SUBMISSION TO THE AGED CARE WORKFORCE TASKFORCE

Addressing the five imperatives

March 2018
Leading Age Services Australia (LASA)

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA’s membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Thank you for giving LASA the opportunity to comment to the five imperatives the Aged Care Workforce Taskforce is working to. Should you have any questions regarding this submission, please do not hesitate to contact Kate Lawrence-Haynes on email katel@lasa.asn.au or phone 02-6230 1676

Please note that this submission includes an Appendix with supplementary material on Workforce Industrial Matters. This is provided in response to a direct request to LASA from the Taskforce to respond on matters including provisions in modern awards, flexibilities needed with the shift to consumer directed care and how to reach reasonable outcomes in enterprise bargaining that meet the needs of employers, unions and workers. As requested, by the Taskforce, LASA has engaged with Aged and Community Services Australia (ACSA) in preparing the Appendix.

On 14 March 2018 the Federal Government announced the Aged Care Industry Reference Committee (IRC), to be established by the Australian Industry and Skills Committee. According to the Federal Government the IRC will provide an opportunity for industry and consumers to work together to:

- Review and develop national competency standards for aged care vocational training
- Facilitate required education and training reforms
- consider the competencies and skills the workforce requires
- consider the incorporation of new models of care and career pathways.

The IRC’s membership includes consumer advocates, peak industry bodies and employer and employee representatives. LASA welcomes the establishment of the IRC. LASA’s submission includes the IRC in its considerations and associated recommendations as far as was possible within the timeframe given.
**LASA RECOMMENDATIONS**

<table>
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<th>RECOMMENDATION 1</th>
<th>That the Aged Care Workforce Taskforce (the Taskforce) explicitly include in its considerations the vital contribution the aged care workforce and the aged care sector overall make to enhancing Australian society’s social and economic wellbeing.</th>
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| RECOMMENDATION 2 | That the Taskforce note the issues the sector wants to take leadership on, namely:  
  - Becoming employers of choice  
  - Moving from compliance to best practice  
  - Provide leadership to the education and training sector to improve workforce skills  
  - An evidence-based aged care workforce policy.  
  That the Taskforce recommend to the Federal Government that it consider how government can support the industry to take leadership on the above issues. |
| RECOMMENDATION 3 | That the Taskforce recommend that through the Aged Care Industry Reference Committee (IRC), the Australian Government commit to a national process of planning and monitoring the aged care workforce, with support for this process via a secretariat and resourcing for industry consultation and co-design. This work needs to cover the specific aged care sector workforces in residential aged care, retirement living and home care. |
| RECOMMENDATION 4 | a) That the Taskforce recommends that the Australian Government request the ABS to review and adjust the ANZSIC and ANZSCO classifications so ABS workforce data reflect all-of-aged-care industry to include clear and separate data on (1) home care services, (2) residential care services, (3) retirement living services and (4) key occupations to support workforce planning and monitoring in the future.  
  b) Considering the essential nature of the aged care workforce, regular modelling should be undertaken to inform workforce policy and planning. The Australian Government should consider what type of data the modelling of the aged care workforce requires and institute regular collection of this data. |
| RECOMMENDATION 5 | That the Taskforce recommends that Aged Care Industry Reference Committee auspices the development of an Aged Care Workforce Training and Capability Framework. |
| RECOMMENDATION 6 | That the Taskforce recommends that the Aged Care Workforce Training and Capability Framework specifically include in the curriculum for people seeking to enter the aged care workforce:  
- palliative care  
- dementia care  
- appropriate care for people belonging to ATSI, CALD and LGBTI  
- preventing, identifying and addressing elder abuse, and  
- information technology. |
| --- | --- |
| RECOMMENDATION 7 | That the Taskforce recommends that the Aged Care Workforce Training and Capability Framework also address continuing professional education. Continuing professional education should include:  
- upskilling in palliative care and dementia care,  
- the prevention, identification and addressing of elder abuse  
- appropriate care for people belonging to ATSI, CALD and LGBTI  
- information technology. |
| RECOMMENDATION 8 | That, linked to the Aged Care Workforce Training and Capability Framework, the Taskforce recommends that the Federal Government provide the industry with funding support required for:  
1. the initial education as workers seek to enter the aged care workforce, and  
2. continuous professional development.  

Any new program(s) should be designed to include the positive features of the now discontinued ACWVET this submission identifies. |
| RECOMMENDATION 9 | That the Taskforce recommend to the Aged Care Industry Reference Committee that the Aged Care Workforce Training and Capability Framework  
- review the model of care being taught and consider devising a new model that is better aligned to the reform drive. This new model of care should be collaborative, person-centric and underpinned by a philosophy of positive ageing, and  
- identify what skills are required for a worker to be ‘job ready’. |
| RECOMMENDATION 10 | That the Taskforce recommends to the Aged Care Industry Reference Committee that the Aged Care Workforce Training and Capability Framework consider how digital badging of qualifications can best be utilized. |
RECOMMENDATION 11
That the Taskforce recommends to the Aged Care Industry Reference Committee that the provision of training be separated from signing-off on learners’ acquisition of skills. LASA proposes that skills testing may be undertaken by registered nurses employed in the aged care setting who are trained and certified to undertake this activity.

RECOMMENDATION 12
That the Taskforce’s recommendations should not include a move to any mandated staff ratios or mandated hours of care per resident in residential aged care.

RECOMMENDATION 13
That the Taskforce and the Aged Care Industry Reference Committee note the current funding challenges for the Aged Care Sector in framing its workforce recommendations. The Taskforce’s and IRC’s considerations should include the significant prior cuts to the Aged Care Funding Instrument and the fact that there are over 100,000 people in the national queue for home care packages. These are sustainability issues with major implications for workforce allocations, meeting demand for workers and quality issues.

RECOMMENDATION 14
That the Taskforce reviews the wage disparity between hospital and residential aged care nurses with regard to:

- whether this is fully justified via any differences in role content (using standard role assessment tools);
- whether this wage disparity should be reduced based on the above and/or the need to attract quality nurses to residential aged care in response to demand and community expectations about the quality of care; and
- possible funding levers for any wage adjustments noting that such adjustments would need to be fully accommodated within the Aged Care Funding Instrument.

RECOMMENDATION 15
That the Taskforce recommend that the Government re-instate a pay-roll tax supplement noting the additional cost payroll tax imposes on for-profit providers at a time when providers face sustainability challenges. Reinstatement of the payroll tax subsidy for ‘for-profit’ providers would restore competitive neutrality to the industry.

RECOMMENDATION 16
That, noting LASA’s analysis on Awards and Enterprise Agreements, the Taskforce make recommendations on key industrial instrument issues to be resolved for residential care, home care and retirement living and recommend a process so that these issues may be resolved cooperatively, in a timely manner, by Fair Work Australia, aged care provider representatives and worker representatives.
| RECOMMENDATION 17 | That, noting Recommendation 11, the Taskforce makes a recommendation on options for future pay scales in residential aged care, noting the need for the Federal Government to examine funding levers to increase revenue for the aged care sector which include greater contributions from Government, an increase to the Medicare levy, aged care insurance products, etc. and revised consumer contributions.

A key consideration should be possible greater rewards workers for optimal education, training and skill development. Any uplift in remuneration would need to be fully funded under the Aged Care Funding Instrument, with a possible contribution from higher consumer fees where these are affordable. |
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<td>RECOMMENDATION 18</td>
<td>That the Aged Care Industry Reference Committee, in close consultation with aged care providers, undertake the development of new career pathways beyond the career paths currently available within the care stream and management streams in aged care. There could be better articulation of career paths in aged care on a national level. These career pathways may be integrated with other sectors such as primary care and disability care.</td>
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RECOMMENDATION 19
That the Taskforce recommend that the Federal Government through its relevant agencies and the IRC:

- work with aged care peaks and providers to encourage and support former informal carers to enter the aged care sector e.g. via support to undertake training in a Certificate III in Individual Support (Aged Care).
- establish trial traineeships for workers seeking to enter aged care work. Such traineeships should be aligned with piloting best options for nationally consistent training by peak bodies and could be linked to the proposed Training and Capability Framework.
- develop additional pathways to attract young people to the aged care sector including via VET training in schools (and promotion of this) and exploring ways that aged care may be made more attractive to young people while they pursue a university education or recent graduates where full-time employment is difficult to secure.

RECOMMENDATION 20
That the Taskforce recommend a suite of supports to help industry to retain staff in all areas of aged care noting the factors identified by research and LASA Members as being critical for staff retention including:

- a Training and Capability Framework
- career pathways
- education
- recognition and remuneration.

Further, the provision of these supports should be a key consideration for the IRC.

Support for worker retention is likely to be required via the Aged Care Funding Instrument and other aged care funding, with levers for increased funding considered, as mentioned in other recommendations.
RECOMMENDATION 21

That the Taskforce recommend that the IRC consider the specific features for, and an approach to developing and finalising, a Rural and Remote Aged Care Workforce Strategic Plan, noting the issues LASA has raised for the rural and remote aged care workforce. This will require consideration of:

- funding
- care models
- Multi-Purpose Services, residential care, home care and retirement living options
- incentives to provide care in these areas
- training, recruiting and retaining staff
- technology and innovation,
- staff safety, and
- responding to diverse care needs.

