



**Aged & Community
Services • Australia**



WORKING TOGETHER

AGED & COMMUNITY CARE WORKFORCE

ACSA BACKGROUND PAPER

September 2007

Introduction

Workforce growth and development is an area of great interest and concern for all stakeholders in aged and community care. Therefore it has been a strategic priority for Aged and Community Services Australia (ACSA) for some time.

Aged and community care providers have raised a range of issues that need to be further explored and addressed:

- ACSA members are consistently reporting their difficulties in attracting and retaining the appropriate staff required to operate their services effectively. It is widely understood that Registered Nurses (RNs) are hard to attract and there are studies and Government initiatives in this area. Similar shortages exist with other direct care staff.
- However there is increasing evidence that other key staff are also hard to recruit. For example:
 - Day Therapy Centre services are renegotiating their funding contracts because they are unable to attract allied health personnel; and
 - With the lack of management and administration staff some services are being forced to look at different models such as sub-contracting human resources and accounting functions.
- This instability in the aged & community care workforce has contributed to:
 - Excessive provider costs due to the continuous recruiting and training of new staff, use of higher cost temping and contract staff;
 - Large workloads for existing care staff, inadequate supervision and less time for new staff to learn their jobs; and,
 - The poor image of the sector as a career option.
- Members report that ever increasing paper work and compliance tasks are making aged care less attractive as a career option – to RNs and direct care staff who are more interested in client care and outcomes than paperwork, and to management who find more of their time dedicated to compliance than to organisational needs.
- Service access problems are primarily being reported in rural and remote areas plus with special needs groups when the appropriate staff are not available to fill the shift. However such reports are now flowing through from mainstream providers in metropolitan areas.
- Members are now providing a greater range of services, such as transitional and sub acute, homeless and innovative models, which often demand a different skill set than the ones generally associated with aged care.

In 2006, ACSA sponsored the *Who Will Care?* Forum to bring together aged care providers to consider the future of the aged and community care workforce. That Forum agreed that ACSA should plan and co-ordinate a campaign to raise and improve the profile of the aged and community care industry with a view to building and consolidating the sector workforce. Appendix One contains the key outcomes of the Forum.

ACSA then established a Workforce Working Group to assist in the development of an industry framework and initiatives to develop and grow the aged care and community care workforce. To assist with this work this background paper was prepared in an attempt to document what we currently know, highlight by omission what we do not know and identify common themes that require attention.

Purpose of this Paper

This paper is being made available publicly as a resource for people who are interested in workforce issues, to share some of the information that exists and to stimulate thinking about what we as an industry should do to ensure *that quality care for older people is provided from a well led, committed and supported workforce.*

This paper is not a comprehensive literature review in this important and complex area. Instead it provides a taste of the key industry issues, major reports and studies plus samples of good and innovative practice.

ACSA has also produced a draft *Framework for Action* which has been released for consultation until the end of October 2007. Once finalised this Framework will guide the work of ACSA in this area and it will be updated and refined at regular intervals. ACSA actively encourages feedback and input into its work and would welcome comments on the strategies in the Framework plus information about interesting and innovative papers, practices and initiatives that would enrich ACSA's work.

Environmental Scan

Our Clients

- The population of older people is increasing faster than the population as a whole.
- Many commentators have noted that the generation born after the Second World War, the so-called "baby boomers" have been a demanding cohort at every stage in their life cycle. In western industrialised countries they have, generally, lived through a period of prosperity and consumerism, in stark contrast to their parents and grandparents who experienced the Great Depression of the 1930's. The character of the baby boomers is unlikely to change as they become older. Therefore, not only will the preferences of older people become increasingly diverse but they are also likely to be more forcefully expressed.
- Beyond the baby boomers the coming Generations X and Y will have different expectations and requirements, eventually as older people themselves, but also and sooner as the carers of older people.¹
- In 1996 the older population from culturally and linguistically diverse (CALD) backgrounds was 17.8% of the total older Australian population. By 2011 it is projected to be 22.5%.² These populations will be unevenly distributed and concentrated in Australia's capital cities.
- Traditional structures for caring for the elderly are declining for a number of reasons, including:
 - A higher number of older people live alone and not with children;
 - More adult women are in paid employment; and,
 - There are fewer carers available and/or willing to take on these roles.³

¹ Aged & Community Services Australia (ACSA), "Aged & Community Services in Australia: A Framework for Our Future," June 2005.

² D Gibson, P Braun, C Benham and F Mason, *Projections of Older immigrants: people from culturally and linguistically diverse backgrounds, 1996–2026, Australia*, AIHW Cat. No. AGE 18, Canberra, 2001, Australia Institute of Health and Welfare (Aged Care Series No. 6).

³ National Centre for Social and Economic Modelling (NATSEM), *Who's Going to Care? Informal Care and an Ageing Population*, Report prepared for Carers Australia, 2004.

- With the old getting older the levels of disability and chronic illness are increasing, as is dementia, resulting in increased costs for providers.
- There is now greater recognition that older people suffer from mental illness, particularly depression. Commentators have identified a lack of expertise in the general aged care workforce around basic care needs for people with mental illness or dementia. Dr Roderick McKay considers that this is particularly concerning given that very high proportions (over 50%) of residents in any residential aged care facility will have mental health or dementia related problems.⁴
- More older people now have a preference for remaining independent in their home or at least in their local community

All of these aspects suggest that clients will increasingly be looking for a choice in services tailored to their individual situation; provided in their home (whether this is their traditional home or a down sized replacement in the same locality); they will be older and likely to have some chronic condition and may have little family support.

Labour Market

- Department of Employment and Workplace Relation's "Job Outlook" in August 2003 identified the Community Services and Health sector as the third largest growth sector for labour to 2010.⁵
- Annual labour force growth is projected to slow to 0.4% per annum by 2016, compared with average growth of 1.9% per annum from 1979 to 1998.⁶
- More than 80% of the projected growth in the labour force between 1998 and 2016 will be made up of people 45 years and above.⁷
- Currently 75% of women and 25% of men retire from full time work before the age of 55, and aged care is a highly feminised workforce.⁸ Australia's mature age labour force participation rates tend to be lower than those of most industrialised economies, particularly for women. Around 1 in 3 Australians aged 45-65 is not employed; despite this, older workers face significant difficulties in gaining employment.⁹ Australia is in 12th place out of 30 OECD countries in workforce participation rates.¹⁰
- The economy is strong and unemployment is low therefore people have more options for careers and short term employment.

⁴ Dr Roderick McKay, Director of Aged Care Psychiatry, Braeside Hospital NSW, "Submission to Senate Inquiry into Aged Care," 28 July 2004, http://www.aph.gov.au/senate/committee/clac_ctte/aged_care04/submissions/sub46.pdf

⁵ Community Services & Health Industry Skills Council, *Engaging the Untapped Workforce: Training solutions for the community services and health industry* (Revised Edition 2005). Summary of Findings available at: http://www.cshisc.com.au/load_page.asp?ID=36.

⁶ Australian Bureau of Statistics (ABS) 6260.0, *Labour Force Projections*, Australia 1999-2016.

⁷ ABS 6260.0 *Labour Force Projections*, Australia 1999-2016.

⁸ Community Services & Health Industry Skills Council, *Engaging the Untapped Workforce: Training solutions for the community services and health industry* (Revised Edition 2005).

⁹ Sol Encel, "Age Can Work: The Case for Older Australians Staying in the Workforce," (A report to the ACTU and the Business Council of Australia), April 2003, p.2.

¹⁰ David Parker (Executive Director, Macroeconomic Group within Treasury), "The Economic Impact of Australia's Ageing Population," Address to CEDA *State of the Nation* Conference, 14 June 2007, p.6.

Generational Workforce Issues

The aged and community care workforce is ageing. Providers need to attract younger workers and support and maintain older workers.

