

A diverse, high-quality workforce

Submission to the Aged Care Workforce Strategy Taskforce on the development of the Aged Care Workforce Strategy

About the Future Social Service Institute

The Future Social Service Institute (FSSI) welcomes the opportunity to provide input to the development of the Aged Care Workforce Strategy.

FSSI supports the not-for-profit social service workforce to be service-delivery leaders at a time of major growth and disruption. We hold a vision of a strong Victoria supported by a responsive and innovative social sector, and co-produce leading training, education, information and research to support a highly skilled paid and unpaid social sector workforce.

FSSI is a collaboration between the Victorian Council of Social Service and RMIT University, supported by the Victorian Government.

Recommendations

To build a large, diverse and sustainable aged care workforce that is equipped to meet the needs of older Australians, the Future Social Service Institute recommends that:

- Recommendation #1:** The Taskforce adopt a co-design approach to the development, implementation, monitoring and evaluation of the Aged Care Workforce Strategy. This can be achieved through partnership with service providers, aged care workers and their unions, people accessing aged care services along with their families, advocates and community support networks.
- Recommendation #2:** The Taskforce embrace a broader definition of the aged care industry, which encompasses primary, secondary and tertiary level supports, including community-based organisations that enable older Australians to pursue their interests and play an active role in their community.
- Recommendation #3:** The Strategy incorporate measures that focus on both quality of care and quality of life, including supporting older Australians' ongoing participation in and contribution to the community.
- Recommendation #4:** The Strategy provide for the use of restrictive practices to be subject to "nationally consistent legislated regulation", with education and training for existing and future workers to ensure the human rights of older Australians are respected and upheld.

Recommendation #5:

The Strategy support the development of new suites of educational programs for the social service sector that enable specialisations but that are also flexible, portable and able to be entered and exited, permanently and temporarily.

Recommendation #6:

That the expansion of the workforce be planned on demographic projections and concomitant engagement with providers of educational programs to plan course delivery over time.

Recommendation #7:

The Strategy support increased pay rates for aged care workers in line with their significant contribution to the Australian economy as well as to the wellbeing of individuals, their families and communities.

Recommendation #8:

The Strategy include priorities and actions to stimulate greater diversity in the workforce, including addressing the gender imbalance.

Recommendation #9:

The Strategy support ongoing training and development for aged care workers at all levels that is informed by the latest research, co-designed and co-delivered with aged care workers and their unions, researchers, people who access aged care services and their advocates. This should be provided in accessible and engaging formats and subsidised by various levels of government.

Recommendation #10:

The Strategy make provision for ongoing, appropriately funded research into the future needs of people accessing aged care, and support robust evaluation of new service delivery models and practices in aged care, including new technologies.

Introduction

Australia's population – like much of the world's – is ageing rapidly. According to Australian Bureau of Statistics (ABS) projections, the number of people aged over 65 is projected to double by 2040, rising to 6.8 million people or 20% of the population.¹ The number of people aged over 85 is expected to grow from 2% of the population in 2012 to 5% in 2061.² While there are still marked disparities in the life expectancy of Aboriginal and Torres Strait Islander and non-Aboriginal people,³ the size and composition of Australia's population is changing, with the number and proportion of older Australians continuing to increase.

Australia's aging population, combined with the rollout of the National Disability Insurance Scheme (NDIS) and a commitment to tackling complex societal issues, such as family violence, is driving an ever increasing demand for support and services. As noted in FSSI's submission on The Future of Work and Workers, the "social service workforce has become, and will continue to remain Australia's fastest growing workforce sector".⁴

Moreover "we now have a unique window of opportunity for policy interventions to shape a whole new approach to social and community services; one that meets Australia's growing demand, while also offering people a lifetime opportunity to upskill, reskill, become mobile and be productively employed in the social service workforce".⁵

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¹ ABS. [Population Projections, Australia, 2012 \(base\) to 2101](#), 26/11/2013.

² ABS. [Population Projections, Australia, 2012 \(base\) to 2101](#), 26/11/2013.