RECOMMENDATION 22

That both, the Taskforce and the IRC raise the importance of reducing impediments to positive cultural change in the sector including:

- a culture of compliance forged by the obligation to meet a multitude of legislative requirements
- legislated minimal standards of care
- a culture of task nursing rather than holistic care, most likely due to the workforce containing a large number of staff with a low levels of skill
- complex and inconsistent retirement living regulation
- a lack of research on evidence-based and optimal models of care and technology, with an expanded and adequately resourced aged care research strategy required which focuses on:
  - researching existing models of care
  - identifying effective new models of care
  - identifying the right workforce and levels of staffing for specific models of care
  - research that explores taking advantage of current innovations to improve models of care.
**RECOMMENDATION 23**

That the Taskforce recommends that the Terms of Reference for the Aged Care Industry Reference Committee specifically include the preparation of the aged care workforce for the transformation of their care environment and care delivery.
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Introduction

Leading Age Services Australia (LASA) is pleased to provide our Members’ view on the five imperatives around which the Aged Care Workforce Strategy will be shaped. LASA’s Members have identified the recruitment of a suitably skilled workforce, appropriately rewarding workers and the retention of workers as some of their most pressing issues.

This submission focuses on the question why workforce reform is needed and the shape the reform might take. As an introduction here are some Member priorities from LASA’s recent “Big Issues” Survey of Member CEOs conducted in December 2017:

“Cutting the red tape in the industry that prevents quality staff wanting to work in aged care”.

“Skill mix and development”.

“Many approved providers are reducing both the quality and number of staff in their workforce. This is not the answer as it can clearly be seen that many problems in care delivery result”.

“Funding a Workforce Positive image for both aged care and retirement living”.

“Arguing vigorously for industrial awards that give us a chance to deliver services with the flexibility that clients want”.

LASA represents Members across residential aged care, home care and retirement living. Our Members’ comments above show that it will be important for the Taskforce’s recommendations to cover all three components of the industry.

LASA is looking forward to continuing our working relationship with the Taskforce in shaping an effective Aged Care Workforce Strategy.

Imperative 1: Why the aged care industry matters

The most important component of the aged care industry is the aged care workforce delivering care and support to older Australians.

The aged care workforce is an essential workforce. This workforce operationalises a part of Australia’s intergenerational promise to support people as they age and supports the economic and social contributions of working-aged generations.

One way in which Australia recognises the lifelong contribution of older Australians is through guaranteeing its aged citizens fair and equitable access to quality aged care services when needed.

The aged care industry is proud to be central to this expression of Australian society’s esteem for its older citizens and believes it to be a privilege to care for the builders of our nation.

Further, through supporting older community members, the sector supports social cohesion and adds to the social capital of the communities they serve.

Ageing is a natural part of life. LASA considers that aged care services should focus above all on older Australians’ quality of life, abilities and wellness. Within a conceptual framework of positive ageing an older person’s care needs are supported as they change throughout their later life.

Aged care workers also support the social and economic functioning of the Australian community. A lack of aged care services would require partners, significant others and family networks to provide these services, restricting their participation in the labour force and other economic and social activities.
Further, the aged care sector as a whole contributes to the economic activity of the communities they serve, providing much employment throughout metropolitan, regional and rural Australia and supporting local businesses.

**LASA Recommendation 1**

That the Aged Care Workforce Taskforce (the Taskforce) explicitly include in its considerations the vital contribution the aged care workforce and the aged care sector overall make to enhancing Australian society’s social and economic wellbeing.

**Imperative 2: Industry leadership, mindset and accountability**

In November 2017 at LASA’s National Workforce Forum, Members considered how the sector can take leadership on aged care workforce issues, within the policy environment provided by government. Members wanted to take leadership to achieve the following outcomes:

- **Becoming employers of choice, not last resort.** Members saw an opportunity to take a leadership role through a publicity campaign to attract prospective workers. The campaign would highlight workers’ opportunities in the industry such as the diversity of roles in the sector, the variety of settings, availability of meaningful work and the satisfaction derived from working within relationship-based models of care. It would also ensure prospective employees understand the person-centred environment aged care now provides. (Also see Imperative 3.)

- **From compliance to best practice.** Formulating and driving best practice is a vital aspect of leadership in the industry. Peak bodies can provide leadership to achieve cultural change and move the industry from compliance with minimum standards, through continuous improvement, on to best practice. Leadership can further be offered through giving providers opportunities to reflect, engage and learn from each other. Peak bodies can be involved in the promotion of research and best practice in all aspects of the business (i.e. quality of life, models of care, clinical care, continuous professional development, human resources, hospitality services, backroom operations). (Also see Imperative 5.)

- **Engage with and provide leadership to the training sector.** LASA welcomes the Federal Government’s announcement of the establishment of the Aged Care Industry Reference Committee (IRC) by the Australian Industry and Skills Committee. Industry wants to engage with and provide leadership to the education sector from Vocational Education and Training (VET) through to the tertiary education sector. Providers see as important the inclusion of appropriate teaching content on the process of ageing, models of age care, and the legislative framework for the aged care industry. They want to ensure an adequate supply of job-ready workers who are equipped with evidence of having attained the knowledge and skill required for employment in the sector. (Also see Imperatives 3 and 5.)

- **An evidence-base for aged care workforce policy.** Peak bodies can advocate for better workforce planning by government through improving the data collection on the aged care workforce through the Labour Force Survey undertaken by the Australian Bureau of Statistics. The sector’s participation in aged care services research would improve the evidence-base available on how aged care services are best delivered considering the heterogeneity of older people and their care settings. (Also see Imperatives 3 and 5.)
**LASA Recommendation 2**

That the Taskforce note the issues the sector wants to take leadership on, namely:

- Becoming employers of choice
- Moving from compliance to best practice
- Provide leadership to the education and training sector to improve workforce skills
- An evidence-based aged care workforce policy.

That the Taskforce recommend to the Federal Government that it consider how government can support to the industry to take leadership on the above issues.

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**Imperative 3: Industry workforce organisation and education (current and future)**

**Workforce planning**

**Workforce planning as an ongoing national, coordinated effort.**

LASA believes that the Australian Government should institute an ongoing planning process for the aged care workforce at national level which includes an Aged Care Workforce Advisory Committee (the Advisory Committee) supported by a secretariat.

The purpose of the Advisory Committee is to review and exchange information, identify priority areas for action, shape strategic approaches and coordinate action. The advisory group should comprise representatives of relevant stakeholders such as government, industry, the education sectors (VET and tertiary), worker and consumer representation as well as experts on labour force policy.

LASA has argued that it is also important that the Commonwealth, State and Territory government directions reflect the fact that the Retirement Living Accommodation Sector needs to be viewed as part of the solution to the increased scale of age services that will be required into the future. New models of retirement living can, in some circumstances, complement the aged care system. It is essential that workforce planning includes this important and growing sector.

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**LASA Recommendation 3**

That the Taskforce recommend that through the Aged Care Industry Reference Committee (IRC), the Australian Government commit to a national process of planning and monitoring the aged care workforce, with support for this process via a secretariat and resourcing for industry consultation and co-design. This work needs to cover the specific aged care sector workforces in residential aged care, retirement living and home care.
Evidence-based workforce planning.

The aged care workforce is essential to the functioning of Australian society. Sound workforce planning at a national level is important. For this reason, LASA considers that workforce planning should be an evidence-based process. Such a process requires sufficiently detailed data to understand the type and number of aged care workers as well as the type and number of their employing workplaces. Data also needs to make possible the gauging of worker inflows and outflows from the aged care workforce. LASA is concerned that current coding of workplaces and workers by the Australian Bureau of Statistics (ABS) is insufficiently precise to support effective workforce planning.

For example, home care services in aged care are included under Australian and New Zealand Standard Industrial Classification (ANZSIC) 8790. This classification includes 50 different types of community services ranging from soup kitchens to youth welfare services, making it impossible to identify from ABS data providers of home care services in aged care. Australian and New Zealand Standard Classification of Occupations (ANZSCO) capture non-regulated aged care workers under code 4231 Aged and Disabled Carers and code 4233 Nursing Support and Personal Care. Code 4231 identifies workers delivering services through a social care model in the home setting. Workers under Code 4233 work more in a nursing model of care. However, Code 4233 does not identify the employment setting of these workers, which may be hospitals, residential aged care facilities, aged care delivered in peoples’ home care or disability services. Lack of information about where these workers are employed makes it difficult to identify trends in demand by the various employment settings and to plan the workforce accordingly.

The Labour Force Survey provides reliable, up-to-date data estimates of the key labour force statistics on each state and territory as well as the whole of Australia. Coding that identifies home care providers, aged care and retirement village/seniors housing workers in the Labour Force Survey and the Census of Population and Housing would provide essential information about what type of workers are employed in which home care sector, and their geographical distribution. This information would make an important contribution to the planning and continued monitoring of the aged care workforce. The National Aged Care Workforce Census and Survey undertaken every four years is being conducted too infrequently to reliably support workforce planning activities.

LASA observes that the Australian Aged Care Quality Agency (AACQA), through its accreditation activities, collects detailed data on the number and type of workers employed by aged care providers. This data, if de-identified, could also provide important information at national level about the workforce in residential care. In future, data on worker employment for home care collected by the AACQA or similar body may become sufficiently reliable to add valid information about this component of the sector.
**LASA Recommendation 4**

- **c)** That the Taskforce recommends that the Australian Government request the ABS to review and adjust the ANZSIC and ANZSCO classifications so ABS workforce data reflect all-of-aged-care industry to include clear and separate data on (1) home care services (2) residential care services, (3) retirement living services and (4) key occupations to support workforce planning and monitoring in the future.

- **d)** Considering the essential nature of the aged care workforce, regular modelling should be undertaken to inform workforce policy and planning. The Australian Government should consider what type of data the modelling of the aged care workforce requires and institute regular collection of this data.

