Census and Survey.
- 81 This was a notable factor identified in qualitative interviews with 100 direct care workers conducted as part of the 2016 National Aged Care Workforce Census and Survey. See Kostas Mavromaras, Genevieve Knight, Linda Isherwood, Angela Crettenden, Joanne Flavel, Tom Karmel, Megan Moskos, Llainey Smith, Helen Walton and Zhang Wei, *The aged care workforce, 2016*, March 2017, pp 151–152, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf (accessed 21 June 2018).

- 82 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 15.
- 83 Estimated using Australian Bureau of Statistics ABS series 3222.0 Population Projections, Australia, cited in Miles Morgan Australia, *Future of aged care: exploring opportunity and choice for Australia's aged care industry*, 8 June 2018.
- 84 Miles Morgan Australia, *Future of working in aged care: Exploring opportunity and choice for Australia's industry*, 8 June 2018.
In the United Kingdom, Matthew Taylor, chief executive of the Royal Society of Arts, highlighted the different intergenerational expectations of work: see Matthew Taylor, *Good work: the Taylor review of modern working practices*, July 2017, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/627671/good-work-taylor-review-modern-working-practices-rg.pdf (accessed 21 June 2018).
- 85 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 9.
- 86 Kostas Mavromaras, Genevieve Knight, Linda Isherwood, Angela Crettenden, Joanne Flavel, Tom Karmel, Megan Moskos, Llainey Smith, Helen Walton and Zhang Wei, *The aged care workforce, 2016*, March 2017, p 135, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf (accessed 21 June 2018).
- 87 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 32.
- 88 For example, the 'Aged and Disabled Carers' workforce category (the ABS classification covering both aged care and disability) is relatively older, with 56.8 per cent of workers aged 45 years and over, compared with 39.4 per cent across workers in all occupations. See Australian Government Department of Health, *Submission to the inquiry into the future of the aged care sector workforce*, Submission No 293, p 48, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Aged_Care_Workforce/Submissions (accessed 21 June 2018). The executive summary of the submission states that the median age of workers in residential aged care is 46 years. In home-based care it is 52 years.
- 89 For example, the 2016 National Aged Care Workforce Census and Survey found there were 23,537 volunteers in residential facilities who worked an average of 4.9 hours each a fortnight, collectively providing 114,897 hours of service, with 83 per cent of aged care facilities having one or more volunteers.
- 90 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 9.
- 91 Linda Isherwood, Kostas Mavromaras, Megan Moskos and Zhang Wei, *Attraction, retention and utilisation of the aged care workforce*, Working paper prepared for the Aged Care Workforce Strategy Taskforce, 19 April 2018, p 6.
- 92 For example, Emma Lea, Ron Mason, Claire Eccleston and Andrew Robinson, 'Aspects of nursing student placements associated with perceived likelihood of working in residential aged care', *Journal of Clinical Nursing*, doi:10.1111/jocn.13018, refers to the importance of the teaching and learning environment, and the need for improvement. It also says that opportunities should be proffered for mentor–student feedback exchange during placements and that carer workers need support to mentor effectively. The taskforce's considerations benefited from a paper prepared by a small group experienced in developing approaches to best-practice workplace placements and in the factors influencing young people's choices relating to aged care. There is a body of evidence relating to the quality and value of clinical placements, summarised in Andrew L Robinson, Sharon Andrews-Hall and Matthew Fassett, 'Living on the edge: Issue that undermine the capacity of residential aged car providers to support student nurses on clinical placement' (2007) 31 *Australian Health Review* 3.
- 93 Tasmania has the fastest ageing population in the country and is now the oldest state. Aged & Community Services Tasmania has a workforce framework that has been successful at the local level, and built progressively since 2010, with demonstrated results through bringing together local aged care and other community services under a common banner. The whole-of-industry initiatives involved are based on repositioning the profile of the industry and the workforce, creating and supporting local relationships to support common approaches and taking a cost-benefit approach to individual components (such as undergraduate nursing placements, shared recruitment activities and targeted youth programs) (see Aged & Community Services Tasmania submission 275 to the Senate inquiry into the future of Australia's aged care sector workforce, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Aged_Care_Workforce/Submissions).
- 94 Aged & Community Services Australia, Aged Care Guild, Catholic Health Australia, Leading Age Services Australia and UnitingCare, *Aged Care Workforce Strategy framework*, November 2016, p 8.