Avril Henry, a consultant and author specialising in intergenerational workforce issues, argues that to attract and retain employees in the ‘war for talent’ it is necessary to identify what motivates each generation. Each generation has its own distinct set of values, view of work/life balance, career aspirations, training and development expectations, sense of loyalty, expectations of leaders and the work environment, and communication preferences. There has been considerable research on this issue which highlights action to take to attract younger workers:

- Exit interviews indicate that Generation Y (youngest) leave positions to take up developmental opportunities and career progression. They do not find these in aged care.¹¹ The perceived lack of career pathways and general lack of attractiveness of the aged care sector leads to “*deployment* rather than development of labour” (ie staff move to other employment).¹² Organisations may need to cater to a workforce that expects career/employment mobility.
- There is a need to move from cost focus to people focus¹³ and to build “sustainable skill ecosystems” in which workers skills are “developed, deployed and reproduced”. Workers see themselves having “wasted skills”.¹⁴
- A need to provide flexible work practices¹⁵ with improved wages and conditions.¹⁶
- Employers should seek out feedback and ensure it is acted upon,¹⁷ and ensure continual learning is a fundamental element of organisational culture.¹⁸
- Improve capacity for high level, on-the-job training that supports workforce development. The industry needs to look beyond Vocational Education and Training (VET) as this will only provide “training for an industry with a lower skills profile.”¹⁹ There is a need to focus on workforce development, not just training. Career pathways should be supported by partnerships with educational institutions, including staff generated specific learning and development programs for staff of all ages and levels.²⁰
- Leading with vision, developing a shared culture where everyone is learning, everyone is valued, everyone is developing and contributing, and change and improvement is encouraged.²¹
- Pilot and evaluate new initiatives.²²

¹¹ Jenny Luong, “Managing and Retaining Different Generations,” Powerpoint presentation to ACSA “Who Will Care?” Forum, November 2006.

¹² John Buchanan and Richard Hall, “Beyond VET: The Changing Skill Needs of the Service Industries,” Powerpoint presentation to ACSA “Who Will Care?” Forum, November 2006.

¹³ Luong, above footnote 11.

¹⁴ Buchanan and Hall, above footnote 12.

¹⁵ Luong, above footnote 11.

¹⁶ Buchanan and Hall, above footnote 12.

¹⁷ Luong, above footnote 11.

¹⁸ Tulloch, Darlene, “Our career Pathways: how to attract, develop, motivate and retain our people,” Powerpoint presentation to ACSA “Who Will Care?” Forum, November 2006.

¹⁹ Buchanan and Hall, above footnote 12.

²⁰ Tulloch, above footnote 18.

²¹ Ibid.

²² Ibid.

What Do We Know About the Aged Care & Community Care Workforce?

There have been a number of surveys and research undertaken on the aged and community care workforce. Most of this work has focused on residential care and nurses. This section summarises some of the key relevant studies.

Residential Care Workforce

National Institute of Labour Studies (NILS) – The Care of Older Australians: A Picture of the Residential Aged Care Workforce

In 2003 a study of the residential care workforce by Richardson and Martin²³ found that there were 116,000 direct care employees made up of:

- 25,000 registered nurses
 - 15,000 enrolled nurses
 - 67,000 personal carers
 - 9,000 allied health professionals (mainly recreational and diversional therapists)
- This study only surveyed direct care staff and did not include GPs, Allied Health and other facility staff such as administration staff, cooks, gardeners and cleaners.
 - The workforce is highly educated with only 12% having no post school qualifications and 29% having more than one qualification.
 - Two-thirds of workers are permanent part-time.
 - Only 11% are permanent full time.
 - Overall the workforce would like to work more hours than they actually do.
 - 94% are women.
 - 43% are 45 years or younger compared with 67% of all Australian workers. RNs are significantly older.
 - Vacancies for direct care workers are generally low, with most vacancies for RNs.
 - Around 3% of shifts are performed by agency and contract staff which is lower than expected.
 - Three quarters of the aged care workforce are Australian born – the same percentage as for all employed Australians.
 - A quarter of PCs and 20% of nurses have to be replaced each year by their current employer.
 - Nurses tend to be less enthusiastic about their job than PCs and the allied health staff.
 - When asked to look 3 years ahead, about 25% expected to have left aged care employment.

Queensland Aged Care Workforce Survey (2004)

This survey covered 220 organisations 62 of which reported residential care provision, 152 reported CACP/HACC provision and 7 had hospitals. However, the data was not broken down into service types. The survey found that:

- Around 98% of respondents, which included 62 services providing residential aged care, relied to some extent on ‘unpaid workers’.
- 5% of paid workers were from CALD backgrounds, and services reported that ‘some’ workers lacked English proficiency to the extent that it ‘precluded staff from accessing career development or career pathways’.

²³ Sue Richardson and Bill Martin, *The Care of Older Australians: A Picture of the Residential Aged Care Workforce*, The National Institute of Labour Studies (NILS), February 2003.

- 75% of respondents expected their demand for staff to increase over the next decade.
- 59% reported difficulties in recruiting appropriately trained and skilled staff. Recruitment of RNs, assistant nurses and direct care staff was most difficult.
- On average, services reported spending around 2% of their income on staff development, with private providers tending to spend more.²⁴

Aged and Community Services SA & NT Workforce Survey

The survey was undertaken in September 2002 and found significant staff shortages across its member organisations, particularly of registered nurses and personal carers. It also quantified a less than optimal staff mix across the sector.

Inadequate staffing levels and skills mix is associated with increased costs associated with overtime and agency staffing, occupational health and safety issues, quality of care issues, compliance with legislative requirements, staff recruitment and retention, and risk.

The Nursing Workforce

There have been a number of studies concerning nursing workforce issues and the findings of a few relevant studies are summarised here.

Nurses Board of Victoria

- In 2001, the Nurses Board of Victoria estimated that there were over 13,000 registered nurses in Victoria who were not working.²⁵
- The Nurses Board of Victoria identified that nursing shortages across the board are due to or exacerbated by:
 - Excessive workloads, poor working conditions, excessive *unpaid* overtime demand, stress and low morale;
 - Lack of career structure;
 - Low salaries relative to skill levels;
 - Lack of a sense of acknowledgement and value;
 - Lack of supports and resources to enable nurses to feel they are doing a good job;
 - Lack of flexibility within the work environment;
 - Lack of access to ongoing skills development and training;
 - Lack of childcare;
 - Lack of attention to Occupational Health and Safety (OHS); and
 - Lack of satisfaction with work due to the “culture of the health workforce” and “team leadership” issues (management issues).

Recruitment and Retention of Nurses in Residential Aged Care

In 2002, the Australian Centre for Evidence Based Residential Care, the Department of Health and Ageing, and La Trobe University, jointly researched issues in the *Recruitment and Retention of Nurses in Residential Aged Care*.²⁶ The objectives of the project were to report on:

²⁴ Queensland “Aged Care Workforce Survey 2004: Summary Report,” February 2005.

²⁵ Nurses Board of Victoria submission to Senate Community Affairs Reference Committee, available at:

http://www.aph.gov.au/senate/committee/clac_ctte/completed_inquiries/2002-04/nursing/submissions/sub765.doc

- The key reasons for nursing attrition in the residential aged care sector;
 - Factors that would encourage qualified nurses to return to residential aged care and community aged care settings;
 - Strategies to facilitate nurses returning to the residential aged care sector; and
 - The provision of re-entry courses specific to residential aged care nursing.
- National statistics collated by researchers reporting to the Federal Government found that “approximately 18,438 nurses allowed their registration to lapse during 1999 and 2000, from a total population of 257,045 Enrolled and Registered Nurses in 1999 and 258,957 ENs and RNs in 2000”.²⁷
 - One of the dominant themes identified in the literature review was the importance of a supportive work environment in order to improve the retention of nurses by minimising stress, burnout, low morale and low organisational commitment. Specifically, a survey of nurses leaving the profession (with some emphasis on those leaving the aged care sector) found that the most common reasons for leaving were family commitments, hours of work, poor rates of pay and staff shortages. Interestingly, the pay issues were of less importance than the support and positive HR issues. It also found that a significant proportion would be interested in returning if these factors were addressed through improved shifts, increased pay (including wage parity for residential care nurses), greater provision of education and training (specific to residential aged care) including greater undergraduate and postgraduate professional development opportunities, increased staffing and appropriate skills mix, improved ratios of qualified staff, improved equipment and facilities, generic improvements in residential care to address a perception amongst nurses that there is “inadequate provision for care to residents,” and re-entry courses for nurses who have left.
 - A subsequent providers’ forum acknowledged the need to respond to these findings, and also acknowledged the need to improve the negative image of the aged care sector, recognise aged care nursing qualifications and experience, provide opportunities for career development, and to provide wages equivalent to other nursing fields.
 - This survey also found that there was a strong interest in participating in re-entry training (55.2% of nurses with lapsed registration).
 - If all qualified nurses not currently working as nurses were attracted back to the profession then there would be no shortage.
 - Innovative strategies already deployed in the sector include:
 - Providing funding to attend educational courses;
 - Widening the role of ENs;
 - Providing career pathways within a home.
 - Twenty recommendations addressed these factors, with particular emphasis on nurse re-entry programs specific to aged care. A copy of the recommendations in full is contained in Appendix Two.