The Legislated Review of Aged Care 2017 (Tune Review) in Recommendation 38 proposes that the primary responsibility for the aged care workforce rests with providers. This is true at the microscale, however at the macro (national) level the workforce planning and monitoring mentioned above is a role for the Federal Government and its associated agencies. Further, LASA continues to see a role for the Federal Government in the workforce development and policies program as well as in the regulation of education and design of the education market.

**Securing up to date skills - An Aged Care Workforce Training and Capability Framework**

As noted above, LASA welcomes the Federal Government’s announcement of the establishment of the Aged Care Industry reference Committee (IRC) by the Australian Industry and Skills Committee. LASA notes that the IRC’s role is to review and develop national competency standards for aged care vocational training and to facilitate any education and training reforms required. LASA supports that the IRC will provide an opportunity for peak industry bodies, employer and employee representatives and consumer advocates to collaborate. LASA notes that the IRC will not only consider the competencies and skills needed by the workforce, but also the incorporation of new models of care and career paths.

LASA considers that IRC’s first aim should be devising an Aged Care Workforce Training and Capability Framework (the Training and Capability Framework) to ensure a consistent national approach to the education and training of aged care workers. Improved education and training of aged care workers prior to entering the sector1 was ranked the second highest priority by Members participating in the LASA National Workforce Forum2. Members are concerned that the VET sector has lost touch with industry and that this has resulted in people having completed VET training but being insufficiently prepared for work in the sector. Members inform us that the educational process for entry-level qualifications (Certificate III) in particular requires review. They observe that training and education for this level of qualification no longer effectively prepares workers for practice in aged care. Included in this review should be the requirement for Certificate III students to complete 120 hours of supervised practice in the aged care setting. LASA Members now consider 120 hours to

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1 The sector delivers residential care, home care, transitional care and flexible care.
2 The LASA National Workforce Forum was held on 22 November 2017 in Sydney.
be insufficient for workers to attain the practical skills required to be job ready for today’s residents whose care requirements are more complex than previously seen.

Through the IRC the aged care sector wants to work with universities and the VET sector and consumer representatives to re-focus the education and training of clinical and non-clinical staff. LASA sees as important that specific education streams in aged care with a focus on positive ageing, enablement and re-enablement be provided in the future.

LASA Members consider that the IRC should collaborate to provide a consistent, standardised and contextualised model and approach to aged care training and education. The outcome of this process should ensure an appropriately skilled and job ready workforce in adequate numbers. This approach aligns with Recommendation 37 in the Tune Review:

“That the aged sector, in collaboration with the vocational education and training, and tertiary education sectors, should act to ensure education and training is responsive to the sector’s needs including:

a) Identifying the scope of training required for on the-job training, continuing professional development, and specialised training;
b) Exploring a range of options to deliver what is required, e.g. partnerships, cooperative models or arrangements with existing non-aged-care training providers; and
c) Promoting and encouraging ageing and aged care as a specialisation in nursing education”.

In its submission to the Tune Review LASA unconditionally supported all parts of Recommendation 37 above.

The Training and Capability Framework should describe the learning outcomes and skills acquisition required for workers in aged care across their entire range of roles within residential aged care, home care and retirement living. It should further include workers’ educational requirements arising from the Single Aged Care Quality Framework. One example of a capability framework that might be referenced as a guide is the NSW Public Sector Capability Framework.

The proposed Aged Care Workforce Training and Capability Framework should further underpin role design in the aged care sector and should cover nursing, allied health, management, care and other support staff in aged care.

National peak bodies for aged care providers could pilot the best options for nationally consistent training for the roles identified in the Aged Care Training and Capability Framework, in partnership with education providers and with funding received for such a trial.

**LASA Recommendation 5**

That the Taskforce recommends that Aged Care Industry Reference Committee auspices the development of an Aged Care Workforce Training and Capability Framework.

LASA believes that the federal Department of Education will shortly be announcing greater collaboration between the aged care sector and education sector, which includes:

- the VET sector to review the training content and assessment process for Certificates III in Individual Support and IV in Ageing support; and

the Tertiary and Higher Study institutions (Board of Studies) and the Australian Nursing and Midwifery Council to review incorporating gerontological units of competencies into the undergraduate nursing degree.

LASA understands that the Aged Care Industry Reference Committee announced on 13 March 2018 is the likely body to undertake this work.

Addressing gaps in workforce knowledge and skills: Palliative care, dementia care, elder abuse and information technology

Emerging learning and skills acquisition needs commonly identified by LASA Members and by aged care workers⁴ are the delivery of palliative care, dementia care, effective care for members of diverse population groups⁵ and use of information technology. The Aged Care Workforce Training and Capability Framework should pay particular attention to addressing these gaps in workforce knowledge and skills. Equipping workers with the knowledge and capacity to effectively care for people from diverse population groups and for individuals requiring palliation and/or dementia care should be compulsory for training courses preparing for entry into the sector.

LASA believes that the Training and Capability Framework should further mandate compulsory training on elder abuse. The training content should include (1) a national definition of what constitutes elder abuse (2) interventions for the prevention of elder abuse in residential and home care (3) recognising the signs and symptoms of elder abuse and (4) the appropriate processes and interventions involved in responding to elder abuse in the various settings.

LASA Members consider that workers entering the sector should receive training in the use of information and communication technologies. The Greater Northern Australia Regional Training Network (GNARTN) also identifies a requirement for training in this type of technology. GNARTN recommends that all Certificate and Higher Education Courses for nursing and aged care professionals include:

“Competencies in technology, particularly around the use of telehealth, medical records, computerised systems and care plans in rural and remote locations.”⁶⁶

GNARTN’s recommendation targets entrants to the aged care workforce, however LASA Members observe that significant demand for skills in information and communication technology (IT) exists also among current workers. This lack in IT skills should be addressed through educational programs and should target workers in backroom operations and care delivery.

Improved IT skills are also essential as support for workers when accessing online education. LASA’s Aged Care Training Institute has observed that many aged care workers lack confidence when having to access education over the internet. This is a serious issue with much education only being delivered via this mode.

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⁵ Population groups with diverse needs usually identified are people belonging to following groups: Aboriginal and Torres Strait Islander (ATSI), Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI).

⁶ GNARTN (2017) Northern Australia Aged Care Workforce Discussion Paper. Published by Greater Northern Australia Regional Training Network.
**LASA Recommendation 6**

That the Taskforce recommends that the Aged Care Workforce Training and Capability Framework specifically include in the curriculum for people seeking to enter the aged care workforce:

- palliative care
- dementia care
- appropriate care for people belonging to ATSI, CALD and LGBTI
- preventing, identifying and addressing elder abuse, and
- information technology.

**Sustaining up to date skills - Continuing Professional Development**

The Training and Capability Framework should further identify requirements for continuing education to maintain and develop worker knowledge and skills. Continuing Professional Development (CPD) should also address the above identified gaps in knowledge and skills in palliative care and dementia care, caring for people with diverse needs, prevention, identifying and addressing of elder abuse and use of information technology.

The Federal Government’s Aged Care Workforce Vocational and Education Training (ACWVET) Program ceased on 31 March 2016 and with it substantial financial support for aged care workers’ CPD. ACWVET has not been replaced by any other program nor has funding to providers been increased to take account of the cost of their workers’ professional development.

ACWVET applied consistent funding rules and pricing across all states, making its utilization across states efficient for Registered Training Organisations (RTO). Now state rules and regulations on how aged care training is supported varies from state to state. These inconsistencies impose a large ‘red tape’ cost on RTOs. The IRC may want to include in its considerations how this process can be improved as it is cumbersome and expensive for RTOs.

Apart from formal education channels, CPD may also be delivered through informal learning opportunities. In Australia, two studies showed that a palliative care nurse practitioner visiting residential care facilities and educating aged care workers while seeing residents, increased workers’ confidence in providing palliative care. The improved capabilities of staff resulted in a substantial reduction in hospital length-of-stay and a lower incidence of death in the acute setting. Thus, the Training and Capability Framework (and any associated funding for staff development) should take account of developmental avenues other than formal education.

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7 The report *Stocktake and Analysis of Commonwealth funded aged care workforce activities*, DSS August 2015 states that between 2011 - 30 June 2015 the Commonwealth spent $66,284,663 to support CPD activities for aged care workers. In that time another $11,238,656 were spent to support aged care workers to upgrade their qualification to Certificate IV in Nursing or Diploma in Nursing (Enrolled Nurse).


Johnston, N, Lovell, C, Wai-Man, L et al. 2016 ‘Normalising and planning for death in residential aged care: findings from a qualitative focus group study of a specialist palliative care intervention’. *BMJ Supportive and Palliative Care* Published Online First14 July 2016 doi 10.1136/bmjspcare-2016-001127.
Aged care workers’ continuing education yields many benefits that accrue to consumers, providers and workers. However, this education comes at significant cost to providers. LASA considers that the Federal Government as funder of the aged care system needs to acknowledge the cost of this education. LASA believes that the Federal Government should make funds available to meet this cost and introduce policy levers that enable providers to raise additional income.

LASA has made a number of suggestions about policy settings that would improve income streams for aged care providers, such as in its pre-budget submission entitled *LASA Pre-budget submission recommendations 2018-19. Towards a quality, sustainable and consumer-driven aged care sector.*

LASA’s pre-budget submission principally notes that fundamental reform of aged care funding is required to meet growing demand, increasing complexity of care and community expectations. In the medium term there should be an examination of funding levers including the Medicare levy, private aged care insurance products, further equity release products and revision of consumer fees. A number of Tune Review recommendations provide immediate opportunities for reform of consumer fees.

