



LASA
LEADING AGE SERVICES
AUSTRALIA
The voice of aged care

A Matter of Care

Australia's Aged Care Workforce Strategy

Member Briefing, November 2018

*A strong voice and a helping
hand
for all providers of age*

Leading Age Services Australia

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. 57% of our Members are not-for-profit, 33% are for-profit providers and 10% of our Members are government providers. 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.

'An industry workforce strategy should reflect future trends, not just the issues of today; reflecting the evolving expectations of the consumer, noting this comprises the individuals, their families, their carers and their local communities; and ensure that it establishes the foundations for growing and establishing the current and future workforce.'
(A Matter of Care, p. 5)

'All stakeholders will need to be open to innovation and collaboration.'
(A Matter of Care, p. 32)

'The Strategy can be implemented over a one to three-year period and positions the industry for the next four to seven years.'
(A Matter of Care, p.vi)

Framing the case for change

(pp.1-11)

The move in aged care to consumer-directed care reflects a shift to a more consumer-centric approach in the broader economy with businesses seeking to be responsive to consumer preferences. The operationalization of a consumer centric approach to aged care is crucially dependent on the workforce.

Barriers to change

The workforce faces significant workforce culture and operational barriers to change combined with negative societal attitudes to ageing and public portrayals of ageing as a problem and burden on the economy.

True transformation of the workforce requires a conversation between the industry, government and the community about:

- shifting negative societal attitudes towards ageing;
- understanding that care for older people is broader than organised professional care; and
- perceiving the aged care system not as a burden but as an industry that enhances the quality of life for care recipients.

A belief statement for the industry

As a first step, aged care has to establish a clear sense of purpose so that those within the organisation, and interacting from the outside, want to belong. The belief statement below came out of extensive consultation on the question why aged care matters:

'We exist to inspire people to want to care, enable people to properly care, and enhance life through care. Because how we care for our ageing is a reflection of who we are as a nation.' (p.11)

An Aged Care Workforce Strategy

The Aged Care Workforce Taskforce recognized that the strategy must be disruptive in its thinking, transformational in its approach, pragmatic to implement, and supportive of immediate improvements.

The implementation of the strategy rests crucially on the work of two proposed committees. The strategy further proposes a body to support the industry with research and development activities.

Aged Care Industry Reference Committee (p.14)

The Taskforce advised the government that the Australian Industry and Skills Committee (AISC) should establish a dedicated Aged Services Industry Reference Committee (the IRC). The IRC will enable fundamental reform of the skills and qualifications framework for the aged services industry.

On 30 October 2018, the government announced the appointment of Ian Hardy, previously CEO of Helping Hand, as chair of the new Aged Services IRC. The IRC will consider areas as diverse as nutrition, recreation and financial services, ensuring that the workforce is properly equipped and supported, and has access to lifelong learning and meaningful career paths.

Ten advisory groups to the Aged Care IRC have been confirmed: consumer needs and expectations; residential care; home care and community care; indigenous and remote services; diversity and inclusion; dementia; palliative care; mental health; nutrition and the mealtime experience; pathways and tertiary education.

Aged Services Industry Council (Strategic Action 14, pp.96-101)

The Taskforce proposes an Aged Services Industry Council (Council) that brings together the peak bodies to provide leadership across the industry and inspire the change required in a consistent and sustained manner.

The Council will:

- take ownership of the implementation of the Strategy
- work with industry and government while overseeing the delivery of the outcomes
- drive behavioural and cultural change across industry by:
 - delivering against an industry approach to workforce planning, recruitment and retention;
 - delivering the strategic intent of the Workforce Strategy nationally; and
 - considering the direction of the industry and how industry as a whole delivers against this.

'Long lasting change is fundamentally about inspiring people to act differently. Leaders across the industry will be the foundation for lasting change, working for the collective good of the industry.' (p.96)

The Aged Services Industry Council would need to drive the change in mindset required across the industry so that people think and act differently

An Aged Care Centre for Growth and Translational Research (Strategic Action 12, pp.84-86)

The absence of a well-supported research translation pipeline (such as supports health care) discourages government and private sector investment and hampers building better practice.

Proposed is that industry works with the government to establish an Aged Care Centre for Growth and Translational Research (CGTR). The CGTR will receive seed funding through an equity fund with in-kind investment from the private sector.

'Negative societal attitudes towards ageing contribute to the 'opportunities that ageing and aged care present in terms of employment, research, contribution to the economy and as a driver of innovation go largely unrecognized.' (p.18)

The CGTR should address critical areas in aged care workforce research and provide a mechanism to improve research translation and uptake. The CGTR will, in time, build better practice through research on new models of care to better inform the nature, time and duration of care interventions, designed to achieve more effective outcomes.