³ According to the [Australian Institute of Health and Welfare](#) "[in Australia, a boy born in 2013–2015 can expect to live to the age of 80.4 years and a girl would be expected to live to 84.5 years" however "Indigenous Australians born in 2012-2013 can expect to live around 10 years less than non-Indigenous Australians".

⁴ Future Social Service Institute "Building Australia's future social service workforce" submission to the Senate Select Committee on the Future of Work and Workers, 30 January 2018. [Available on Committee Website – Submission #44](#).

⁵ Future Social Service Institute "Building Australia's future social service workforce" submission to the Senate Select Committee on the Future of Work and Workers, 30 January 2018. [Available on Committee Website – Submission #44](#).

The social service workforce



At present, different segments of the social service workforce are typically treated as separate and logically divisible. They are the subject of separate strategies, separate data sets and separate qualifications. However, as shown by FSSI's work with the sector to co-design and co-deliver qualifications, each of these segments shares similar underpinning capabilities and values.

While it is important to recognise the diversity within and between these segments, FSSI is focused on the interconnections between them, and on how to build the shared underpinning capabilities to support the enormous growth required across the entire social service sector.

Our focus is on developing qualification suites that provide a firm foundation for caring work, while allowing for specialisations and enabling graduates to move *within* and *between* different segments of the social service sector throughout their career.



FSSI shares VCOSS's view that an overarching data set for the whole social service sector is crucial to planning the future workforce.⁶ We urge the Taskforce to develop an Aged Care Workforce Strategy that recognises aged care is a large and important part of Australia's broader social service sector. The strategy should seize the opportunity to develop and support that workforce to grow and become more diverse, mobile and highly valued.

Co-design – the key to the success

Public consultation on the development of the Aged Care Workforce Strategy is critical to ensuring the relevance of the strategy and to building a shared understanding of and commitment to the goals of the strategy. However, it is not sufficient to ensure its success.

As shown by the recent Inquiry into the *Disability Strategy 2010-2020*, which focused on the imperative to build inclusive and accessible communities, wide-ranging consultation in the development phase of a strategy is not enough. Stakeholders that help shape the strategy must also be involved in implementing, monitoring, and evaluating it.

As shown by the recent Inquiry into the *Disability Strategy 2010-2020*, which focused on building inclusive and accessible communities, wide-ranging consultation in the *development* phase of a strategy is not enough.

⁶ See for example VCOSS [Community Service Industry Plan Discussion Paper](#), October 2017, page 30. See also Joint Councils of Social Service Network [Submission to the Productivity Commission on Data availability and Use](#), July 2016.

Although the *Disability Strategy 2010-2020* was grounded in “extensive consultation held with people with disability, their families and carers as well as advocacy organisations”, the Inquiry found when it came to implementation, the level and quality of consultation in many areas was poor or had deteriorated.⁷ Lack of ongoing, meaningful dialogue with stakeholders, combined with other factors including a focus on NDIS implementation at the expense of broader issues relating to inclusion and accessibility, are hindering the realisation of the strategy’s goals.⁸

While consultation is a regular feature of strategy development, in a co-design approach consultation is not simply an initial input or a phase, but an ongoing dialogue that informs *every stage* of the strategy, from ideation, to planning, to delivery and evaluation.

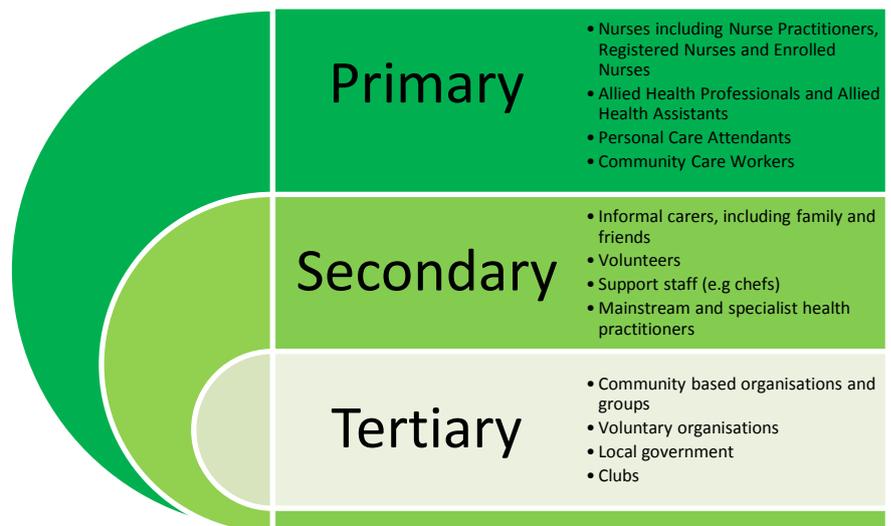
A co-designed Aged Care Workforce Strategy must identify clear goals, roles, responsibilities and outcomes for the various levels of government as well as aged care provider. Implementation, monitoring and evaluation must be done in partnership with service providers, aged care workers and relevant unions, people accessing aged care services, along with their families, advocates and community support networks.