**LASA Recommendation 7**
That the Taskforce recommends that the Aged Care Workforce Training and Capability Framework also address continuing professional education. Continuing professional education should include:
- upskilling in palliative care and dementia care,
- the prevention, identification and addressing of elder abuse
- appropriate care for people belonging to ATSI, CALD and LGBTI
- information technology.

**LASA Recommendation 8**
That, linked to the Aged Care Workforce Training and Capability Framework, the Taskforce recommends that the Federal Government provide the industry with funding support required for:
3. the initial education as workers seek to enter the aged care workforce, and
4. continuous professional development.

Any new program(s) should be designed to include the above identified positive features the now discontinued ACWVET.

**From Aged Care Workforce Training and Capability Framework to workforce structure**

The development of the Training and Capability Framework by the IRC should include the nesting of related types of workers according to their level of knowledge and skill and contribution to care.

The IRC’s work on the Training and Capability Framework should include a review of the model of aged care being taught. This model needs to undergo a paradigm shift from ‘doing tasks’ in a clinical-
medical model to an emotional/social person-centric, collaborative model that is underpinned by a philosophy of positive ageing. Further, the Training and Capability Framework should describe:

- the knowledge and skills a ‘work ready’ aged care worker must have on completion of training; and

- the digital badging\(^9\) of:
  - prior learning;
  - small bundles of skills (e.g. ‘Assist clients with medications’);
  - different training pathways to enter aged care work;
  - Continuous Professional Development; and
  - upgrading to a higher level of qualification in aged care or associated field.

Many aged care providers believe that Certificate III and IV qualified aged care workers should be required to meet a number of CPD points annually. Digital badging may provide an ideal platform for workers to record their formal and informal learning to meet any CPD requirement that may be imposed.

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**LASA Recommendation 9**

That the Taskforce recommend to the Aged Care Industry Reference Committee that the Aged Care Workforce Training and Capability Framework

- review the model of care being taught and consider devising a new model that is better aligned to the reform drive. This new model of care should be collaborative, person-centric and underpinned by a philosophy of positive ageing, and

- identify what skills are required for a worker to be ‘job ready’.

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**LASA Recommendation 10**

That the Taskforce recommends to the Aged Care Industry Reference Committee that the Aged Care Workforce Training and Capability Framework consider how digital badging of qualifications can best be utilized.

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**Not a workforce of last resort**

LASA is strongly of the view that all levels of government need to acknowledge the special aptitude required of aged care workers for this type of employment. Aged care workers need to have a strong intrinsic job motivation to want to help older people to live a meaningful and happy life in their later years.

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\(^9\) A digital badge is a validated indicator of accomplishment, skill, quality, or interest that can be earned in many learning environments. Open digital badging makes it easy for anyone to issue, earn, and display badges across the web through electronic platforms. https://www.hastac.org/initiatives/digital-badges
Persistent workforce shortages, low entry requirements for VET training courses and short duration of training induce Centrelink to recruit people with little or no aptitude into training as aged care workers. Members tell us that they consider a high percentage of VET trained aged care workers applying for work in the industry to be unsuitable for employment. This approach to recruiting people into training for aged care is a wasteful use of scarce taxpayer funds.

Centrelink’s process of placing rigorous obligations on job seekers to apply for a specific number of jobs further contributes to aged care providers being deluged with applications from unsuitable job seekers.

LASA believes that close monitoring of students through a preceptor-like programme while on placement in the care setting would be the best approach to ensuring prospective workers have the right aptitude. It should be the responsibility of the RTO to provide this preceptorship.

A perverse incentive in the funding design of the VET training system contributes to people with little or no aptitude to work in aged care to successfully complete training courses. Training providers are paid for each applicant having demonstrated the required learning to complete their course. As training providers sign-off on the successful learning of their own students, a perverse incentive comes into play to sign-off attained learning when this may not have occurred. Members tell us that they receive applications from individuals with a VET qualification in aged care (commonly at Certificate III level) who are very poorly skilled in care delivery.

To circumvent this problem LASA proposes that registered nurses with a Certificate IV Education and Training employed by an aged care provider sign-off on students’ acquired skills. This gives the process of assessment the independence required to ensure learning outcomes were in fact achieved.

Registered nurses who undertake further training and accept additional responsibilities at work will need to be rewarded for their additional effort. This will be difficult for the sector given the limited resources. LASA suggests Government funding be provided and the options for the raising of additional funds be considered, as outlined in the LASA Pre-budget submission recommendations 2018-19. Towards a quality, sustainable and consumer-driven aged care sector.

Alternatively, the training sector may be asked to shoulder the cost of the independent assessment of their students’ learning.

**LASA Recommendation 11**

That the Taskforce recommends to the Aged Care Industry Reference Committee that the provision of training be separated from signing-off on learners’ acquisition of skills. LASA proposes that skills testing may be undertaken by registered nurses employed in the aged care setting who are trained and certified to undertake this activity.

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10 A preceptor is an experienced practitioner who provides supervision during clinical practice.
Industry Workforce Organisation - Employment relations and funding

Also refer to the Appendix for further detail on Workforce Industrial Matters.

Levels of staffing for care staff

In February 2018, the Australian Nursing and Midwifery Federation (ANMF) announced that it would commence a campaign to lobby the Federal Government to mandate nurse-to-resident ratios in aged care facilities.

The ANMF campaign claims that residents should be receiving a minimum of 4 hours 18 minutes of care per day.

According to Stewart Brown’s Aged Care Financial Performance Survey Residential Care Report - June 2017, an average of 2.91 hours of work are provided each day per resident in residential care. So the ANMF may be seeking an extra 1.4 hours of staff care each day per resident.

The Australian Aged Care Quality Standards direct residential aged care operators to apply their professional discretion to determine the appropriate skill mix and level of staff, directly aligned to the care needs of care recipients.

LASA opposes mandated staff ratios as quality of care is more than the number of staff on duty at any one time or arbitrary staff to resident ratios. It is a matter of quality of workforce, and not simply the quantity of workforce.

Residential aged care must comply with the most stringent national standards and staff allocations are consistent with meeting these standards.

Care needs are very heterogeneous and hours of care needed will depend on many factors e.g. the profile of residents in the home, staff skills and the specific models of care. Staffing models would be different for dementia units and for newer, more home-like models, with eight people or so living together with a common kitchen and lounge etc.

Our position on this issue is consistent with the Australian Government’s 2011 Productivity Commission Report which found that:

“While there are superficial attractions to mandatory staffing ratios, there are also downsides. An across-the-board staffing ratio is a fairly ‘blunt’ instrument for ensuring quality care because of the heterogeneous and ever-changing care needs of aged care recipients — in the Commission’s view it is unlikely to be an efficient way to improve the quality of care. Because the basis for deciding on staffing levels and skills mix should be the care needs of residents, it is important that these can be adjusted as the profile of care recipients changes (because of improvements/deteriorations in functionality and adverse events, etc.). Imposing mandated staffing ratios could also eliminate incentives for providers to invest in innovative models of care, or adopt new technologies that could assist care recipients.”
It is essential to note that staffing is intrinsically linked to residential aged care funding. Staffing allocations will be influenced by the levels of funding under the Aged Care Funding Instrument (ACFI). The next section summarises LASA’s position on funding, consistent with our pre-Budget submission for 2018-19.

**LASA Recommendation 12**
That the Taskforce’s recommendations should not include a move to any mandated staff ratios or mandated hours of care per resident in residential aged care.

**Funding considerations**

In 2016, LASA raised Ansell Strategic analysis that concluded that that ACFI cuts announced in the mid-year economic and fiscal review and 2016-17 Federal Budget directly targeted the most complex areas of health care for aged care residents.

The Government had decided to claw back over $1.8 billion over 4 years, focusing on the complex care domain. This represented a direct cut in funding to the most disadvantaged Australians, particularly those suffering from chronic pain, degenerative disease, severe arthritis and complex wounds.

Ansell Strategic said that the ACFI changes created a disincentive to admit high dependency people and will ultimately result in their displacement to hospitals.

In 2016 pre-election communications, LASA sought a commitment from the Liberal and Labor Parties to reverse the overall aged care cuts totaling $3.1 billion since 2014.

LASA also noted that the cuts would place additional financial pressure on aged care providers in regional and rural Australia who were already struggling financially.

In September 2017, David Tune’s report on the legislated review of aged care concluded aged care in Australia to be ‘a system in transition’. Specifically, David Tune found that:

- “Planning for growth is one the main challenges of aged care policy as the current planning mechanisms are not going to deliver sufficient services in the long term
- Meeting the projected future demand will need additional investment by government beyond what is currently planned, and
- a key issue is how the increasing demand will be financed and the costs shared - between Governments and consumers”.
According to the Australian Institute of Health and Welfare 92 per cent of people in residential care had high care needs in at least one care area such as activities of daily living, cognition and behaviour and/or complex health care\textsuperscript{11}. Further, ACFI data shows that among people in permanent residential aged care on 30 June 2016, 52\% had dementia.

A key issue for caring for people with dementia is managing their complex behaviours and ACFI funding is not aligned with meeting the actual care needs of this group.

More generally, the fact is that ACFI is not aligned with best practice in meeting resident care needs. Rather, it is an instrument to ration a set level of funds and that set level of funds is inadequate, especially given the overall funding has been unjustifiably cut.