6

Strategic Actions

For the strategy, the Taskforce formulated 14 strategic actions, which address the workforce issues in a holistic manner by recognising the role of industry, the community and all levels of government. The actions can be applied by the industry as a whole as well as by individual organisations. Implementation of the strategic actions should not depend on additional government funding but will require a shift in mindset.

Strategic Action 1: Creation of a social change campaign to reframe caring and promote the aged care workforce

(pp. 18-19)

The Taskforce recommends that the industry implement a multi-year social change and workforce recruitment campaign. Purpose of the campaign is to shift community attitudes to ageing and the aged care industry as well as changing how the industry presents itself to the community.

'This campaign must not just seek to recruit but be highly evocative, help Australians to emotionally engage with the industry and reinforce to the workforce that they can take pride in their work.'(p.19)

Strategic Action 2: Voluntary Industry Code of Practice

(pp.20-25)

An Industry Code signifies that this industry has a collective vision and aspirations and its own leadership, and it will hold itself accountable to the community for complying with these promises. Signatories to the Aged Care Industry Voluntary Code of Practice (the Code) will be encouraged to demonstrate what they will do through practical, measurable commitments. The Code includes a leadership pledge that signatories will be asked to meet. The Taskforce considers that the Code should be owned by the Aged Care Industry Council.

The Taskforce developed the Code based on consultations with providers, the community and the workforce. The Code has received in-principle support from the three aged care provider peak bodies.

The Aged Care Industry Voluntary Code of Practice¹	
<i>Guiding principle</i>	
<i>Principle 1</i>	Consumer-led and community shared value
<i>Principle 2</i>	Living well and integrated models of care
<i>Principle 3</i>	Board governance
<i>Principle 4</i>	Best-practice sharing and industry benchmarks
<i>Principle 5</i>	Education and training, including workforce accreditation
<i>Principle 6</i>	Workforce planning
<i>Principle 7</i>	Proactive assurance and continuous improvement

Signatories to the Code will also be asked to meet the leadership commitments of the following seven leadership pledges:

Aged Care Industry Voluntary Code of Practice – Leadership Pledges²	
<i>Leadership Pledge 1</i>	Establishment of an industry leadership group
<i>Leadership Pledge 2</i>	Implementation of the industry workforce strategy
<i>Leadership Pledge 3</i>	Promotion of the code to service providers
<i>Leadership Pledge 4</i>	Development of good-practice guidance materials to explain application of principles
<i>Leadership Pledge 5</i>	Supporting adherence to the code
<i>Leadership Pledge 6</i>	A channel for feedback (complaints)
<i>Leadership Pledge 7</i>	Code monitoring, compliance and maintenance

Strategic action 3: Reframing the qualification and skills framework - addressing current and future competencies.

The two main qualification and skills issues identified by the Taskforce were:

- gaps in the competencies of the workforce; and
- inconsistent approaches to job families, job design, job pathways, career development and succession planning.

The lack of recognition of Personal Care Workers’ (PCW) contribution was singled out by the report for particular attention as they occupy mission-critical roles in aged care.

¹ The descriptions to the seven principles of the Aged Care Industry Voluntary Code of Practice can be found on pp. 21-22 of the report.

² The descriptions to the seven leadership pledges are on p. 24 of the report.

'PCWs are the eyes and ears of the entire aged care system. They require a high level of confidence to deal with new, challenging and unpredictable situations. PCWs are the front line, delivering services necessary to ensure their clients have high-quality care that is safe, meets individual needs and supports their quality of life.

They are also essential to the reputation of the industry.'(pp.28-29)

For an evaluation and restructure of current job designs, the Taskforce recommends that:

1. Industry uses commercially tested models to shape job structure and design, job definition, job sizing and design of career paths.
2. Small to medium sized organisations should be supported to develop standardised job descriptions.
3. The Aged Services IRC should identify, define and develop future-focussed competencies, including leadership roles. Methodologies should be backed by research and commercially tested approaches be used.
4. Immediate priority should be given to reviewing the current electives for the Certificate III (Individual Support) and Certificate 4 (Ageing Support).

'The Australian aged care industry has to transform-to reframe the notion of caring and reorient care strongly around 'enhancing life' of older people. The PCW roles must be the key drivers of change.' (p.28)

Industry leadership role

The Taskforce recommends that the Aged Services Industry Council:

- in collaboration with the Aged Services IRC establish standards for the duration and form of student placements in aged care; and
- provide an annual assessment report on the contribution made to the workforce and skill challenges by industry, VET and higher education providers, governments and other key stakeholders.