²⁶ Australian Centre for Evidence Based Residential Care, Department of Health and Ageing, and La Trobe University *Recruitment and Retention of Nurses in Residential Aged Care*, 2002, available at:

[http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-workforce-recruit.htm/\\$FILE/recruit.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-workforce-recruit.htm/$FILE/recruit.pdf)

²⁷ Ibid.

Review of Nursing Education: Our Duty of Care

The Community Services & Health Industry Skills Council (CSHISC) notes that the *Review of Nursing Education: Our Duty of Care* about workforce development for the Health and Community Services Industries, specifically recommended:

- Maximising education pathways to promote career transitions and opportunities for development in the education and training of care assistants, health workers, enrolled nurses;
- Maximising the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competence (RCC) in enrolment processes.

The CSHISC considers this recommendation as being of pivotal importance to the recruitment of mature aged and other experienced workers. It is essential for employers, RTOs and recruitment agencies to have access to a range of resources that support the implementation of this recommendation for our industries.

Australian Aged Care Nursing: A Critical Review of Education, Training, Recruitment and Retention in Residential and Community Settings

This report is an interesting and thorough review of recent literature that addresses these issues in Australia and overseas and it sets out 12 strategies that should be considered to improve the training, recruitment and retention of nurses.

Some concluding insights include:

- That attracting able and enthusiastic RNs and ENs to the aged care sector is highly dependent upon the initial exposure to the care of older people in pre-service and undergraduate programs. Currently RN training largely focuses on primary health care and the delivery of acute care services in hospitals while the education and training of ENs is largely centred on aged care.
- The current structure of the nursing team appears to be inappropriate for providing employers with the staff required to provide adequate levels of personal and nursing care.
- Low job satisfaction and morale, lack of a supportive work environment and a poor industry image make recruitment problematic.
- “Education and training play a number of roles in increasing the recruitment and retention of nurses. Access to education and training for nurses increases their skills and knowledge which, in turn, improves the quality of care and thus improves their status in the community and supports career advancement; and the effective training of other direct care staff reduces the stress of supervision by nurses.....A structured and well understood education and training profile in aged care will increase work satisfaction and could be an important marketing tool in recruitment.”²⁸

Remote Area Nurses in Indigenous Communities – Why Won’t They Stay

Another interesting and concerning aspect with regards to the aged care workforce is raised by Sue Currie in her paper *Remote Area Nurses in Indigenous Communities – Why Won’t They Stay*.

She found there is a massive turnover of remote area nurses because they do not have the skills, knowledge, training and experience that are crucial to the health of indigenous people. Often these

²⁸ A Pearson and R Nay, *Australian Aged Care Nursing: A Critical Review of Education, Training, Recruitment and Retention in Residential and Community Settings*, Department of Education, Science and Training, 2001.

nurses are working alone in communities and provide an “extended practice” or as the author would argue, operate as “substitute doctors.”²⁹

Community Care

As part of the Government’s “The Way Forward” project the Department of Health and Ageing (DoHA) commissioned two reports on the community based aged care workforce containing desk top literature reviews on the workforce in Australia and overseas plus an analysis of the possible impact of technology on the workforce. Whilst not providing direct data on the community based aged care workforce it does provide a useful overview.

- According to the Australian Institute of Health and Welfare (AIHW) there were 51,784 people working in “aged and disabled care” in 2001 and this was a fast growing sector of the workforce. ACSA believes that this figure is an underestimate and is more likely to be in the vicinity of 80,000.
- The paper characterised the issues facing the community care workforce as similar to those confronting residential care. Specifically:
 - Ageing of the workforce;
 - Image and status of the industry;
 - Lack of qualifications and training;
 - Large part time and casual workforce;
 - Low levels of remuneration;
 - Lack of identified career structure; and
 - Language and cultural awareness issues in relation to services for indigenous and CALD.
- Within the literature reviewed there were two constant recommendations:
 - The need for a comprehensive census or survey of the existing community care staff; and
 - The revision of the National Aged Care Workforce Strategy to include community care.³⁰

At the time of writing this paper DoHA has drafted the set of questions for the census that will cover both residential and community care and the data collection will be finished by October 2007. This will extend considerably our knowledge of the workforce and should be a huge benefit to future planning.

Other information on the community care workforce is fragmented, difficult to find and generally deals with small samples but some useful data is available:

- A Queensland study of 5 residential and community providers found a growing density of casual employment in aged care which they believe is a major cause of an endemic labour supply problem. The NILS survey did not identify this as an issue. The method of funding, for example client-tied funding, affected the levels of casualisation of the workforce.³¹

²⁹ Sue Currie, “Remote Area Nurses on Indigenous Communities – Why Won’t They Stay,” Circulated by Senator Lynn Allison, June 2007.

³⁰ Department of Health & Ageing, *The Community-Based Aged Care Workforce – A Desktop Review of the Literature*, 2006.

³¹ Stephen Jackson and John Buchanan, “Not Enough Work and Not Enough Workers: Casualisation in Aged Care in Queensland.”

- The Victorian Association of Health and Extended Care (VAHEC) – now Aged and Community Care Victoria (ACCV) – undertook a survey in 2002 of 23 community care organisations (excluding local government). This survey confirmed the perception that direct care workers were predominantly female, middle aged and either part time (35%) or casual (63%). Only 2% were fulltime:
 - Care workers reported that pay increases for experience, regularity of work, increased base rate, being paid for travel, receiving information about things that affect them and receiving feedback on performance would encourage them to stay in the industry.
 - This study also found that the relationships workers developed with clients and the feeling of making a difference encourage workers to remain in the industry.³²
- A Western Australian study found that direct care workers often received no penalty rates and being casual meant no sick and annual leave. They were not guaranteed minimum hours of work, were not paid according to their skills and had limited access to training.
- Workers in community care can undertake a Certificate in Home and Community Care but there is no data on the number or percentage of workers with this qualification. Data presented in the *CHC02 Review: A Discussion Paper* shows that in 2005, 20,324 people enrolled in the Certificate III in Aged Care Work and 2,953 enrolled in the Certificate III in Home and Community Care.³³ This supports the commonly held view that overwhelmingly the most common qualification in the industry is the Certificate III in Aged Care.
- The data contained in the *Queensland Aged Care Workforce Survey (2004)* and cited above (page 5) also relates to community care.³⁴

Volunteers

Volunteers provide invaluable support to older people and the services that older people access. The AIHW notes that there were slightly more volunteers in the community services industries than employees in 1999-2000. Their contribution can be divided into two categories – management and service.

- Management volunteers are those who join management committees and Boards. Their issues include:
 - Increasing financial and legal duties and responsibilities on the person and the service;
 - Increasing pressure to source funding away from traditional government funding; and
 - Increasing pressure to do more with less.
- Issues for service volunteers include:
 - Increasing calls on the personal resources of the volunteers eg dollars and time;
 - Increasing obligations for training in dealing with the target population; and
 - Increasing OHS requirements.³⁵

Members value the contribution that volunteers make enormously but they note that it is becoming increasingly difficult to attract the number of volunteers required and those with the desired skill set.

³² VAHEC, “Community Care Benchmarking Study: Care Workers Terms & Conditions of Employment,” 2002.

³³ Community Services and Health Industry Skills Council, *CHC02 Review: A Discussion Paper*, August 2006 (Version 3), p.55.

³⁴ Queensland “Aged Care Workforce Survey 2004: Summary Report,” February 2005.

³⁵ Department of Health & Ageing, *The Community-Based Aged Care Workforce – A Desktop Review of the Literature*, 2006.

Research & Workforce Issues Inquiries

There has been considerable research and inquiries into workforce issues. ACSA has reviewed some of the relevant research, particularly in relation to the attraction and retention of older workers and potential workers for aged and community care services.

Research

ACTU Research on Attraction and Retention of Older Workforce

In 2003 Professor Sol Encel prepared a report on retention of older workers for the ACTU.³⁶ The report identified the need for training/retraining opportunities for mature workers, greater attention to family-friendly policies (including the demands on ageing families), attention to safety at work appropriate to the needs of older workers, and changes to pension and superannuation schemes to ‘encourage’ workers to extend their working life. Encel also called for information to be made available to older workers about ‘the kinds of jobs they can secure, and growth industries’, of which the aged care industry is certainly one.