The Aged Care Financing Authority has reported that in 2015-16, 69\% of residential aged care providers achieved a net profit. In the previous year (2014-15) it was 68\% per cent. This means that 31\% of providers were unable to achieve a net profit, a serious sustainability concern. For the residential care sector financial concerns are not easing. StewartBrown reports that the 2017 financial year has seen a general decline in the results of residential care services at all levels\textsuperscript{12}.

In home care changes in the package mix (additional Level 4 packages), greater focus on revenue utilisation and cost management resulted in an improvement in financial performance when comparing to the June 2016 financial year\textsuperscript{13}.

A LASA Member offering residential aged care services has observed that:

\begin{quote}
“Over the years many homes had increased the number of skilled registered staff in order to provide the quality of care and oversight required as our residents presented with multiple complex care needs, but they cannot maintain this cost any longer hence the are restructuring their staff mix. Simply put, the government funding tool ACFI never did take into account the cost of providing skilled care and oversight to people presenting with complex medical problems, it mostly was just a basic service with multiple transfers to hospital”.
\end{quote}

Finally, LASA notes that the Commonwealth Government has commissioned the University of Wollongong to undertake a Resource Utilisation and Classification Study for residential aged care. This is likely to have implications for the future of ACFI and may also have implications for the residential care workforce.

**LASA Recommendation 13**

That the Taskforce and the Aged Care Industry Reference Committee note the current funding challenges for the Aged Care Sector in framing its workforce recommendations. The Taskforce’s and IRC’s considerations should include the significant prior cuts to the Aged Care Funding Instrument and the fact that there are over 100,000 people in the national queue for home care packages. These are sustainability issues with major implications for workforce allocations, meeting demand for workers and quality issues.

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**Nurses’ wages in aged care are uncompetitive relative to health care providers**

Minimum wages for nurses in the aged care sector are significantly lower than minimum wages for nurses in public hospitals.

An article by Darragh O’Keeffe on February 8, 2017 entitled ‘Aged care wages: tackling pay in ‘the forgotten industry’” in Australian Ageing Agenda summarised the wage disparity at the time as follows:

> “Under the current aged care award, minimum weekly pay for personal care workers starts at $715 (level 1) and increases to $868 (level 7).

> Put another way, many are earning around half the average full-time adult weekly wage in Australia, which the ABS puts at $1,516.

> For assistants in nursing, enrolled nurses and registered nurses, minimum wage rates are similarly low.

- A first-year AIN in aged care earns $734 a week minimum compared to a first-year AIN in a NSW public hospital on $820 a week.
- An EN in aged care starts on $797 a week minimum while an EN in a NSW public hospital earns $1,029 a week.
- An RN in aged care starts on $853 a week minimum compared to an RN in a NSW public hospital who earns $1,142 a week’.

NB. The minimum rates of pay have increased since the above article was published in February 2017, i.e. minimum rates of pay increased in July 2017 in accordance with the 2017 National Wage Case decision.
**LASA Recommendation 14**

That the Taskforce reviews the wage disparity between hospital and residential aged care nurses with regard to:

- whether this is fully justified via any differences in role content (using standard role assessment tools);
- whether this wage disparity should be reduced based on the above and/or the need to attract quality nurses to residential aged care in response to demand and community expectations about the quality of care; and
- possible funding levers for any wage adjustments noting that such adjustments would need to be fully accommodated within the Aged Care Funding Instrument.

Some providers negotiate their staff’s Enterprise Agreements to fit their model of care to achieve a win-win outcome for the parties involved. The case study below provided by our Member Seasons Aged Care illustrates this point:
Case study – Seasons Aged Care

“Seasons Aged Care staffing is in two components, reflecting the funding streams for each.

- Accommodation or Facility Staffing, which includes the facility management, administration, gardening, maintenance and hospitality (food) – funded out of the Weekly Payment (equivalent to 85% of the base pension).

- Care and Support Services Staff, which includes Care Services Management, Case Management and Coordination, Rostering & Scheduling, Registered and Enrolled Nurses, Personal Care Workers and domestic/cleaning.

1. The Seasons Aged Care Model is focused on quality of life and living life to the full extent possible, irrespective of physical and/or cognitive limitation. It is not a disease or disability philosophy.

2. Registered Nurses as highly trained and skilled clinicians are a limited resource other than in the acute care hospitals sector. In the Aged Services setting Registered Nurses are best utilised and most personally and professionally rewarded when applying their clinical expertise. This approach means that all clinical services can be properly planned, scheduled and funded as part of the package services. The end result is that Seasons is able to reward/pay registered nurse as much a 35% above the industry award rate – almost on a par with their acute care hospital colleagues.

The vast majority of aged services, no matter the accommodation/housing setting (be they RAC, Retirement Villages, or a home in the suburbs) are non-clinical and as such are provided by personal care workers.

Staff levels are determined by the cumulative sum of all individual resident care plans and service requirements. This means that all residents are assured of sufficient resourcing to deliver all their services all of the time. When services are not scheduled there is always a minimum staffing level maintained on site.

An essential key component to the success of the Seasons Model is the employee Enterprise Agreement. Staff have negotiated in good faith and the best interests of their own families, residents and their families to ensure the requisite level of flexibility needed to deliver CDC (consumer directed care) in a residential setting. In practice this means, for example that if necessary 10 staff can be scheduled to attend services for 10 different residents all at the same time (because that happens to be the timing resulting from the choice/request of each of those residents), without cost overrun or productivity loss.

Without this essential flexibility, the Seasons Model could not work and available funds to optimise service delivery hours for residents would be dramatically reduced, as would, consequently, payed work hours for staff. As compared to the industry average HCP package utilisation (40% -45% absorbed in administrative cost, overhead and staff downtime), the Seasons Model effectively provides between $12,000 - $17,000 of additional direct service funds – payed employment.

Care and Support Service staff (personal care workers and/or nurses) each have their own individual resident services schedule each day, they have the benefit of working semi-autonomously (as is the case for home care workers in the community). However, they also work as part of a close-knit team, all on the one site, providing team camaraderie, professional backup & support and importantly supervision.”
Differences in cost of employment: for-profit sector & not-for-profit sector

A common perception is that in the aged care industry, not-for-profits on average pay higher wages than for-profit employers. Some historical basis exists for this. For example, prior to the introduction of the modern award system there were two different state awards/Notional Agreement Preserving State Awards (NAPSAs) that applied to residential aged care workers in NSW (excluding nurses). The Charitable Sector Aged and Disability Care Services (State) Award/NAPSA (CSADCS Award) applied to not for profit providers in NSW whereas the Aged Care General Services (State) Award/NAPSA applied to for profit providers. Minimum rates for adult care service employees/ personal care assistants under the CSADCS Award were notably higher than rates payable under the Aged Care General Services (State) Award/NAPSA. This discrepancy in minimum rates paid in the two sectors has continued to some extent. Wage rates in enterprise agreements negotiated by Aged and Community Services Australia (ACSA), which are utilised primarily by not-for-profit providers, tend to be higher than those of providers under many Enterprise Agreements.

Increased cost of employment in for-profit sector

Under state laws, for-profit providers in the aged care industry are subject to payroll tax whereas many not-for-profit providers are exempt. For example, the website of Revenue NSW (www.revenue.nsw.gov.au) states that:

“Wages are exempt from payroll tax subject to section 48(2) of the Payroll Tax Act 2007 when paid to employees engaged to perform work connected with the objectives of:

- a religious institution
- a public benevolent institution
- a non-profit organisation whose objectives are solely or dominantly for charitable, benevolent, philanthropic or patriotic purposes.

Wages must be paid to a person engaged exclusively for work of a kind ordinarily performed in connection with the religious, charitable, benevolent, philanthropic or patriotic purpose of the organisation. People engaged directly in the primary work or in administrative or management work which is predominately associated with the organisation’s charitable or similar work are accepted as being exclusively engaged in that work.

Wages are exempt wages if paid to employees engaged exclusively in the work of a health care service provider. Health care service providers are:

- a public hospital
- a non-profit hospital that is carried on by a society or association.”

The Commonwealth Government previously paid a subsidy to reimburse ‘for profit’ aged care employers for payroll tax. This practice was suspended in the 2014 Commonwealth budget when the Commission of Audit recommended the Government stop paying the payroll tax supplement on the basis that it was “effectively shifting the payment of state tax to the Commonwealth.”

In the 2014 Budget, the Commonwealth Government announced that the suspension of the supplement would achieve the Government a saving of $652 million over four years. This suggests
that aged care providers are now paying approximately $163 million per year in aged care in payroll tax.

The Federal Government’s removal of the payroll tax supplement, previously paid to ‘for-profit’ providers to maintain cost competitiveness across the industry, continues to be an issue for this group of providers.

It is also important to note that there can be other cost imposts on all age care providers due to State-based regulation. One example is the ACT portable long service scheme provisions which have added to the costs of residential care providers. In addition, LASA has advocated against home care providers getting caught up in new licensing provisions for labour hire providers, which have been established in Queensland, Victoria and South Australia. Changing and different retirement living regulation across the States and Territories is another regulatory impost that can reduce the levels of resourcing directed to care staff.

**LASA Recommendation 15**

That the Taskforce recommend that the Government re-instate a pay-roll tax supplement noting the additional cost payroll tax imposes on for-profit providers at a time when providers face sustainability challenges. Reinstatement of the payroll tax subsidy for ‘for-profit’ providers would restore competitive neutrality to the industry.

**Inflexibility in major industrial instruments**

Some inflexibility in the major industrial instruments (i.e. Awards and Enterprise Agreements) that operate in the sector may grow in significance as the demand for aged care workers grows and the fact that there needs to be changes to how care is delivered under trends towards more consumer directed care.