Why the aged care industry matters

As noted by the Chair of this Taskforce, “[a]geing well, with dignity and independence, is something everyone deserves”.⁹ The aged care industry provides services and supports vital to the health and wellbeing of millions of older Australians. There is a tendency when discussing the aged care workforce to focus on the provision of direct health care services and personalised supports. However as shown in the diagram below, we propose a reframing of the aged care industry and workforce as much broader and more complex, comprising three layers of support.

The **primary layer** is the one most people associate with the aged care workforce. It comprises a range of occupations that provide direct care, services and support to older Australians, including nurses, allied health professionals, personal care attendants and community care workers.

The **secondary layer** is made up of informal carers¹⁰ – most



⁷ Senate Community Affairs References Committee [Disability Strategy 2010-2020 to build inclusive and accessible communities](#), 29 November 2017.

⁸ Senate Community Affairs References Committee [Disability Strategy 2010-2020 to build inclusive and accessible communities](#), 29 November 2017.

⁹ Pollaers, J. “[Workforce strategy: what the aged care sector is telling taskforce](#)”, Australian Ageing Agenda, 23 February 2018.

¹⁰ According to the most recent figures, 2.7 million Australians provide informal, unpaid care to others. [2015 Survey of Disability, Ageing and Carers \(SDAC\) – Results for Carers](#)

often family and friends – volunteers, and people who work in mainstream and specialist health services accessed by older Australians, as well as other workers within aged care settings, for example chefs and maintenance workers based at residential care facilities.

The **tertiary layer** is a critical, but frequently overlooked part of the aged care industry and comprises community-based organisations that enable older Australians to pursue their interests and play active roles in their community.

All these groups – individually and collectively – make a significant contribution to older Australians’ wellbeing. The Aged Care Workforce Strategy should recognise and support all these groups to grow, develop and collaborate, supporting older Australians to live well. Maintaining and expanding tertiary support links has the potential to better distribute support costs at the same time as improving life quality.

The aged care industry – as we have broadly defined it – matters because it is vital to supporting millions of older Australians to live healthy and fulfilling lives and stay connected to their communities. It matters also, because as the rate of population ageing continues to increase, so too does the demand for services and supports.

Industry leadership, mindset and accountability

The demand for aged care services in Australia has already reached unprecedented levels¹¹ and the aged care system “need[s] to adapt to meet the changing needs of its resident population”.¹²

As the aged care workforce grows to meet increasing demand, many more leaders are urgently needed. They must lead and manage a rapidly expanding workforce, embrace innovation and adjust to the changing needs and expectations of older Australians. These include expectations to stay in their own homes longer and keep contributing to the community. Leaders within the aged care industry must be willing and able to work in partnership with people who provide secondary and tertiary supports, to actively support people’s goals – which include maintain community connections – and if necessary, reorient their organisation’s policies, processes, systems and culture to achieve them.

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As noted by the Senate Community Affairs Reference Committee “[t]he needs of aged care patients are becoming more complex”¹³ and many older Australians are often only entering residential care

¹¹ Mavromaras, K. Knight, G. Isherwood, L. Crettenden, A. Flavel, J. Karmel, T. Moskos, M. Smith, L. Walton, H. Wei, Z. [The Aged Care Workforce, 2016](#), page 54.