Engaging the Untapped Workforce: Training Solutions for the Community Services and Health Industry

The CSHISC research paper *Engaging the Untapped Workforce: Training Solutions for the Community Services and Health Industry* (revised 2005) identified mature, CALD and disabled workers as significant groups of potential workers with specific training needs. The paper investigated attitudes to, and options for, engaging mature (over 45s), CALD and disabled workers and concludes that:

- The community services and health industries should attempt to position themselves as a desirable option for training, retraining and ultimately employment;
- The community services and health sectors should reduce discrimination and prejudice against older workers and workers from CALD backgrounds and educate employers about the positive attributes and contributions of these workers; and
- Linkages between relevant employment facilitation agencies (Centrelink, Job Network and training organisations) should be strengthened so that potential workers can be directed to training and employment opportunities.³⁷

In regard to the untapped CALD workforce, the CSHISC report identified the need for organisations to make changes in their attitudes to employing CALD workers, to develop and promote CALD-focused training options and opportunities for CALD workers, and to develop CALD-targeting recruitment practices emphasising the sector as an “ageless and multicultural workforce” (for example, through “popular media depictions”, especially on ethnic broadcast outlets).

In summary, the CSHISC suggests that the following action is required to attract and retain staff:

- Improve the image of the industry and its occupations;

³⁶ Sol Encel, “Age Can Work: The Case for Older Australians Staying in the Workforce,” (A report to the ACTU and the Business Council of Australia), April 2003.

³⁷ Community Services & Health Industry Skills Council, *Engaging the Untapped Workforce: Training solutions for the community services and health industry* (Revised Edition 2005), available at: <http://www.cshisc.com.au/docs/upload/Over45s-RevisedEd2005.pdf>. Summary provided in powerpoint presentation by Di Lawson, CSHISC, “The Magic process: from research to implementation.”

- Look at remuneration levels;
- Specific promotions and more flexible arrangement should be targeted at mature aged, CALD and disabled workers;
- Change human resources cultures to support, retain and nurture staff eg awards, training support, family friendly practices;
- Consider alternative models of service delivery that work within the constraints of the available workforce;
- Research is needed into how part-time work affects Centrelink benefit entitlements and access to training and development;
- More creative use of part-time labour is needed to respond to fluctuating demand or consumer preferences. More imaginative uses of labour are limited by a siloed approach to work roles and rigid professional boundaries;
- A workplace culture that encourages the use of technology must be fostered; and
- Skills development in management and governance would be particularly useful in organisations managed by volunteer boards of management.³⁸

John Buchanan and Richard Hall from the University of Sydney have conducted research on workforce development in community services (including aged care).³⁹ Buchanan argues that while casual employment can deliver short term gains to employers through ‘reducing the obligations they owe to labour’, there is growing evidence that ‘these short term gains compromise training and safety standards, and workforce development.’

Business Council of Australia Awards and Business Council of Australia Survey

This paper focuses on family friendly workplaces⁴⁰ and argues for family-friendly workplaces to ensure that families continue to ‘reproduce’ a workforce to sustain future growth.

A survey of the Business Council of Australia’s (BCA) members, representing 900,000 workers, mostly in large companies, found that companies are actively responding to the challenge of creating family-friendly work environments, primarily through the provision of:

- Flexible and part-time work hours (including school-term only work arrangements);
- Paid maternity and paternity leave (up to 14 weeks);
- Assistance with child care and work-based child care, including a child-care search service and assistance;
- Family support services (eg assistance to families affected by health, financial, drug, legal issues etc);
- Work from home;
- Job share opportunities;
- Family oriented events (sports days, parties, sponsorships); and
- All meetings scheduled between 9.00am and 5.00pm.

The BCA survey results report improved rates of workplace retention, improved recruitment and improved morale when packages are tailored to individual family needs. Most companies offered 8 or more family-friendly options to employees. One company “is considering offering part-time work for full-time pay for returning mothers to help them balance work and the costs associated with a newborn child”.

³⁸ Community Services and Health Industry Skills Council, *Industry Skills Report*, May 2005.

³⁹ John Buchanan, “Paradoxes of Significance: Australian Casualisation and Labour Productivity” 20004, available at: http://www.actu.asn.au/public/news/files/buchanan_productivity.doc .

⁴⁰ Business Council of Australia *Balancing Work and Family: A Business Council of Australia Survey*, available at: http://www.airc.gov.au/familyprovisions/aig/TAB_4.pdf . See also Business Council of Australia submission to the Commonwealth Parliamentary Inquiry into Balancing Work and Family, April 2005, available at: <http://www.apf.gov.au/house/committee/fhs/workandfamily/subs/sub086.pdf> .

Other companies with extended paid maternity leave pay a portion of the payment while the woman is on maternity leave with the balance paid when she has been back at work for a designated period, for example, 3 months.

The survey found that the main impediment to the introduction of family-friendly work practices is “company culture” and “mindset issues”, with some managers “unable to think of creative ways” to respond to the changing workforce environment.

Inquiries/Reviews

Inquiry into Increasing Participation in the Workforce⁴¹

In March 2005, the House of Representatives Standing Committee on Employment tabled the report of its *Inquiry into Increasing Participation in the Workforce*.⁴² Chapter 5 explored “targeted approaches to increasing employment” with a particular focus on harnessing the mature aged workforce and offers a number of leads into strategic partnerships with the aged care sector. The report notes that the Federal Government wants to discourage people from leaving the workforce “prematurely” and has put in place a number of programs to get mature workers back into the workforce or keep them in the workforce.

Key submissions from the *Council on the Ageing National Seniors Partnership* (COTA NSP), Mission Australia, the Council on the Ageing NSW and the Department of Education, Science and Training (DEST) argued for the need to develop pathways linking income support services (Centrelink), job network providers, training programs specifically targeting mature workers and employment entry programs. As COTA NSP argues, “affordability and availability of courses as well as linkages to real jobs are the issues for many people”. Strategic partnerships with income-support, employment-finding and training organisations/peaks, could see mature job seekers being actively sponsored/invited to retrain for entry into the age care industry.

The chapter also identifies the need for employers to provide flexible work arrangements and modified work environments to attract staff. COTA NSW recommended “the introduction of services to people in mid-life similar to those provided by the Pre-Retirement Association in the UK (which include) professional training, a focus on literacy and numeracy skills and retraining for mature age people seeking employment”. Amongst the recommendations to the committee were:

- Basic IT skills training should be subsidised and widely available to all mature job seekers; and
- The Job Network should provide “a service environment which (is) more in tune with the needs of an ageing workforce” and should enable mature work seekers who are not on income support to enrol in Intensive Support and Job Search training and programs.

COTA emphasised that an investment in training older workers may actually produce more benefits than training younger workers since older workers are likely to stay in one job for a longer period. Many older workers are likely to need personalised support to make the transition back into training/learning environments initially. Affordability of training is a prohibitive factor and needs to be addressed.

⁴¹ House of Representatives Standing Committee on Employment, *Report of the Inquiry into Increasing Participation in the Workforce*, March 2005, www.aph.gov.au/house/committee/ewrwp/paidwork/report.htm.

⁴² Ibid.

The Department of Health and Ageing's 2005-6 Budget Statement lists a specific program dedicated to building the aged care workforce, allocated \$32m with a brief to "increase training opportunities for the aged care workforce in order to improve skills and qualifications".⁴³

Review of Australia's Skilled Labour Migration and Temporary Entry Program

In its submission to the Joint Standing Committee on Migration's *Review of Australia's Skilled Labour Migration and Temporary Entry Program*, the WA Department of Training estimates that the cost of bridging programs for overseas-trained nurses is \$900 per nurse, compared to around \$50,000 to train a nurse on-shore.⁴⁴ (Note the Victorian Nurses Federation argues that the ethics of professional immigration programs targeting nurses should be considered given a world-wide shortage of nurses). The WA Department of Training argued that positive settlement experiences turn heavily on:

- Access to relevant and timely skills recognition processes;
- Ability to secure gainful employment; and
- Occupational pathways.