Government education and training support and industry

The Taskforce recommends that:

- the new national qualification and training framework be supported by complementary funding mechanisms;
- Commonwealth-supported enabled places be based on industry-sponsored, evidence-based professional modelling of demand;

- the Chairs of the Council of Australian Governments and Industry Skills Council take an active and shared responsibility in providing joined-up national leadership for key industry sectors such as aged services;
- key stakeholders in nursing develop a united view of how nurses should be educated to meet the needs of older people, specifically in aged care.

Strategic action 4: Defining new career pathways, including how the workforce is accredited

(pp. 34-43)

An opportunity exists to address (1) the lack of career progression and (2) the misalignment between the education framework and the skills and competencies required for direct care roles.

9

Guiding principles for a future-state job architecture

- **Integration:** Issues with the workforce are deeply intertwined, and solving just one issue will not address the challenges. A holistic and integrated approach is required.
- **Career progression:** to enable people to move across job families³ or have a lasting career within a job family.
- **Role re-engineering:** Existing roles need redefinition and new roles require introduction to support career progression within and across job families.
- **Interdependence:** create an operating environment where it is essential to work interdependently and collaboratively for the roles to be successful.
- **Clarity:** focus on driving clarity of roles, accountabilities and reporting structures.
- **Focus on the core:** decouple operations and people management from clinical expertise. Recognise that clinical expertise is not necessarily the primary driver for every role.
- **Collaboration:** transform the current model into 'multidisciplinary integrated care', where roles work in teams and collectively towards core outcomes.

Future-state workforce architecture: new aged care job families

Future job families	Increments and roles
Care assistant	<ul style="list-style-type: none"> • 4 increments
Clinical Specialist	<ul style="list-style-type: none"> • enrolled nurses and registered nurses; 4 increments,
Care team leader	<ul style="list-style-type: none"> • ensures effective and compliant delivery of care services • does not need to be a clinical expert • must have sufficient knowledge and skill to work with a multidisciplinary care team, consumer excellence professionals, engage in customer management and family liaison.
Care excellence	<ul style="list-style-type: none"> • quality, safety and governance and risk management in service delivery • pathway for a senior clinical specialist
Scheduling	<ul style="list-style-type: none"> • envisaged in the main for home care workforce
Customer excellence	<ul style="list-style-type: none"> • Ensures effective customer experience for consumers and their families. • Launching pad for individuals aspiring to change from care job families to business manager roles.
Call centre	<ul style="list-style-type: none"> • Potential career path for care assistant

³ A job family is a cluster of jobs that shares a specific set of core characteristics covering skills, knowledge, behavioural attributes and accountabilities. (p.34 of the report)

Functional health	<ul style="list-style-type: none"> This job family will play an increasingly bigger and critical role by supporting positive ageing and reablement.
Ancillary care	<ul style="list-style-type: none"> Maintenance, repairs, gardening, cook, chef, housekeeper, cleaner etc.
Business enabling	<ul style="list-style-type: none"> Administrative services, finance, human resources, industrial relations, information technology, legal, marketing etc.
Residence/site manager:	<ul style="list-style-type: none"> Leads the business, operations and organization at a given region/site (residential or home care)

Workforce architecture should be standardised across the industry to build an effective and engaged workforce and strengthen the industry-wide employee value proposition.

Workforce accreditation

Education requirements need to be standardised, competencies at each level of worker clearly defined and requirements for professional development introduced.

The Taskforce considers the National Code of Conduct⁴ to not go far enough to ensure Personal Care Workers included under the National Code are adequately trained and meet the full intent of a national registration process.

Recommendations for action

The Taskforce recommends that:

- the Aged Services Industry Council take responsibility for an industry accreditation standard, working with the IRC to determine role levels that require accreditation;
- centralise registration of all care staff and volunteers to ensure they are trained and accredited (incl. police check) to work with aged care consumers;
- alternatively, consider the National Code of Conduct as a mechanism for ensuring adequate safeguards.

Strategic action 5: Developing cultures of feedback and continuous improvement

(pp.44-47)

At the heart of good practice is incorporating performance feedback into service improvement.

Recommendations for action

The Taskforce recommends that aged care organisations:

- Review their current feedback and continuous improvement practices focussing on the use and review of consumer experience surveys (which must also capture the views of families).