¹² VCSS [Quality and safety for aged care residents: Submission to the inquiry into the quality of care in residential aged facilities in Australia](#), February 2018, page 2.

¹³ Senate Community Affairs References Committee report on the [Future of Australia’s aged care sector workforce](#), June 2017, page 29.

when their needs become too complex to be adequately met within their home environment. Leaders must be able to support their employees to meet the needs of these residents, many of whom require “specialised treatment in areas such as dementia and palliative care”.¹⁴ This includes supporting employees to access further education and training as required.

What gets measured gets done, and so it is important to ensure the aged care industry’s measures of success align with the goals and expectations of people accessing services. While risk minimisation and mitigation are crucial, measures should focus on both quality of care and quality of life. Perverse incentives that reward dependency over self-sufficiency should be eradicated.¹⁵ The use of restrictive practices should be subject to “nationally consistent legislated regulation”¹⁶ with education and training for existing and future workers, to ensure the human rights of older Australians are upheld.

Industry workforce organisation and accreditation

High quality education and training is vital to ensuring the aged care workforce is equipped to provide high-quality care that meets the diverse needs of older people. The 2016 National Aged Care Workforce Census and Survey identified several priority areas for future training, including “dementia, palliative care and (in-home care and home support) mental health”.¹⁷ These training needs reflect demographic and health trends, as well as a shift in the balance between home-based and residential care. Many people entering the aged care system will be victim survivors of domestic violence and sexual assault.¹⁸ The aged care workforce needs to be equipped to provide high-quality support for people who have experienced violence, abuse and trauma.

As noted above, all areas of Health Care and Social Assistance are experiencing rapid growth. This represents an opportunity to define a common set of skills, capabilities and values that prepare people for careers spanning different social service segments. While there are clearly some things that differentiate work in aged care, disability and family violence, there is arguably much that is common to them all.

While evidence suggests mobility of employees between aged care and disability is minimal,¹⁹ concerns about “potential workforce competition with the disability sector”,²⁰ coupled with anecdotal reports that poaching of staff (particularly leaders) has become more commonplace, provides tacit recognition of a common skillset among social service workers. This shared skillset should not be viewed as a risk; but as a strength and an opportunity.

¹⁴ Senate Community Affairs References Committee report on the [Future of Australia’s aged care sector workforce](#), June 2017, page 29.

¹⁵ Low, L-F. Brodaty, H. [Aged-care funding creates dependency and lowers well-being of residents](#) in *The Conversation*, 22 September 2015.

¹⁶ Australian Law Reform Commission report on [Elder Abuse > Aged Care > Restrictive Practices](#). For alternative approaches see the Victorian Office of the Senior Practitioner’s [Roadmap to dignity without restraint](#).

¹⁷ Mavromaras, et al [The Aged Care Workforce, 2016](#), page xvii.

¹⁸ According to figures released by the Australian Institute of Health and Welfare, since the age of 15 : 1 in 6 Australian women and 1 in 16 Australian men have experienced physical and/or sexual violence by a previous partner; 1 in 4 Australian women and 1 in 6 Australian men have experienced emotional abuse by a current or previous partner; and 1 in 5 Australian women and 1 in 20 Australian men have been sexually assaulted and/or threatened. AIHW [Family, domestic and sexual violence in Australia, 2018](#), 22 February 2018.

¹⁹ Mavromaras, et al [The Aged Care Workforce, 2016](#), page xviii.

²⁰ Mavromaras, et al [The Aged Care Workforce, 2016](#), page xviii.

This shared skillset should not be viewed as a risk; but as a strength and an opportunity.

In light of the level of growth required across all areas of Health Care and Social Assistance, the focus on competition between different segments of the social service workforce is understandable, but ultimately unhelpful.

Aged care and disability do not need to be treated as discrete, stand-alone professions, but can more fruitfully be conceptualised as part of a continuum of caring professions. This opens up opportunities for employees having greater mobility, and employers having workers with a greater breadth of capabilities, skills and knowledge at their disposal. This will also benefit people accessing services.