Systemic factors that inhibit this ready entry into the Australian workforce include:

- Overseas professional qualification assessment processes for immigration purposes do not articulate with on-shore professional entry qualifications. Arrivals are required to go through, and pay for, a second, often more rigorous professional recognition process;
- English language proficiency levels that qualify an applicant for immigration permits may be well below the required proficiency for entry into professional employment on arrival. This is often not made clear to applicants; and
- Pathways into occupation and training opportunities are not always clear to new arrivals.

TAFE now has English bridging programs for professionals into which new arrivals are directed under the Migrant Pathways Program.

The WA Department of Training argues that there is a need for clearer information on occupational pathways and requirements. ACSA would argue, more precisely, that there is a need for the aged care sector to develop partnerships that specifically draw incoming nurses into the sector.

In 2004-5, 1,016 registered nurses came into Australia under the Skilled Migration program, a marked increase over previous years⁴⁵.

Workforce Initiatives

Government Initiatives

DoHA released the *National Aged Care Workforce Strategy* in March 2005. The strategy addresses direct care workers in residential facilities and does not consider health and allied health staff, administration and ancillary workers.

⁴³ Department of Health and Ageing: *Budget Statement 2005-6* "Outcome 3: Aged Care and Population Ageing" available at: [http://www.health.gov.au/internet/budget/Publishing.nsf/Content/Australian-Government-2005-06-Portfolio-Budget-Statements/\\$FILE/outcome3.pdf](http://www.health.gov.au/internet/budget/Publishing.nsf/Content/Australian-Government-2005-06-Portfolio-Budget-Statements/$FILE/outcome3.pdf).

⁴⁴ WA Department of Training, Submission to the Joint Standing Committee on Migration's *Review of Australia's Skilled Labour Migration and Temporary Entry Program*, available at: <http://www.apf.gov.au/house/committee/mig/skillmig/subs/sub33.pdf>.

⁴⁵ B Birrell, L Hawthorne and S Richardson, *Evaluation of the General Skilled Migration Categories Report*, General Skilled Migration Evaluation Taskforce, Canberra, 2006. See Tables 1.4 and 1.5.

- It argues that the following seven objectives, broken down into 17 strategies, will bring together supply and demand impacting on both the structural issues in the sector and those additional personal decisions of potential and the current workforce members:
 1. Workforce profile
 2. Workplace practice model
 3. Leadership and management
 4. Education, training and development
 5. A responsive workforce
 6. Status and image
 7. Effective linkages.⁴⁶
- While some initiatives have occurred under each objective, the implementation committee has only met twice since the release of the document and overall progress is slow.
- The Australian Government has funded a range of education and training initiatives in recent years. These include:
 - Better Skills Better Care
 - Support for Aged Care Workers
 - Accredited Training for Aged Care Workers
 - Dementia Training Resource for People with Special Needs, CALD and Rural and Remote.
 - Mapping Dementia Training
 - Dementia Awareness Training for Community Workers, including Police.
- The Australian Government also funds the Aged Care Nursing Scholarship Scheme at both undergraduate and postgraduate level. This scheme is aimed at encouraging more people to enter aged care nursing and increasing the skills of nurses working in the aged care sector particularly in rural and regional Australia.

Aged Care Provider Initiatives

A number of aged care providers are proactively seeking to address workforce issues. This section outlines just a few of these initiatives:

RSL Care has used a range of training and career pathway initiatives with positive results: increased RN workforce through a Graduate RN program; 70% retention from Graduate Management Program; filled vacancies in tight market; and, reduced agency hours 2005-06. Planned future directions around a workforce development strategy include:

- Investment in workforce redesign
- Development of an internal agency pool
- Expanded employee benefits
- Graduate, career and leadership development programs
- Succession planning
- Multimedia learning options.

⁴⁶ Department of Health & Ageing, *National Aged Care Workforce Strategy*, March 2005.

Innovative models emphasising workforce development based around changed roles for RNs include:

Goodwin Aged Care Services in the ACT uses RNs as a mobile nursing service or “flying squad” across its three sites. Care managers no longer need to be RNs, enabling positive changes in CM roles. The organisation provides above award rates and allowances for additional qualifications (medication administration, dementia, palliative care etc). RNs work as a team with a rotation program, on-call and flexible shifts where RNs manage their workload and RN absences are covered by relief care workers. The system relies on clear reporting lines and responsibilities and clearly addresses workload pressures. The flying squad also attends EACH, EACH Dementia and CACP clients. The program has enabled RNs to focus on delivering clinical care rather than being involved in management, and has produced better clinical support response and better workforce outcomes.⁴⁷

Polder Model: based on *The Eden Alternative Model*. This model, initiated in the US in the 1990s, has been adopted by *DutchCare* in response to the decreasing availability of Dutch speaking staff and other workforce issues – specifically, difficulties in recruiting and retaining RNs, partly at least because of RN dissatisfaction with workloads and work roles that included significant components of administration. The model is based on the idea that aged care facilities should be “habitats for human beings, not medical institutions”, with a strong emphasis on companionship and meaningful living. *DutchCare* wanted to be able to deploy skilled staff in a way that enables them to respond more personally to residents’ needs without adding to workforce stress.

In this model, staff teams work intensively and continuously with small groups of residents (15-20) and their families, developing relationships so that they are able to respond to residents’ needs. Residents and their families are invited to participate in decision making, thereby challenging the “medical model” that keeps residents “well cared for, safe *and powerless*”. Nurses are employed as clinical specialists and are not involved in management or general administrative tasks. Management teams focus on mentoring and empowering teams. The cost has been neutral with reduced use of RNs offset by increased personal care hours. Staff turnover has been reduced because staff feel part of a team with personal relationships with residents. New training programs support this model. Legal issues around clinical management by RNs appear to have been a major challenge in rolling out the model.⁴⁸

Japara Holdings (Aged Care Services Australia Group [ACSAG]).⁴⁹ Benefits intended to attract staff to this provider include “education and learning opportunities to keep staff up to date with new developments in the industry; well serviced and maintained equipment and tools to ensure staff have everything they need to do the best job possible, and an efficient documentation system to reduce paperwork.” ACSAG also advertises ‘a “no lift policy”, great nursing ratios and “supportive nurse management who understand the day to day requirements of aged care”. ACSAG also tempts staff with a “benefits” program including:

- Professional Development & Self Improvement (Education Grant Fund, Apprenticeships, Traineeships, Leadership and Management Development Program);
- Health and Wellness Program (subsidised medical insurance benefits);
- Savings and financial options including salary packaging, free financial and superannuation advice, in-house home and vehicle loans packages and credit cards;
- A “refer a nurse” program which rewards staff for referring Division 1 Registered Nurses to the organisation;

⁴⁷ John Wynants, Goodwin Aged Care Services Limited, “The Flying Squad”, presentation to ACSA “Who Will Care?” Forum, November 2006.

⁴⁸ Petra Neeleman, “The Polder Model” and “The Model Explained” presentation to ACSA “Who Will Care?” Forum, November 2006. For information on *The Eden Alternative* in Australia, including training options, go to <http://www.edeninoz.com.au/>

⁴⁹ Japara Holdings, Aged Care Services Australia Group [ACSAG], information available at: <http://www.acsagroup.com.au/employment.htm>.

- Professional Insurance Programs (Medical Malpractice and Professional Indemnity Insurance, Coronial Inquiries Insurance, Entitlements Insurance);
- Family-friendly recreation programs; and
- Shopper discounts.

Partnership Initiatives

The Northern Adelaide Health and Aged Care Industry Group has produced a Workforce Plan for 2006-2009 in conjunction with the University of South Australia based around building strategic linkages between training providers and industry/employers.⁵⁰ The plan identifies the need to develop:

- An industry led, coordinated workforce planning strategy;
- Industry and education partnerships that identify and create career pathway opportunities as part of a strategy to actively attract people into the industry and to retain existing workers;
- Career-long learning to ensure there is alignment between human resource capabilities and industry direction;
- Industry marketing communication strategies, including targeting of specific priority groups and specific programs aimed at attracting young people into the sector (including school speakers and curricula with a values focus around health and aged care, “young person’s ambassador program”, work placement opportunities, programs with careers counsellors);
- Succession planning, professional development, recognition of prior learning, job role redesign, mentoring programs and attention to work culture, and development of Nurse Practitioner roles.