The inflexibilities in the four major awards most often creating difficulty for employers follow a common theme and largely centre on:

- part-time employee engagement; and
- rosters.

Part-time arrangements under some of the Awards specify starting/finishing times and days of the week to be worked that are prescriptive, onerous and hinder providers from responding quickly to changing care needs. Further to this, changes to a part-time employee’s working hours, even with mutual agreement, often require considerable time and resources for already time poor managers to administer.

Current rostering arrangements under the Awards used in the aged care industry also inhibit flexibility for both providers and employees, making roster changes almost impossible (even with mutual agreement between parties) unless sufficient notice is given.

Some relief from these inflexibilities may be found by moving from an Award to an Enterprise Agreement. Feedback from LASA Members however, is that many Enterprise Agreements recently submitted to the Fair Work Commission need numerous amendments in order to be approved. Often the amendments required for approval are inserting stringent Award conditions. The effect of
this is that key terms in Enterprise Agreements often end up mirroring the conditions of the Award they were originally trying to replace. This runs counter to the concept of enterprise bargaining and effectively makes these instruments an ‘Award lite’.

Below are the relevant clauses for a number of Awards that highlight the difficulties providers experience in administering these instruments in an environment of constant change:

**Aged Care Award**

- Clause 10.3(b) – requirement to detail prior to the commencement of employment, minimum hours, days of the week and starting and finishing times. Due to this clause, it is almost impossible to move someone’s shifts to other times for whatever reason (more support and supervision) without breaching the contract or incurring overtime.
- Roster clause – requirement to provide 7 days notice of a change of roster. Even if there is agreement between employer and employee to change the roster, 7 days notice is still required (with the exception of part time employees taking on agreed, extra hours).

**Nurses Award**

- Roster clause – requirement to provide 7 days notice of a change of roster. Even if there is agreement between employer and employee to change the roster, 7 days notice is still required.

**The Health Professionals and Support Services Award 2010**

- Roster clause – requirement to provide 7 days notice of a change of roster. Even if there is agreement between employer and employee to change the roster, 7 days notice is still required.

**The Social, Community Home Care and Disability Services Industry Award 2010 (SCHADSI Award)**

Clause 10.3(b) – requirement to detail prior to the commencement of employment, minimum hours, days of the week and starting and finishing times. Due to this clause, it is almost impossible to move someone’s shifts to other times for whatever reason (such as to provide more support and supervision or to better reflect client demand) without breaching the contract or incurring overtime. LASA however notes, that recent amendments to the Social, Community, Home Care and Disability Services Industry Award now allow for part-time hours to be flexibly worked over a period of a number of weeks, rather than the same number of hours each week.

Roster clause – requirement to provide 7 days’ notice of a change of roster. Even if there is agreement between employer and employee to change the roster, 7 days’ notice is still required (with the exception of part time employees taking on agreed, extra hours).
**LASA Recommendation 16**

That, noting LASA’s analysis on Awards and Enterprise Agreements, the Taskforce make recommendations on key industrial instrument issues to be resolved for residential care, home care and retirement living and recommend a process so that these issues may be resolved cooperatively, in a timely manner, by Fair Work Australia, aged care provider representatives and worker representatives.

**Imperative 4: Industry attraction and retention**

**Attraction**

Imperative 1 discusses existing attraction factors to the aged care workforce, such as relationship-based models of care and meaningful work. For people whose mix of job motivators contains a large component of intrinsic job motivators, such as wanting to help older people and enjoyment of interacting with people, these attraction factors will exert a strong pull. LASA Members consider prospective employees’ values, attitude to and passion for the work to be of such prime importance that they are willing to employ people with these attributes, referring them to formal training after a trial period.

Pay rates are job motivators extrinsic to the nature of the job being done. They are an important attraction factor as people make a living from employment. Further, pay rates signal the perceived difficulty and complexity of the work done and, through this, the degree of society’s esteem for the job. Improved financial rewards that appropriately reward workers’ effort, knowledge, skill and their contribution to Australian society would significantly contribute to making aged care more attractive. It would also raise workers’ self-esteem.

Members tell us that they cannot afford to pay their workers higher wages under the current funding provided by the Federal Government and that ways need to be found to improve providers’ income. LASA raised this issue in its submission to Recommendation 38 of the Tune Review. In its submission to the Tune Review LASA observed that providers are not operating in a true market. They are constrained by government funding which limits providers’ ability to attract and retain suitable labour. LASA in its December 2017 [pre-budget submission](#) proposed to the Federal Government practical and achievable ways to improve cash inflows into the sector that can be used to improve wages (see also Imperative 3)
LASA Recommendation 17

That, noting Recommendation 11, the Taskforce makes a recommendation on options for future pay scales in residential aged care, noting the need for the Federal Government to examine funding levers to increase revenue for the aged care sector which include greater contributions from Government, an increase to the Medicare levy, aged care insurance products, etc. and revised consumer contributions.

A key consideration should be possible greater rewards workers for optimal education, training and skill development. Any uplift in remuneration would need to be fully funded under the Aged Care Funding Instrument, with a possible contribution from higher consumer fees where these are affordable.

Career paths

Career paths are considered vital for the attraction and retention of labour as they offer the workforce options for professional development and advancement. Currently, career paths exist along clinical and managerial streams. These paths may benefit from being more clearly articulated and developed across aged care on a national level. However, to date the workforce remains largely siloed in the aged care setting.

The IRC could give consideration to the viability of expanding vertical and horizontal career paths beyond the aged care setting and into primary care and the National Disability Insurance Scheme (NDIS). The primary care setting (e.g. GP practices and community nursing) shares affinities with aged care such as similar patient cohorts and related skills sets. Further, both sectors are funded by Federal Government, reducing potential funding barriers. These pathways would apply to registered and enrolled nurses and allied health professionals.

Similarly, NDIS related employment may offer affinities in the skill sets required and thus additional opportunities for vertical and horizontal career development, particularly for unregulated workers in aged care. However, expanded career paths may also increase overall competition for workers between the sectors putting additional recruitment pressure on providers of aged care services.

Extensive horizontal career paths would avoid a siloing of the workforce in the aged care setting and encourage a broadening and upgrading of skills as employees move across settings.

LASA Recommendation 18

That the Aged Care Industry Reference Committee, in close consultation with aged care providers, undertake the development of new career pathways beyond the career paths currently available within the care stream and management streams in aged care. There could be better articulation of career paths in aged care on a national level. These career pathways may be integrated with other sectors such as primary care and disability care.

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14 Management of chronic and/or life limiting illnesses, palliative care, care of older populations, wound management. The anticipated introduction of GP practices as Health Care Homes is likely to strengthen these affinities.
Potential pools of labour

LASA proposes that former informal carers may constitute a potential pool of people with the right temperament and aptitude for aged care work. They are also highly likely to have developed some valuable caring skills. LASA believes that a pilot project to fund former informal carers to undertake training in a Certificate III in Individual Support (Aged Care) to work as care workers in aged care may be a valuable initiative. LASA’s Aged Care Training Institute could deliver training to informal carers seeking to re-enter the workforce as aged care workers.

LASA understands that plans are now underway to support informal carers to join the aged care workforce on their return to the paid workforce.

Further, LASA proposes trial traineeships for workers seeking to enter aged care work. Such traineeships should be aligned with piloting best options for nationally consistent training by peak bodies (see Imperative 3). They should be linked to the Training and Capability Framework and cover key roles in the aged care sector. LASA’s Registered Training Organization could deliver these traineeships.

School Based Apprenticeships may constitute a good entry point for young workers into the aged care sector. For School Based Apprenticeships high school students at year 11 or 12 can attain units of competencies that are later counted towards their Australian Tertiary Admission Rank.

Further, it is possible that more university students and recent graduates could be encouraged to enter aged care but this would need to be subject to them having a suitable aptitude and managing the risks of these people being short-term, transitory participants in the aged care workforce.

**LASA Recommendation 19**

That the Taskforce recommend that the Federal Government through its relevant agencies and the IRC:

- work with aged care peaks and providers to encourage and support former informal carers to enter the aged care sector e.g. via support to undertake training in a Certificate III in Individual Support (Aged Care).
- establish trial traineeships for workers seeking to enter aged care work. Such traineeships should be aligned with piloting best options for nationally consistent training by peak bodies and could be linked to the proposed Training and Capability Framework.
- develop additional pathways to attract young people to the aged care sector including via VET training in schools (and promotion of this) and exploring ways that aged care may be made more attractive to young people while they pursue a university education or recent graduates where full-time employment is difficult to secure.
Retention

Australian and New Zealand research evidence about retention in aged care identifies the factors supportive of staff retention. The findings do not present surprises and overlap largely with known retention factors for registered nurses working in health care. An important retention factor the studies identified were staff training and education. A New Zealand based study showed staff education to be highly beneficial to job satisfaction and to decrease incidences of staff being abused by care recipients in home and residential care settings\textsuperscript{15}.

A study from Western Australia indicated that monetary and in-kind rewards, career pathways and investing in staff through training and development supported retention. Options for staff rewards identified as effective are:

- support for career progression from personal care worker through to nurse training and/or management roles as well as opportunities along horizontal paths
- a comprehensive education program for staff professional development
- monetary rewards for acting in supervisory and mentoring roles
- team monetary bonuses which the team can spent on agreed purposes
- more permanent, full time positions
- recognise and reward care workers, in particular their caring and compassionate skills;
- clear job descriptions, and
- hiring procedures that include work sampling in the hiring phase\textsuperscript{16}.