Instead of focusing on competition, energy should be directed to developing new suites of educational programs that are industry-wide but enable specialisations and are also flexible, portable and able to be entered and exited, permanently and temporarily. Educational silos must be replaced with fit-for-purpose education in the fastest growing labour market segment in Australia.

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Nurses and Allied Health Professionals are subject to accreditation and registration through relevant professional bodies such as the Nursing and Midwifery Board and the Australian Health Practitioner Regulation Authority. Personal Care Attendants constitute the largest occupational group in residential aged care (70%),²¹ however they are not subject to accreditation or registration requirements. The introduction of an accreditation and registration system for Personal Care Attendants – along the lines of the model proposed by the Victorian Government for disability workers – would help professionalise this segment of the aged care sector and recognise them as “essential workers”.²² An accreditation and registration system would improve the quality of services across the aged care sector and enable the introduction of consistent standards in residential settings, for example worker-to-resident ratios.²³

²¹ Mavromaras, et al [The Aged Care Workforce, 2016](#), page 13.

²² Registration and accreditation systems have been trialled and implemented in a number of areas including Northern Ireland and Ontario, Canada. See for example Northern Ireland Social Care Council [Standards of Conduct and Practice for Social Care Workers](#), November 2015; [Personal Support Worker Registry of Ontario Code of Ethics](#), February 21, 2018.

²³ VCOSS [Quality and safety for aged care residents: Submission to the inquiry into the quality of care in residential aged facilities in Australia](#), February 2018, page 14.

Industry attraction and retention

It is estimated that “by 2050 the aged care workforce will need to have grown to around 980,000 workers”.²⁴ Australia needs many, many more trained professionals who can provide high quality care to a diverse range of older people, many with complex needs. Urgent action is required to address looming staff shortages, which as VCOSS has observed, “can lead to neglect and a failure to provide basic care to older people”.²⁵

The aged care workforce, like the social service workforce in general, is chronically undervalued. In a 2016 report, Deloitte Access Economics estimated the aged care sector made a direct economic contribution of “\$13.5 billion in value added in 2014-15”. Despite this enormous contribution, “[n]egative perceptions of aged care work of low pay and status remain”²⁶ and aged care workers are grossly underpaid, often earning around “half the average full-time adult weekly wage in Australia”.²⁷

The undervaluation of aged care is a key factor influencing industry attraction and retention. The Taskforce must explicitly address the issue of pay rates and support increased pay rates for aged care workers in line with their significant contribution to the Australian economy, as well as to the wellbeing of individuals, their families and communities.

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Older Australians who are accessing aged care services – now and in the future – are diverse. The aged care workforce should reflect the diversity of the broader community. While Australia’s current aged care workforce includes a significant proportion of people who were born overseas,²⁸ it is highly gender segregated with a vast majority of female employees²⁹ and the median age of workers – 46 years in the residential direct care and 52 years in the home support direct care workforce – is significantly higher than the median age of workers for all Australian industries, which is 40 years.³⁰ There is a substantial body of literature highlighting the benefits of diversity in the workplace, including increased innovation, positive relationships, employee satisfaction and financial

²⁴ Mavromaras, et al [The Aged Care Workforce, 2016](#), page xviii.

²⁵ VCOSS [Quality and safety for aged care residents: Submission to the inquiry into the quality of care in residential aged facilities in Australia](#), February 2018, page 2.

²⁶ Mavromaras, et al [The Aged Care Workforce, 2016](#).

²⁷ O’Keeffe, D. “[Aged care wages: tackling pay in ‘the forgotten industry’](#)” in *Australian Ageing Agenda*, 8 February 2017.

²⁸ Adamson et al noted that “[a] relatively high proportion of ‘personal care assistants’ were born outside Australia (44%)” in Adamson, E. Cortis, N. Brenna, D. Charlesworth, S. “Social Care and migration policy in Australia: Emerging intersections?” in *Australian Journal of Social Issues*, Volume 52, Issue 1, March 2017.

²⁹ Residential direct care workforce: 87% female; Home care and home support direct care workforce: 89% female. Mavromaras, K. Knight, G. Isherwood, L. Crettenden, A. Flavel, J. Karmel, T. Moskos, M. Smith, L. Walton, H. Wei, Z. [The Aged Care Workforce, 2016](#), page xvi.