MAGIC (*Mature Aged Workers Giving In Care*) is an innovative program that brings together HACC and aged care providers/employers, Job Network providers, and Registered Training Organisations (RTOs) to assist employers to attract and train mature workers (and parents returning to the workforce). Piloted initially in the Hunter Valley, with subsequent research phases in all Australian capital cities, it is an initiative of the CSHISC. A CD-ROM resource kit provides employers with a “how to” guide to successful advertising and effective recruitment and training resources directed at workers in their 40s and 50s. The MAGIC process sees recruits take part in a work trial of 2-4 weeks, with successful candidates offered ongoing employment with a substantial training component developed by the CSHISC and provided by partner RTOs. As of April 2007, 264 candidates have been assessed under the MAGIC program nationally with 94 successfully recruited to commence a training and matching process.⁵¹

Initiatives in other industries

The Australian Retailers Association found that most of their members have specific strategies to attract and retain staff. Best practice examples highlighted in a report *Balancing the Till*, include:

- The Body Shop’s traineeship program which trains employees for IT positions via TAFE training linked to career pathways. This program underpins “a long-term plan to improve training and retention in the company’s IT area”;

⁵⁰ The Northern Adelaide Health and Aged Care Industry Group “Workforce Plan 2006-2009”, available at: <http://www.unisa.edu.au/unap/images/WorkforcePlan.pdf>

⁵¹ MAGIC, “It Must Be Magic” available at: http://www.cshisc.com.au/load_page.asp?type=1&ID=165

- Baker's Delight which has an arrangement with Box Hill TAFE (Victoria) to train bakers through traineeships. "The company is (also) supporting staff to complete tertiary education degrees".
- Key findings of the report are that family-friendly, flexible workplace arrangements are critical in attracting a largely female workforce, many of whom will prefer to be part-time employees. Addressing the work-life balance is a key challenge for the industry. Workplaces of choice have "grow your own managers" programs and environments that value and support career development; reward staff; value and acknowledge their knowledge, efficient skills and contributions; and, "reflect the values and make-up of their local community". Specific best practices initiatives include: child care leave, shift swapping scheme, school starter day off, unpaid sabbaticals for mature staff and paternity leave.⁵²

Victoria Police has prioritised the recruitment of women and people from CALD backgrounds since 1999. Victoria Police has sought to recruit women through targeted mass advertising campaigns, increased marketing of policing to females in schools, tertiary institutes and other career forums, special support for women throughout the recruitment process, and follow-up with women who fail stages of the process or withdraw. Victoria Police is also undertaking a project in partnership with the Australian Research Council to investigate the degree to which its relationships with culturally and linguistically diverse communities act as barriers to people from these communities seeking recruitment. It is also looking at whether its workplaces, marketing, partnering, recruiting, support and retention policies and practices might also be barriers. It expects this research to be completed by June 2008.

Victoria Police has developed an Indigenous Strategic Plan aimed at recruiting indigenous people and increasing their representation in the workforce. Some regions conduct activities to recruit people from culturally and linguistically diverse backgrounds represented in their local communities. Strategies include preparing brochures aimed at specific ethnic groups, visiting schools and community groups, and conducting recreational activities for youth.⁵³

As part of the *Welfare to Work* program, the Federal Government seeded a number of innovative staff recruitment and retention projects (\$6.8m) during 2005-2008. Health and community services employers were amongst those targeted by the program, as were the retail, hospitality, building, mining and manufacturing industries. Programs are still in pilot stage but are worth monitoring. These Demonstration Projects⁵⁴ may also be a potential source of funds for designing and piloting projects within ACSA's *Framework for Action*.

Recruitment/Retention Initiatives

According to Avril Henry (2006), best practice employers who retain staff provide:

- Performance-based rewards and recognition systems that enable employees to feel they make a difference;
- Planned staff development programs;
- Keep lines of communication open so that ideas are transmitted both down and *up* the organisation; and
- Strive for work/life balance.⁵⁵

⁵² Australian Retailers Association, "Balancing the Till," 2002, available at:

<http://www.workplace.gov.au/workplace/Organisation/Businessassistance/EmployerDemandDemonstrationProjects.htm>

⁵³ Victoria Auditor General, *Planning for a Capable Victoria Police Workforce*, May 2006, available at:

http://www.audit.vic.gov.au/reports_par/police_report.pdf. See Chapter 5.

⁵⁴ Employer Demand Demonstration Projects, information available at:

<http://www.workplace.gov.au/workplace/Organisation/Businessassistance/EmployerDemandDemonstrationProjects.htm>.

⁵⁵ Avril Henry, "Recruiting and Retaining Different Generations at Work," Powerpoint presentation to ACSA "Who Will Care?" Forum, November 2006.

The Better Jobs Better Care (BJBC) Program. Recruitment is expensive in terms of financial and care costs. The BJBC in the United States has estimated that turnover costs US\$2,500 (approximately AUS\$3,050) per worker. This includes the direct costs of advertising, staff time, orientation and training and relief staff. Indirect costs, while much more difficult to measure, are just as real. They include lost productivity, reduced quality for clients and may also impact on morale.

The BJBC worked with agencies to calculate the cost of their turnover per annum and to invest half of that projected cost into their workforce, for example, into coaching, training, financial incentives. The results were impressive with a turnover rate at one provider falling from 53% to 11%.⁵⁶

“Retention Specialist” Program. BJBC also ran a program where one employee per facility was trained as a “retention specialist” and they focused, amongst other things, on developing career ladders and mentoring programs in house. Participating organisations had an average reduction in turnover over the one year of the evaluation from 21% to 11% plus the services reported improved quality and morale.⁵⁷

Some Australian recruitment/retention initiatives that have been successful include:

Traineeship Pools. Graduate Careers Australia runs a graduate traineeship program.⁵⁸ This appears to be a “try it and see” process with a directed orientation program over 18 months. Alternately, career oriented graduates could be “pooled” for joint training and then be accessible to services. The Australian Social and Market Research Society runs a traineeship initiative which serves as a bridge between universities and the industry in Victoria, ensuring that companies have access to a pool of the most talented graduates.⁵⁹ The adoption of such a process into the aged care industry would rely on the development of partnerships with universities and other training/education providers.

The Business Council of Australia has **National Work and Family Gold Award Winners** including **IBM** which provides:

- Flexible working arrangements;
- Paid maternity leave (six weeks), paternity leave (one week) and adoption leave (one week);
- School holiday program;
- Breastfeeding rooms;
- Courses for people preparing for or returning from parental leave;
- Reimbursement of child care costs brought about by unplanned business travel;
- Quality Life Program – offering services to assist in work-life balance; and
- Floating cultural holiday – allowing employees to trade an official public holiday for a day of cultural significance.

2005 winners of the BCA **National Work and Family Awards** included Greenslopes Private Hospital (Brisbane) and Grampians Community Health Centre (regional Victoria). Greenslopes Private Hospital has received national recognition for its Staff Wellness Program and state-of-the-art Wellness Centre.

⁵⁶ David Farrell and Steven Dawson, “The Business Case for Investing in Staff Retention,” *FutureAge*, March/April 2007 Better Jobs Better Care, information available at: www.bjbc.org.

⁵⁷ Jean Van Ryzin, “Workplace Interventions for Retention, Quality and Performance” *FutureAge*, March/April 2007, Better Jobs Better Care, information available at: www.bjbc.org.

⁵⁸ Graduate Careers Australia, Traineeship Program, information available at: <http://www.graduatecareers.com.au/index.php/content/view/full/781>

⁵⁹ The Australian Social and Market Research Society Traineeship Initiative, information available at: <http://www.mrsa.com.au/index.cfm?a=detail&id=1104&eid=87>.

Greenslopes has an “employee wellness” program which provides employees with:

- Gymnasium and group exercise classes;
- Exercise testing and programming;
- Personal training;
- Dietetics clinic;
- Massage therapy;
- Physiotherapy;
- Smoking cessation courses;
- Financial planning; and
- Lifestyle seminars and workshops.

ANZ also provides a “career break scheme” and superannuation initiatives for mature age contributors.⁶⁰

Westpac has policies to attract and retain both working mothers and mature workers. Support for working mothers includes six weeks paid maternity/paternity/adoption leave, negotiated work hours, job-share arrangements, the Better Life and Work information service “which assists staff in locating resources such as home help and health services”, priority access to Westpac-owned child care facilities, and tax options for paying child care fees through the Westpac Childcare benefit. Westpac also provides flexible work options for tertiary students.