Members attending the LASA National Workforce Forum observed that an inherited systematic and ingrained culture of task-based care delivery had contributed to a de-skilling of staff at all levels. Education and training was considered a high priority to assist the shift in paradigm required if future demands for holistic quality care and consumer directed care are to be met.

\textbf{LASA Recommendation 20}

That the Taskforce recommend a suite of supports to help industry to retain staff in all areas of aged care noting the factors identified by research and LASA Members as being critical for staff retention including:

- a Training and Capability Framework
- career pathways
- education
- recognition and remuneration.

Further, the provision of these supports should be a key consideration for the IRC.

Support for worker retention is likely to be required via the Aged Care Funding Instrument and other aged care funding, with levers for increased funding considered, as mentioned in other recommendations.


Specific issues for rural and remote areas

LASA Members tell us and our modelling shows that there can be specific sustainability issues for rural and remote providers and specific workforce challenges for them. As various financial pressures take effect, Stewart Brown modelling shows a projected average facility result of just $2.12 per bed per day in 2017-18, a very poor return. This projected result will be down from $9.37 per bed per day in 2016-17.

Many providers face a far worse result than average and are making losses. This poses a real question as to the viability of many operators, especially in thin rural markets. Stewart Brown modelling shows that rural and remote operators are often more constrained by ACFI funding than those in the cities. And rural and remote providers have specific challenges in recruiting and retaining staff.

LASA notes that in September 2017 the Commonwealth Government announced the Pacific Labour Scheme\(^\text{17}\). This scheme enables citizens of Pacific island countries to take up low and semi-skilled work opportunities in rural and regional Australia for up to three years.

The Scheme will commence in July 2018 with an initial intake of up to 2,000 workers. Aged care is one sector which may benefit from this scheme.

While this scheme may be useful for some providers, there is a question as to whether it will involve too much ‘red-tape’ and even if a useful approach, it would only offer a very partial solution to workforce availability issues.

LASA notes that a key solution for rural and remote areas is the Multi-Purpose Services Program. This is a joint initiative of the Australian Government and state and territory governments, and provides integrated health and aged care services for some small regional and remote communities. It allows services to exist in regions that could not viably support stand-alone hospitals or aged care homes.

Recommendation 32 in the September 2017 Tune Report states

\begin{quote}
“That the government engage with state and territory governments and service providers to review the Multi-Purpose Services (MPS) Program to better align its service delivery model with mainstream aged care programs, where appropriate, to ensure greater consistency of services for aged care consumers and providers, and to consider the location of services to ensure that MPS funding is properly targeted”.
\end{quote}

Workforce considerations should be a part of any such review, with the Government expected to respond to the Tune Report in the May 2018 Budget.

LASA is aware of other issues for regional and rural workers and represents bush nurses in Victoria. For example, there has been recent reporting on Gayle’s Law\(^\text{18}\) which was passed in the South Australian Parliament and has implications for the Commonwealth and the other States and


Territories. This law relates to better protections for rural and remote nurses, following the murder of a nurse, Gayle Woodford, in outback South Australia when she was working alone after-hours. Gayle’s Law means single-nurse postings in remote areas will be abolished and after-hours call-outs will require the health professional to be accompanied by a second responder. This has workforce service model and funding implications, including for providers of home care in remote regions, who may deploy carers after-hours.

Other issues of note for the rural and remote aged care workforce include:

- Aged and community care services are provided predominantly by personal care workers and nurses. Providers often have difficulty finding staff with experience and specialist skills in aged care, in particular registered nurses. There is also a shortage of other health professionals in rural and remote areas such as: general practitioners (including in residential aged care), specialists (including geriatricians), dentists, optometrists, and other allied health professionals such as podiatrists, physiotherapists and occupational therapists.
- Attracting and training Aboriginal people to work in aged care, including in communities with large Aboriginal populations
- New models of care including in retirement living
- Ensuring the necessary diversity of care in rural and remote areas where it may be harder to meet the needs of people from culturally and linguistically diverse backgrounds, and those with high care needs e.g. dementia and mental health
- The scope for technology and innovation to contribute to access and quality for people needing aged care in rural and remote areas
- Ensuring choice of palliative care options including residential aged care and in the home with access to home care and palliative care outreach options essential
- Improving the skills of the workforce to confidently use electronic information systems, skype-based communications and internet delivered education (see Imperative 3 under heading Addressing gaps in workforce knowledge and skills)

LASA notes that the challenges identified in a discussion paper by Aged & Community Services Australia and the National Rural Health Alliance submitted to the Productivity Commission in 2004, are still issues today:

1. “Workforce - recruitment and retention, wage rates and conditions, workload, training and support.
2. The funding system - accommodating the situation faced by aged and community care services in rural areas.
3. Capital funding - to acknowledge the limited capacity of rural and remote services to raise capital.
4. Planning - based on natural local planning boundaries with greater co-ordination.

5. Assisted and/or public transport - recognising the effect of distance and infrastructure on access to services and their costs”.

**LASA Recommendation 21**

That the Taskforce recommend that the IRC consider the specific features for, and an approach to developing and finalising, a Rural and Remote Aged Care Workforce Strategic Plan, noting the issues LASA has raised for the rural and remote aged care workforce. This will require consideration of:

- funding
- care models
- Multi-Purpose Services, residential care, home care and retirement living options
- incentives to provide care in these areas
- training, recruiting and retaining staff
- technology and innovation,
- staff safety, and
- responding to diverse care needs.

**Imperative 5: Translating research and technology into models of care and practice**

**Leaving behind a culture that impedes change**

At the LASA National Workforce Forum Members identified that cultural barriers in the industry hold back the transformation of care through adoption of new models of care and technologies. These barriers are most likely brought about by intersecting historical, legislative and structural influences, such as:

- a culture of compliance forged by the obligation to meet a multitude of legislative requirements
- legislated minimal standards of care
- a culture of task nursing rather than holistic care, most likely due to the workforce containing a large number of staff with a low level of skill
- complex and changing retirement living regulation and different regulations and terminology between states.

Members considered that aged care services research (similar to health service research\(^{20}\)) and the sector’s participation in this research would improve aged care delivery and contribute to cultural change.

\(^{20}\) Health service research aims to improve the provision, management, planning and financing of health services and to provide evidence to assist health management decision-making. [Department of Health Services Research & Policy | rsph.anu.edu.au](http://rsph.anu.edu.au)
Education as a lever for translating research into practice

Members attending the LASA National Workforce Forum identified the importance of improved standards for the initial education in aged care for staff entering the sector. They further considered the improvement of staff’s skills through continuing professional development to be vital. Education would be one important lever for the implementation of evidence-based practice improvements as it gives staff the intellectual tools to evaluate the need for and possible impact of change. Thus, education may improve staff’s readiness for and acceptance of change to their practice.

Research and innovation

At the LASA National Workforce Forum, Members expressed strong interest in research into aged care. Many want to work with universities and have care workers and care recipients actively involved in the process of research. They want to see the research credit the participating facilities/service providers. Members identified following areas of interest:

- researching existing models of care
- new models of care
- the right workforce for a specific model of care
- action research that explores taking advantage of current innovation to improve existing models of care.

Members called for increased availability of research funds from government to the aged care sector. Lack of dedicated funds has led to a tendency for studies into aged care services to be small and their findings thus difficult to generalize to the entire sector. The Federal Government and providers would benefit from a better evidence-base from which to make decisions about aged care policy, models of service delivery and associated staffing models.

LASA believes that the Federal Government as the single major funder of aged care services might consider how to improve research capacity into the sector. A precedent for such an initiative exists. The Primary Health Care Research, Evaluation and Development (PHCRED) Strategy was initiated and funded by the Federal Government. PHCRED’s goal was to build the primary health care research capacity and evidence base, in order to improve health outcomes through better primary health care systems, services and practices. A similar program for the aged care sector would make a significant contribution to improving the knowledge base about how to effectively deliver quality aged care services. Such a program could generate knowledge about how to preserve the quality of life for the very old and for people living with dementia, among others.
**LASA Recommendation 22**

That both, the Taskforce and the IRC raise the importance of reducing impediments to positive cultural change in the sector including:

- a culture of compliance forged by the obligation to meet a multitude of legislative requirements
- legislated minimal standards of care
- a culture of task nursing rather than holistic care, most likely due to the workforce containing a large number of staff with a low levels of skill
- complex and inconsistent retirement living regulation
- a lack of research on evidence-based and optimal models of care and technology, with an expanded and adequately resourced aged care research strategy required which focuses on:
  - researching existing models of care
  - identifying effective new models of care
  - identifying the right workforce and levels of staffing for specific models of care
  - research that explores taking advantage of current innovations to improve models of care.

**Innovation**

The innovation imperative in the age services industry is clearly pressing. Providers of aged care have to respond to a wide range of challenges such as the aged care reform agenda, new technologies and changing consumer preferences resulting in evolving market opportunities. These factors form a set of challenges of ever-increasing complexity that disrupt the age services industry as it is now. However, these challenges also open up opportunities.

Recently the Australian Government has provided financial support to establish and operate a national network for innovation in age services - *innovAGEING*. This network provides a much needed platform to support and encourage innovation in our industry in a time of significant disruption.

*innovAGEING’s objectives are:

- Reinterpreting the concept of ageing in relation to the design and delivery of services
- Fostering the development of new business models through innovation, and
- Enabling the industry to be more consumer-centric in its service delivery.
These objectives have implications for the education and training of the aged care workforce. Aged care will be delivered under new philosophies of ageing, changed business models and through consumer-centric models of care. The aged care workforce needs to be educationally prepared for this transformation of their care environment and care delivery. The IRC will need to give special consideration to how education and training can prepare workers to meet these future demands.