³⁰ [Department of Jobs and Small Business – Labour Market Information Portal](#)

performance.³¹ The Aged Care Workforce Strategy must stimulate greater diversity in the workforce, including addressing the gender imbalance.

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Although the 2016 National Aged Care Workforce Census and Survey (NACWCS) reported the incidence of skill shortages had declined since 2012,³² skill shortages remain a risk. Demand for services and supports will continue to change over time as new generations of Australians begin accessing aged care. As the aged care sector rapidly expands and the system continues to adapt to older Australians' changing needs, new skill shortages may arise in areas that have not or cannot yet be foreseen.

Ongoing training and development for aged care workers at all levels – from personal support workers to senior executives – is essential to building and maintaining a high-quality workforce.

To support attraction and retention, aged care workers should be given ample opportunities to develop and enhance their skills. Ongoing training and development for aged care workers at all levels – from personal support workers to senior executives – is essential to building and maintaining a high-quality workforce. Training and development for the aged care workforce should be:

- Informed by the latest research, including on culturally appropriate practice;
- Co-designed and co-delivered with aged care practitioners, researchers, people who access aged care services and their advocates;
- Provided in a range of accessible and engaging formats that suit different learning styles; and
- Undertaken within work time at the cost of the employer, subsidised by various levels of government.

On this last point, even if the low rates of pay cited above are addressed, the aged care workforce should not be expected to self-fund its training and development. Instead federal, state and local government should support providers to enable staff to undertake further education and training through subsidised fees, scholarships and grants.

³¹ See for example Hunt, V. Lee, L. Prince, S. Dixon-Fyle, S. [Delivering through diversity](#), January 2018.

³² Mavromaras, et al [The Aged Care Workforce, 2016](#).

Translating research and technology into models of care and practice

Co-designed models of care and practice should be the norm in aged care and across all areas of social service. Co-design should involve practitioners, researchers, experts by experience, people who access services and their advocates. Research shows models of care that are co-designed can be more innovative, and more aligned and responsive to the needs of those accessing services.³³ Co-design recognises people are not passive recipients of care. It gives space for people to articulate their own goals and needs, and help to structure and organise services to best meet their needs.

Older Australians' needs and expectations are not static. They will continue to evolve over time. The needs of Generation X are likely to differ in significant ways from Baby Boomers, with higher levels of digital literacy among this generation, and indeed subsequent generations, creating opportunities for innovation in aged care service delivery supported by new technologies.

New technologies are already changing the ways social services are delivered and managed. There are numerous examples of systems and applications that support older people to live safe and full lives.³⁴ The Aged Care Technology Roadmap affirms that technology which is co-designed with end-users "has the potential to make living as an older person more positive, and to radically transform the way in which people receive services and support as they grow older".³⁵ However, as noted in the Roadmap, there is currently an "absence of sector-wide workforce training and development for working in a technology-driven world".³⁶

It is essential the Aged Care Workforce Strategy supports building workforce capacity to adopt new technologies.

It is essential the Aged Care Workforce Strategy supports building workforce capacity to adopt new technologies. It should also commit to ongoing, appropriately funded research into the future needs of people accessing aged care, and support robust evaluation of new service delivery models and practices in aged care, including the use of new technologies.

³³ See for example Wright, R. Lowton, K. Glenn, R. Grudzen, C. Grocott, P. "Using Experience-based Co-design with older patients, their families and staff to improve palliative care experiences in the Emergency Department: A reflective critique on the process and outcomes" in *International Journal of Nursing Studies*, Volume 68, March 2017.

³⁴ Examples of apps designed specifically for older people include: safety apps such as fall-detecting apps and medical apps such as blood pressure monitors and reminders for medications. There are also apps designed for different groups of people, for example people with dementia.

³⁵ Medical Device Research Institute, Flinders University "[A Technology Roadmap for the Australian Aged Care Sector](#)" June 2017, page 12.

³⁶ Medical Device Research Institute, Flinders University "[A Technology Roadmap for the Australian Aged Care Sector](#)" June 2017, page 21.