Work options aimed at recruiting and retaining mature workers include actively hiring new recruits aged 45-55. Based on the knowledge that many mature age work-available people do not actively seek out jobs, Westpac holds “open days” directed at mature age job seekers. Westpac induction days “cater for those who need more time to get up to speed with new systems and processes”. The Westpac submission also noted the likelihood that mature age recruits will have “stepped down” in their employment status and that being managed by people in their 30s may involve direct attention from management strategists. Westpac has also noted:

- The need to actively overcome stereotyping around the employment of mature employees; and
- The need to provide training methods and programs that address the needs of mature employees including individually designed training programs to build appropriate skills sets.⁶¹

Models of Care

Systematic design, pilot and evaluation of different models of care particularly regarding the role of nurses in aged care and the introduction of flexibility into the workforce is sadly lacking. Some new models have been trialled by providers such as DutchCare and the Flying Nurses at Goodwin but they have not been formally evaluated so their benefits are yet to be transposed into other services within the industry.

Rhonda Nay, Professor of Gerontic Nursing and Director of the Australian Centre for Evidence Based Aged Care, at La Trobe University, suggests that in future, if RNs are to be attracted to aged care:

- RNs will have a greater consultancy role and spend more time care planning, in case management and providing professional leadership in the future rather than direct care;

⁶⁰ Business Council of Australia *Balancing Work and Family: A Business Council of Australia Survey*, available at: http://www.airc.gov.au/familyprovisions/aig/TAB_4.pdf.

⁶¹ Westpac, Submission to the Parliamentary Standing Committee on Employment and Workplace Relations, *Inquiry into Employment: Increasing Participation in Paid Work*, available at: <http://www.apf.gov.au/house/committee/ewrwp/paidwork/subs/sub97.pdf>.

- Their expertise will be shared across facilities and services;
- Practice models such as primary nursing, modular nursing, team nursing and self governing models of practice are all suitable for long term care but team nursing appears to be more “acceptable”; and
- The management/hotel/maintenance responsibilities may or may not be under the Director of Nursing (DON).⁶²

Nay’s model is based on teams, is not task oriented, assumes medical and allied health input and increased activity and therapy hours.

The Role of Nurse Practitioners has been discussed and promoted. A residential aged care Nurse Practitioner (NP) program was piloted by ACT Health (jointly funded by the Commonwealth) in 2004-05, and a community aged care NP program was piloted by the RDNS on the Mornington Peninsula in Victoria.⁶³ However, few nurse practitioners are in place at present.

ACS NSW/ACT is involved in validating a model of care developed by a University of Western Sydney PhD student in which the RN is the clinical leader. Results from the project are not yet available.

New models are inevitable given the workforce analysis above. Therefore it would be better to redesign roles based on sound research rather than by the vagaries of who is available to be employed.

Technology

- Overall there has been little specific research on how assistive technology might affect the aged and community care workforce. However, technology has the capacity to free up staff time in residential and community care services. Perhaps the greatest applications relate to care in the community and they have the potential to change the way services operate.
- The possible benefits of assistive technology on the home care workforce have been identified as:
 - The range of assistive devices can allow older people to remain functionally independent in their communities, with fewer in-home services;
 - Without assistive technology, the estimates of elderly people with disabilities rise substantially; and
 - Existing staff could be reduced or used more productively.
- Barriers to the acceptance of assistive technology have been identified as:
 - Inadequate training of older people;
 - Inappropriate match and lack of information;
 - The stigma attached to using assistive technology with the older person being seen as “disabled”;
 - Lack of access to quick and regular maintenance, particularly relevant in rural areas;
 - Problems for people with cognitive impairments; and
 - Managers’ resistance to the cost involved of the initial purchase and the training and maintenance required⁶⁴.

⁶² Professor Rhonda Nay, “If We Care for Granny Shouldn’t We Demand an All RN Workforce?,” ACSA Conference Presentation, Hobart, 2004.

⁶³ J Beutel et al, *Aged Care Nurse Practitioner Pilot Project: Final Report*, ACNPPP Steering Committee, July 2005. J Allen and AM Fabri, “An Evaluation of a Community Aged Care Nurse Practitioner Service,” *Journal of Clinical Nursing* 14 (10), pp 1202-1209.

⁶⁴ Department of Health & Ageing, *Technology and the Community Based Aged Care Workforce: Possible Workforce Impacts*, March 2006.

- The development of smart houses (eg Nueneen Apartments) will enable older people to remain at home safely for longer with:
 - Emergency monitoring including screening of visitors;
 - Safety systems eg pressure mats;
 - Telemedicine where older people can have consultations with medical staff and be prompted to take medication through their television set; and
 - Control of appliances.
- Building management systems, with integrated information technology, have the capacity to save staff time in residential care from mundane tasks and are cost effective. They can:
 - Control air conditioning, lighting and TV;
 - Open and close windows and doors;
 - Monitor bed wetting and resident movement;
 - Simplify documentation; and
 - Allow more time with residents.
- Increased reliance on technology will mean that another category of worker will be essential to services ie those who can install, monitor and repair technology.
- Technology must be seen as a useful addition to a person's care not the replacement for human contact with care staff (Hi Tech/Hi Touch).

Issues Informing the ACSA Agenda

This scan of research, reports and programs appears to produce a consistent and agreed range of issues that must be addressed in order to grow and develop the aged and community care workforce.

Image of the industry – The image of the industry must be lifted through a positive marketing campaign highlighting the strengths of the industry. While the image of the industry needs to be improved for a range of reasons, it is essential in order to attract new workers. Aged care is underpinned by the development of relationships while acute care is based on technical expertise. Relationship building is a positive for the industry. Three distinct **workforce development** streams need to be developed:

- Firstly, to make the sector attractive as a career pathway for professionals and aspiring professionals and graduates, including new workforce entrants and those *30 and 40-somethings* returning to work after childbearing/child rearing, or in search of career change;
- Secondly, to attract mature age workers whose work needs may include retraining and family-friendly/age friendly work environments with roles that value and capitalise on (other industry) professional and life experience; and
- Thirdly, CALD communities have been identified as a potential workforce pool. The aged care sector should give consideration to sponsorship of professionals through the skilled migration visa stream, and to the development of campaigns to attract people of CALD backgrounds to aged care.

Strategies will differ, depending on which group is being targeted. Different approaches will also be required depending on whether the focus is recruitment or retention. John Buchanan's research raises an interesting point. He believes that the industry needs to standardise the language used to describe

jobs in the sector. Potential workers are confused by the plethora of descriptions that are only understood by “insiders.”⁶⁵

Pay and conditions are repeatedly cited as disincentives for staff to enter and remain within aged care:

- Capacity to develop and implement positive working environments must be explored and promoted including family friendly practices, employing semi-retired staff, scholarships, work exchanges, self rostering and staff involvement in care plans;
- RNs are paid at a higher rate in the hospital system;
- Comparing entry level rates in aged care with similar low skill service jobs shows that aged care pays little more than the most elementary hospitality jobs and far less than the rates paid to casuals working for contract cleaners;
- Lack of career paths particularly for direct care workers;
- Research often shows that existing workers want to work more hours yet employers cannot fill positions. The reasons for this mismatch need to be identified; and
- Buchanan also believes that “down time” has been squeezed from positions in an attempt to cut costs. This has effectively cut the time that was used for mentoring, skills transfer and on the job training and as such is deskilling the workforce.

Models of care – The projected workforce will not be able to sustain the current models of care. Therefore research and evaluation of different models of care, with differing roles for nurses and greater flexibility in staffing regimes is needed.

Legislative impediments - medication management constrains the development of different models of care

Know your staff – Avril Henry, amongst others, argues that different generations are motivated by different things and managers must learn who they have in their workforce, who they want to attract and what these people want – for example, develop learning organisations, engage people in goal setting, create more fluid job descriptions.⁶⁶

Leadership – One of the most common reasons given for staff leaving a position is because of poor management – they leave the supervisor rather than the job. This is not just aged specific but if aged care wants to become attractive to workers then improved management is urgently required.

Research has shown that there is confusion among managers and workers in many aged care facilities about the *VET sector*, the range of qualifications and pathways available, the requirements and available funding subsidies and the training resources available.⁶⁷

Ethical overseas recruitment – Members are increasingly looking to overseas recruitment to fill RN positions. However this is being done in an *ad hoc* way and industry bodies should play a role in assisting providers to overcome potential pitfalls and maximise the success of these ventures.

⁶⁵ John Buchanan, “Beyond Skill Shortages,” Conference Paper 2006.