⁴ In 2015 the COAG National Health Council approved the National Code of Conduct (NCC) for Health Care Workers. The NCC sets standards that apply to all unregistered health care workers and regulatory powers to deal with complaints from consumers about health care workers who breach the code of conduct. The states and territories are responsible for the implementation of the NCC but by June 2018 not all states have implemented the NCC. A further drawback is the lack of a single register of prohibition orders issues to workers under the NCC.

- Leaders need to rely on more than their own views to assess their organisation's conduct. Clinical, support and direct care staff are more sensitive to gaps between organisations' espoused values and actual practices, providing valuable information on performance. Employee feedback also helps address issues that may undermine staff job satisfaction and minimise turnover.
- 360-degree leadership surveys: the regular evaluation of management performance by the staff they manage will help boards or managing bodies to improve leadership skills.
- Psychometric testing is part of continuous quality improvement. It enables employers to assess whether prospective staff are the right fit for the job. Improved recruitment processes will reduce turnover.

'The industry must embrace a culture that values feedback from consumers, their families and carers and demonstrate how this feedback is applied to improve care.'(p.44)

The Taskforce encourages boards or managing bodies of aged care organizations to:

- Review employee performance, exit surveys, organisational competency and succession planning and agree to action plans.
- Include consumer and community advisory committees to enhance consumers' voices in service delivery.
- Establish processes for tracking and responding to feedback.
- Use digital technology and online methods to support feedback strategies for consumers.
- Play an active role in creating the safe environment vital for people to give feedback.
- Regularly review clinical indicators to identify and address practices resulting in poor consumer outcomes that are preventable.
- Review missed care, serious major incidents and occupational health and safety.

Strategic action 6: Establish a new industry approach to workforce planning, including skills mix modelling (pp.48-53)

Management of the workforce needs to be an ongoing exercise-not a 'set and forget' exercise. The industry needs to move to a standards approach to workforce planning as an integral part of age service organisations' business model.

This business model should clearly answer:

- Who is the consumer, reflecting the consumer as a person in-depth, not just their health needs.
- What does the consumer value? This challenges a clinically driven approach.
- How can the organisation deliver value to the consumer at an appropriate cost?

'Industry should always be focused on meeting and exceeding consumer needs and community expectations, not meeting regulatory minimums.' p.50

Holistic care plans

Higher standards of care planning is required if industry is to move ahead of community expectations. The ability to formulate and deliver holistic care plans that address consumers' care needs, their cultural needs and aspirations for living well will be a provider's key differentiator across industry.

Care planning needs to be a process of assisted decision-making, supporting the consumer in articulating their needs and aspirations. Care plans need to cover morning, afternoon, night-time and weekend requirements.

Industry should develop and roll out guidance for the development of holistic care plans.

Workload planning

The organisation's workload can be defined by aggregating care plans into an intervention plan. The intervention plan would be used to determine the most appropriate skill mix and organisation of the workforce.

Missing largely in the industry is the ability to roll up care plans and then adequately do the workforce planning and skills mix modelling to optimise the delivery of care and cost.

Governance and assurance

Specific consideration needs to be given to the mechanism of ongoing assurance, such as through a committee responsible for care compliance reporting to the organisation's board or managing body. This committee should be chaired by a director with appropriate clinical care experience.

The committee would be responsible for ensuring the delivery of care plans and the monitoring and managing the cost of service delivery. Organisational boards or managing bodies should be held accountable for reviewing this committee's processes and findings.

This review should include:

- a regular examination of missed care;
- serious major incidents;
- occupational health and safety; and
- staff/consumer feedback.

If consumers' care plans are not delivered because human and financial resources do not add up, then the choices are to (1) innovate and process re-engineer or (2) revisit the business model.

'Aged care has a unique and pressing challenge to capitalize its position as part of the rapidly growing health and social assistance industry in Australia.' (p.54)

Recommendations for action

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

- implement the proposed standardised approach to workforce planning;
- examine technology platforms suitable for organisations to better understand workload and workforce requirements; and
- develop a training program to support workforce planning and skills mix modelling.

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

Strategic action 7: Implementing new attraction and retention strategies for the workforce

(pp.54-63)

A key aspect of workforce attraction and retention is engaging and enabling employees. However, a significant part of the aged care workforce is feeling neither engaged nor enabled. The Taskforce's employee engagement and enablement survey shows that, at 51 per cent employee engagement and 53 per cent employee enablement, the aged care industry sits significantly below all external benchmarks.

Employee engagement and enablement⁵ survey (ESS)

- Conducted in March/April 2018, 2,817 responses.
- Results show that the aged care industry sits significantly below all external benchmarks.
- Key Driver Analysis reveals the employment aspects with the greatest influence on engagement and enablement.