- 95 The considerations of the taskforce were informed by the work of a Health and Aged Care Technical Advisory Group.
- 96 Helena Britt, Graeme C Miller, Joan Henderson, Clare Bayram, Christopher Harrison, Lisa Valenti, Ying Pan, Janice Charles, Allan J Pollack, Carmen Wong and Julie Gordon, *General practice activity in Australia 2015–16*, General Practice Series No 40, Sydney University Press, Sydney, 2016.
- 97 There are now more than 170 Health Care Homes around Australia. These practices and Aboriginal Community Controlled Health Services (ACCHS) provide better coordinated and more flexible care for patients with chronic and complex health conditions. See Australian Government Department of Health, 'Health Care Homes', 18 May 2018, <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes> (accessed 29 May 2018).

- 98 Morphet J, Griffiths D et al, 'Resident transfers from aged care facilities to emergency departments: Can they be avoided?' (2015) *Emergency Medicine Australasia* (2015) 27, 412–418.
- 99 Fan, L, Hou, X et al, 'Hospital in the Nursing Home program reduces emergency department presentations and hospital admissions from residential aged care facilities in Queensland, Australia: a quasi-experimental study', *BMC Health Service Research*, 2016, 16:46.
- 100 Based on their professional experience in the health and aged care sectors, the taskforce's Health and Aged Care Interface Technical Advisory Group made a number of practical suggestions to minimise or improve transitions and transfers by:
- upskilling residential aged care registered nurses with comprehensive health assessment of the older person skills
 - using clear care plans, family communication and advance care directives
 - increasing accessibility of residential aged care staff to health professional review and/or advice through out-of-hours access to GPs, nurse practitioners, established in-reach services, outreach rapid response acute aged care services from nurse practitioners or community paramedics, regular review and wellness support from allied health practitioners.
- 101 Villarosa AR, Clark S et al, 'Promoting oral health care among people living in residential aged care facilities: Perceptions of care staff' (2018) *Gerodontology*, doi: 10.1111/ger.12336.
- 102 Julia Morphet, Debra L Griffiths, Kelli Innes, Kimberley Crawford, Sally Crow and Allison Williams, 'Shortfalls in residents' transfer documentation: Challenges for emergency department staff', (2014) 17 *Australasian Emergency Nursing Journal* 3, pp 98–105.
- 103 Drawn from the work of the Health and Aged Care Interface Technical Advisory Group.
- 104 The varied roles that nurse practitioners can undertake in aged care settings were drawn to the taskforce's attention including in-reach services to residential homes from local hospitals (for example on influenza and infection control); providing in-house training for PCWs; and specialised support in such areas as mental health and dementia. Nurse practitioners can either be employed by a residential aged care home or drawn on as part of a home-based care team.
- 105 Lijun Fan, Xiang-Yu Hou, Jingzhou Zhao, Jiandong Sun, Kaeleen Dingle, Rhonda Purtill, Sam Tapp and Bill Lukin, 'Hospital in the Nursing Home program reduces emergency department presentations and hospital admissions from residential aged care facilities in Queensland, Australia: a quasi-experimental study' (2016) *BMC Health Service Research* 16:46.
- 106 In this context, 'agency' refers to any of the Australian Government agencies listed in this section of the report.
- 107 Under the umbrella of My Aged Care are contact centre staff; multidisciplinary Aged Care Assessment Teams (funded by the Australian Government but who are employees of state/territory governments); and 14 contracted entities operating as Regional Assessment Services (responsible since July 2015 for the provision of Home Support Assessments, including service eligibility for the Commonwealth Home Support Programme).
- 108 See Australian Government Department of Health, 'Better access to care—aged care system navigator', 8 May 2018, <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet77.htm> (accessed 14 May 2018).
- 109 Australian Securities and Investments Commission, *People and development: Secondment policy*, 2013, <http://download.asic.gov.au/media/1456876/asic-secondments-policy-published-25-july-2014.pdf> (accessed 21 June 2018).
- 110 See Australian Government Department of Health, 'Better quality of care—establishing an Aged Care Quality and Safety Commission', 8 May 2018, <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet81.htm> (accessed 14 May 2018).