⁶⁶ Avril Henry, “Recruiting and Retaining Different Generations at Work,” Powerpoint presentation to ACSA “Who Will Care?” Forum, November 2006.

⁶⁷ Robin Booth, Sue Roy, Helen Jenkins, Berwyn Clayton & Sarah Sutcliffe, *Workplace Training Practices in the Residential Aged Care Sector*, 2005.

Workplace reforms have the potential to introduce greater flexibility into the workplace where benefits can be traded and the ability to meet the individual needs of workers and organisations is enhanced. At the time of writing the industrial landscape will not be settled until some time after this year's federal election.

'Special needs staff' – Consideration needs to be given to ensuring that there are appropriate numbers of people from indigenous and CALD backgrounds to care for their communities.

Framework for Action

ACSA has taken this scan into account in developing a *Framework for Action* to address the workforce issues facing the aged and community care industry. The *Framework* document is available separately to this background paper and ACSA is seeking comment on the strategies contained in it. This consultation phase finishes at the end of October 2007 but ACSA welcomes input in its work at any time.

Appendix One

The ACSA *Who Will Care?* Forum (2006)

Forum participants agreed that an effective workforce strategy should consider the following issues⁶⁸:

1. Industry Image/Branding

There was overwhelming support and enthusiasm among participants for ACSA to plan and co-ordinate a campaign to raise and improve the profile of the aged and community care industry. Specific comments included:

- Aged care is underpinned or based on the development of relationships as opposed to the acute sector which is based more on technical expertise and throughput. This difference should be emphasised and promoted as a positive for workers.
- The community needs to be engaged in aged care and the industry should use emotive messages to gain broader support.
- People outside the industry do not know how little workers receive and that in some cases workers can earn more working at McDonalds. It was felt that the general public may be more willing to support greater funding for aged care if they understood the employment conditions for workers.
- The word “ageing” has negative connotations – perhaps the industry should consider using ‘lifestyle’ instead.
- Develop and promote our learning culture.
- If Generation Y is attracted and interested in social responsibility and providing care then the industry should try to build jobs that play to these interests.
- There is a need for marketing at both industry and individual organisation levels.

2. Attracting & Retaining Staff

There was agreement that the industry faces significant issues in attracting and retaining staff. Participants suggested that the following strategies should be explored:

- We need to focus attention on the development of managers and leaders given that the major reason cited by workers for leaving their position relates to management.
- Identify the industries that will not need as many workers into the future and target them eg child care.
- Be more flexible with shifts and with other workplace issues generally eg allow women to bring their children to work before school and have breakfast with the residents.
- Allow people to semi-retire and work the times that suit them. Learn to manage older workers and create opportunities for them to share their knowledge and expertise.
- Consider a HECS exemption for aged care nurses.
- Establish arrangements to share staff between services and employers.
- Improve the management of culturally diverse staff by understanding and respecting different cultural practices whether they are workers from Australia or recruited overseas.
- Look at loyalty plans.

⁶⁸ ACSA *Who Will Care?: The Future of the Aged & Community Care Workforce: Key Outcomes of the ACSA Forum* held on 13 November 2006.

- Focus on employee well being and establish employee assistance programs.
- Consider a charter of worker rights for the industry.
- Use technology more to promote independence and therefore reduce the need for as many staff.
- Look at other industries to see how they have attracted new staff into their sector particularly school leavers.
- Develop industry wide marketing tools via peak bodies.

3. Pay/Rewards

There was consensus that increased funding was needed in order to address pay differentials for aged care staff. Specifically:

- In order to pay employees more there needs to be an increase in funding and an improved system of indexation.
- The acute sector gets over \$800 per day in funding while aged care gets up to \$120 per day.
- Develop a professional body to look after the interests of care workers.

4. Researching Models of Care

Researching and developing different models of care was seen as an important component of addressing workforce issues.

- There is a lack of data about efficacy and staffing requirements of different models of care.
- Need to pay particular attention to consumer drivers.
- We need to broaden the focus from nurses.
- There needs to be a safe environment created for providers to trail new models.

5. Workforce Development – Leadership and redesign

There was considerable support for the development of a national leadership project and workforce strategy. Within this we need to look at:

- Creating career paths for employees.
- Review our jobs to see if we are providing the right mix of jobs for our clients and our staff.
- Look at removing the barriers to classifications.
- Change the language we use to reflect the fact that we have a highly trained workforce.
- RTOs need a more consistent approach.
- Develop a new model of health worker and how they need to be trained and the skills they require.
- The changing needs of clients will lead to service redesign.

6. Technology & Innovation

The growing importance of technology and the need to understand what is available and its impact were highlighted.

- Use technology more to improve working conditions, reduce the staff hours required and to increase the independence of clients.

7. Compliance

The cost of compliance and its impact on care were identified as areas for further focus.

- We need to measure the constraints imposed by legislation. One participant had calculated that they needed to comply with 110 pieces of legislation.
- Need to push for rationalising compliance.
- The focus is often on compliance rather than care.

8. Collaboration/Partnerships

Partnering and learning from other industries will be a key approach in addressing aged care workforce issues.

- Develop closer relationships with schools, TAFES etc.
- Learn from other industries and peak bodies eg the diary industry.

Appendix Two

Recruitment and Retention of Nurses in Residential Aged Care

Summary of Recommendations:

Recommendation 1.

Further research be commissioned to examine ways of addressing how family commitments, including pregnancy and caring for children lead nurses to leave aged care and to identify strategies to minimise this.

Recommendation 2.

The aged care sector develop a strategy to promote the creation of a supportive work environment in aged care homes.

Recommendation 3.

The aged care sector develop and implement a program to improve management capability, particularly in the area of Human Resources, in all levels of staff, Chief Executive Officers, board members and aged care providers.

Recommendation 4

The aged care sector develop, in collaboration with education and training providers, a nursing executive training program to prepare senior nursing managers in the sector to better equip them to provide expert, supportive leadership.

Recommendation 5

The Royal College of Nursing, Australia, the Australian Nursing Federation, other relevant parts of the aged care sector and other key stakeholders develop a strategy to recognise advanced practice aged care nurses.

Recommendation 6

Higher education and training providers further develop and market clinically relevant postgraduate programs in aged care, in collaboration aged care homes.

Recommendation 7

The aged care sector develop a strategy to encourage nurses to engage in advanced study in gerontological nursing; explicitly reward nurses who complete advanced studies; and develop roles to accommodate the knowledge and skills of advanced gerontological nursing clinicians.

Recommendation 8

Aged care employer groups and relevant industrial organisations together develop a strategy to move towards wage parity between aged care and acute care nurses in each State and Territory.

Recommendation 9

Appropriate staffing levels in the aged care sector need to be examined further and the results of this examination be presented to industry stakeholders for consideration and implementation.

Recommendation 10

The Commonwealth Department of Health and Aged Care and other parts of the aged care sector act in collaboration with the media to develop a strategy to improve the image of aged care in Australia.

Recommendation 11

Appropriate skills mix in the aged care sector needs to be examined further, and the results of this examination be presented to industry stakeholders for consideration and implementation.

Recommendation 12

The aged care sector develop a recommended documentation format, based on international, evidence based best practice, and designed to minimise confusion for Registered Nurses and assist Commonwealth Nursing Officers to maintain consistency when conducting Resident Classification Scale validation processes.

Recommendation 13

Aged care providers and relevant professional and industrial organisations develop an agreed structure for career development for Registered Nurses, incorporating advanced practice positions.

Recommendation 14

Industrial and Professional Nursing Organisations and other parts of the aged care sector develop an agreed national education and training plan for aged care nurses and direct care staff.

Recommendation 15

The Commonwealth Department of Health and Aged Care and other parts of the aged care sector establish and fund a national research program in aged care nursing.

Recommendation 16

Nurse regulatory authorities in all States and Territories recognise that aged care is a suitable area for the conduct of nurse re-entry training.

Recommendation 17

The Commonwealth Department of Health and Aged Care, other parts of the aged care sector and key stakeholders develop strategies to establish a national, funded aged care nurse re-entry program.

Recommendation 18

A national nurse re-entry program be established, based on the model presented in this report.

Recommendation 19

Aged care nurse re-entry programs be sufficiently funded to provide adequate classroom, laboratory and clinical exposure.

Recommendation 20

Nurses participating in re-entry programs be provided with adequate preceptorship in the first stages of their exposure to clinical practice.