**LASA Recommendation 23**
That the Taskforce recommends that the Terms of Reference for the Aged Care Industry Reference Committee specifically include the preparation of the aged care workforce for the transformation of their care environment and care delivery.
Appendix

Key Industrial Issues in the Aged Care Industry

An issues paper by Leading Age Services Australia and Aged & Community Services Australia

15 March 2018

Leading Age Services Australia (LASA) and Aged & Community Services Australia (ACSA) (the “Aged Care Employer Peaks” or “ACEP”) have been asked by the Workforce Strategy Taskforce to provide specific input regarding the key industrial issues affecting the Aged Care Industry. The information presented below is by no means exhaustive however highlights issues identified by the ACEP and their member organisations.

The ACEP believe the industrial issues which have the greatest impact on the industry can be classified into three broad areas:

1) National industrial relations framework and system issues;
2) National policy issues (skilled migration etc.),
3) Operational understanding, interpretation and application of industrial relations legislation and processes at the provider level, and

The Aged Care Employer peaks agree on the all of the above areas and recommendations made in this paper.

There is one additional matter on which the ACEP have different views:

4) Reinstatement of the Payroll Tax Supplement – this recommendation is only supported by LASA.

1. NATIONAL INDUSTRIAL RELATIONS FRAMEWORK

Many of the industrial issues raised by providers arise due to the inherent nature of the Australian industrial relations framework, including but not limited to the Fair Work Act 2009 (Cth), the modern awards and enterprise agreements.

Whilst the Aged Care Industry is moving forward with Consumer Directed Care (CDC), which provides individuals with greater care choices, modern awards are often unable to accommodate the flexibility required by the consumer and which must be catered for by the provider.

1.1 Modern Awards and CDC

As CDC is progressively implemented, the inability for Modern Awards to satisfactorily accommodate these changes is becoming more pronounced.

For example, the span of hours in some Awards is one example of a term that is not conducive to CDC in residential settings, with shift penalties payable to employees working outside 0600-1800. Under CDC, residents may wish to take their meals prior to 0600 or after 1800, requiring the provider to roster more staff on for those shifts that attract penalty. This will cater for consumer preferences however the labour costs will increase for the provider at a time when more providers are struggling financially. Additionally, the requirement to specify the starting and finishing times for part-time
employees, prior to engagement under the Aged Care Award 2010, makes it difficult for providers to respond to consumer preferences in a timely manner. Further to this, in the event that part time employees agree to vary their hours and pattern of work, the administrative requirements to affect this poses an unnecessary burden on providers.

ACEP note that some of these terms may be traded for other terms under enterprise bargaining, however there are issues with how enterprise agreements are assessed, making it difficult to achieve enterprise flexibility (this is discussed further at 1.3).

ACEP is of the view that rigid award requirements such as those detailed above are not compatible with the needs of consumers.

**Recommendation 1:** A process to ensure that industrial implications are considered and expressly taken into account in finalising policy reforms (either by amending the reform or seeking industrial adjustments to support reform) as well as the ability of industrial instruments to affect change prior to implementing progressive policy in the aged care industry.

### 1.2 4 Yearly Review of Modern Awards

The current process for the review of the modern awards takes an extraordinary amount of time in the Fair Work Commission (FWC) and requires a significant amount of research, time and money to propose changes, evaluate proposals, prepare submissions and participate in hearings. The process commenced four years ago, with the review into the health care awards yet to be concluded. The ACEP are cognisant of the fact that the Modern Award review process is itself under review and welcome the ability to propose changes when the need arises and deal with them in a timely manner.

### 1.3 Enterprise Agreements

Enterprise agreements are tailored to meet the needs of particular enterprises and are used as a mechanism to provide alternative arrangements to those in the modern awards. Part of the agreement approval process is the evaluation of an agreement against the relevant awards in order to ensure employees are ‘better off overall’. The FWC has changed the way the Better-Off Overall Test (BOOT) is interpreted and applied.

The FWC now applies the BOOT on an Award line by line basis that considers individual employees, defeating the purpose of the term ‘overall’. This is a disincentive to employers to negotiate more flexible terms and conditions which would assist them in meeting the needs of the consumer and providing a more flexible workplace for their employees. The amount of time taken for the FWC to process applications for approval of enterprise agreements has also increased significantly due to the revised application of the BOOT. This delays the awarding of negotiated better terms and conditions including rates of pay to employees. Processing time for application approvals for some ACEP members is in the vicinity of six months.

**Recommendation 2:** Review of the process for approval of enterprise agreements including the interpretation and application of the BOOT on a more holistic level for a group of employees in an enterprise rather than on an individual basis. This will help ensure the needs of all the stake-holders party to an enterprise agreement are met and negotiate a win-win outcome overall rather than employee by employee.
2. NATIONAL POLICY ISSUES

2.1 Skilled Migration

Aged Care is an industry in its own right. ACEP recommend formally identifying the industry, in addition to aged care professions, as an area of skills shortage.

Many small regional providers utilise the Temporary Skill Shortage (TSS) Visa program and other skilled migration programs provided by the Department of Home Affairs as they find it difficult to attract sufficiently skilled local staff to their areas. These small providers are often staffed minimally from an administration perspective and have expressed their frustration in the complexity of, and the time it takes to navigate, the various options and rules.

Providers have expressed to the ACEP that the requirements applying to them when they employ migrant workers e.g. 1% training levy, composition of what comprises the 1% training levy etc. are changing constantly. The training levy issue adds even more to their recruitment cost and when their location and distance from and availability of training opportunities is factored in, this cost rises again. ACEP would welcome recommendations from the Taskforce that would look to alleviate the costs and administration of the implementation of skilled migration visas for regional providers.

In addition, several Aged Care providers operating within particular CALD communities have entered into labour agreements with the Federal Government. The agreement enables the provider to bring in workers to support the specific cultural and linguistic needs of residents or clients when the provider is unable to meet those needs utilising the local labour market. Whilst this type of arrangement is available and an alternative measure to meet demand on a temporary basis and supplement the local workforce, the application process is lengthy, costly, time and labour intensive.

Providers have advised the ACEP that the use of migration agents to navigate the skilled migration program and prepare applications and supporting documents can cost tens of thousands of dollars, stretching their financial resources even further.

Recommendation 3: Amendments be made to the skilled migration program to:

- formally identify the industry, in addition to aged care professions, as an area of skills shortage;
- exempt regional providers from the training levy, or alternatively, decrease the restriction on where the 1% training levy can be spent;
- streamline the application process and ensure consistency of case management by the Department of Home Affairs;
- provide financial assistance to the peak bodies or to providers for reinstatement of key workers to support navigating the various migration programs and associated requirements.
2.2 Income Tax

ACEP is aware of providers who have expressed concern that employees, who often work for more than one provider, are required to pay the highest income tax rate when they declare a second job.

Recommendation 4: To support the introduction of tax arrangements to lessen the week to week tax liability of working a second job for those employees working in rural, regional and remote areas. This could be achieved through implementing a co-operative approach between providers who share employees.

2.3 Reinstatement of the Payroll Tax Supplement

The Federal Government’s removal of the payroll tax supplement, previously paid to ‘for-profit’ providers to maintain cost competitiveness across the industry, continues to be an issue for this group of providers. LASA supports a reinstatement of the payroll tax subsidy for ‘for-profit’ providers as this would restore competitive neutrality to the industry. ACSA does not support this recommendation.

Recommendation 5: The Workforce Taskforce undertake appropriate consideration to the reinstatement of the payroll tax subsidy.

3. OPERATIONAL UNDERSTANDING OF INDUSTRIAL LEGISLATION AND APPLICATION IN THE WORKPLACE

Whilst the industrial system in which providers operate presents an array of challenges, the following operational deficits are prevalent, particularly at the smaller standalone provider level:

- Effective workforce management, including rostering, training and performance management;
- Knowledge of industrial instruments, policies, procedures and workplace legislation;
- ‘Soft’ human resources skills e.g. skills in having difficult conversations with employees and workforce culture initiatives, and
- Leadership.

Further training and upskilling of managers and other leaders with responsibility for workforce management may assist in the alleviation of some industrial and “people” issues which can quickly escalate to industrial issues if not managed appropriately. Armed with the appropriate knowledge, Aged Care leaders could better address and explore:

- Avenues for greater workforce flexibility that may already be available under existing instruments and legislation;
- Innovative ways to address remuneration;
- Flexible workforce structures to increase responsiveness to consumer needs;
- Improved communication and consultation with staff to foster engagement, and
- Their overall knowledge of workforce management.
The Australian Aged Care Leadership Capability Framework provides a solid foundation for leaders in Aged Care. The five key domains of the framework (self, others, purpose, business and change) provide a platform on which Aged Care Providers can use to increase the skills, competence and effectiveness of their leaders in the areas of workforce.

The ACEP offer training and services to their members in the areas highlighted above. This assists in the realisation of greater flexibility, efficiency and more successful workforce outcomes through learning to navigate the industrial system and apply sound workforce management principles on the frontline.

**Recommendation 6:** That the Workforce Strategy Taskforce supports the development and delivery of innovative and engaging education content around operational workforce and industrial issues, utilising the Australian Aged Care Leadership Capability Framework as part of the implementation of the Strategy. That participation in education by providers with limited or no in-house expertise regarding workforce and industrial matters be subsidised.