- 111 Aged Care Update (21 March 2018): CIT Solutions has been engaged to build a single platform for all My Aged Care training. The My Aged Care Learning Environment (MACLE) will allow the My Aged Care workforce to strengthen their skills and knowledge, build on the capabilities related to their My Aged Care role, and undertake accredited and non-accredited learning experiences.
- 112 The participants met on 2 May 2018.
- 113 The value of this approach was canvassed at a Research and Data Roundtable sponsored by the taskforce and reinforced through the work undertaken by the Translation of Knowledge and Technology into Care Practices Technical Advisory Group.
- 114 In the context of considering demand and supply of aged care services, the review report observed: 'While accurate assessments of demand are yet to be developed, the available evidence, including advice from sector stakeholders, reliably shows two things:
- there is a need for more high-level care at home
 - meeting projected future demand will need additional investment by government beyond that currently planned.'
- The review also advised on changes that can be made to meet current demand: see Australian Government Department of Health, *Legislated Review of Aged Care 2017*, Commonwealth of Australia, 2017, p 17, <https://agedcare.health.gov.au/legislated-review-of-aged-care-2017-report> (accessed 17 May 2018).
- 115 The StewartBrown Aged Care Financial Performance Survey (ACFPS) incorporates detailed financial and supporting data. The quarterly survey is the largest benchmark within the aged care industry. See: <http://www.stewartbrown.com.au/services/consulting-services> (accessed 21 June 2018).

- 116 Funding of \$40 million provided from 2018–19 to 2022–23. See Australian Government Department of Health, Better Access to Care—capital grants, 8 May 2018, <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet80.htm> (accessed 21 June 2018).
- 117 It should be noted that, from the 2012–13 financial year, the Australian Government committed \$2.8 billion over nine years to cover its share of wage increases for workers in the Commonwealth Home and Community Care Programme and the National Respite for Carers Programme (now the CHSP) who were affected by an Equal Remuneration Order issued by Fair Work Australia (the Fair Work Commission in 2018). The order was issued in February 2012. Government supplementation was made available for defined in-scope programs.
- 118 Aged care data benchmarked in relation to data from Korn Ferry Hay Group Paynet.
- 119 Australian Government Department of Health, *Legislated Review of Aged Care 2017*, Commonwealth of Australia, 2017, 10.38, <https://agedcare.health.gov.au/legislated-review-of-aged-care-2017-report> (accessed 17 May 2018).
- 120 Comments provided by the Employee Needs and Preferences Technical Advisory Group.
- 121 Aged care data benchmarked in relation to Korn Ferry Hay Group Paynet.
- 122 The code is identified as strategic action 2 in the 14 strategic actions in the Aged Care Workforce Strategy.
- 123 Specific operational tools and techniques to support all organisations, regardless of size. These tools can provide an industry standard to approaching the following: position descriptions and success profiles; psychometric testing for talent acquisition; 360-degree leadership feedback; leadership capability assessments; and an annual employee engagement and enablement survey (as used by the taskforce to establish an industry baseline of workforce views presented in the taskforce report).
- 124 This is about supporting organisations to drive improved alignment between organisational and people factors to effectively harness the discretionary energy of employees in order to improve overall performance. Key capabilities offered include organisational reviews; leadership assessments and feedback; employee engagement assessments and feedback; remuneration benchmarking; workforce planning; and skills mix modelling support.
- 125 This estimate is based on 400 aged care organisations accessing the capability in the first year.
- 126 This can be, for example, in the form of a bespoke aged services industry program that would bring industry leaders together—fostering greater support and collaboration across current and emerging leaders. The program could focus on strengthening leadership effectiveness of Australian aged services leaders.
- 127 For the program to be successfully implemented, the approach needs to be grounded in an evidence base; be socialised pragmatically with leaders from all organisations; leverage the power of best-practice sharing and benchmarking within the industry and across the industry; drive consistent outcomes across the industry; and leverage technology platforms to ensure access by all organisations, regardless of size.
- 128 A working group comprising experienced Aboriginal and Torres Strait Islander aged care providers and experienced researchers in Aboriginal and Torres Strait Islander aged care / geriatric care within the Commonwealth's Aged Care Diversity Framework: Australian Government Department of Health, *Aged Care Diversity Framework: Aged Care Sector Committee Diversity Sub-group*, 2017, <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework> (accessed 21 June 2018).