TOP FIVE KEY DRIVERS FOR ENGAGEMENT (ESS RESPONDENTS)

KEY DRIVER	Operationalisation of driver in questionnaire
1. QUALITY & CONSUMER FOCUS	This organisation provides high quality care
2. CONFIDENCE IN LEADERS	Trust and confidence in management
3. CONFIDENCE IN LEADERS	This organisation has the right strategic goals
4. CONFIDENCE IN LEADERS	Open and honest communication with employees
5. DIVERSITY AND INCLUSION	This organisation values and promotes employee diversity

IDENTIFIED KEY DRIVERS FOR ENABLEMENT (ESS RESPONDENTS)

KEY DRIVER	Operationalisation of driver in questionnaire
1. CONFIDENCE IN LEADERS	I understand how my job contributes to this organisation's strategic priorities and goals
2. CONFIDENCE IN LEADERS	Trust and confidence in management
3. RESOURCES	I have the resources I need to do my job effectively
4. DEVELOPMENT OPPORTUNITIES	Good opportunities for learning and development
5. DEVELOPMENT OPPORTUNITIES	Opportunities to achieve my career goals

Analysis of the survey results and associated key drivers shows following actions as most important to the future aged care workforce:

- (1) improving the relationships between leaders and employees;
- (2) providing employees with clear strategic direction in a way that resonates with them;
- (3) improving career paths and development opportunities would improve enablement;
- (4) treat employees with respect regardless of their personal characteristics or background; and
- (5) an employment proposition that will attract and retain the talent required for the future.

Industry can also benefit from taking collective action in local labour markets. There is a clear need for greater alignment amongst organizations at the regional or local level to leverage the footprint of the industry as a potential employer.

The voluntary Code of Practice also envisages an industry in which higher performing organisations are asked to share lessons learnt and support innovation across the industry.

⁵ Employee engagement is about committed and loyal people willing to go the 'extra mile'. Engagement is driven by factors relating to confidence in direction; trust and confidence in leaders; quality and consumer focus; respect and recognition; development opportunities and compensation (pay, terms and conditions) and benefits.

Employee enablement is about having the right people in the right roles. It is typically driven by factors relating to performance management; authority and empowerment; resources; training; collaboration; and work structures and process.

'..meeting future demand for the aged care workforce will not be a simple replication of the work patterns of today.' (p.64)

Recommendations for action

The Taskforce further recommends that each aged care organisation:

- Review the key findings of the ESS and review their current approaches to employee engagement and enablement.
- Establish a dialogue at the organisational level regarding the key drivers for improvement.
- Develop their approach to addressing priority areas for action on employee engagement and enablement.
- Consider how best to use the Taskforce's feedback and recommendations to support employee engagement and enablement.

15

The Taskforce further recommends that the industry:

- fund regular and systemic gathering of data on employee engagement and enablement;
- reframe the appeal of the industry to males, young people and millennials;
- develop strategies to retain new hires;
- maximise the value of work and student placements; and
- develop evidence-based approaches to clinical placements of young health professionals.

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

(pp. 64-67)

The industry, employee representatives and professional bodies need to take up the challenge of stepping out of the interests of their immediate group and consider the industry as a whole.

Employers, employees and their representatives share many areas of common interest: the quality of jobs, how work can be organised to support living well and integrated models of care, secure employment, reducing the use of temporary staff and creating more time for direct care.

'A common focus on the criticality of funding will be more productive for the industry and the workforce than diverting effort on single-issue campaigns.' (p.64)

Employers agreed with workers and employee representatives on the need to address securing commitment to a minimum of 20 hours of work and reducing casualization of the workforce.

Industry, individual organisations, employees and their representatives can take forward a broad workforce reform by acting across following six domains:

1. Shift to consumer-centric care and values based care
2. Productive student and work placements
3. Quality of jobs, links to innovative models of care

4. Modernising working practices and the leadership roles of employers and employee representatives
5. Generational change and intergenerational relationships for workforces
6. Supporting movement across types of aged care services and sectors.

Recommendations for action

The Taskforce recommends that:

- Industry, individual organisations, employees and their representatives collaborate to foster a community dialogue on how to secure the funding needed by aged care services.
- Action is taken to develop and extend the capability of industry leaders and industrial and professional representatives to collaborate on workforce reform.
- Industry leadership collaborates with employee representatives to focus on shared interests:
 - establish a workforce reform agenda drawing on the six domains identified above;
 - consider collaboration on funding issues; and
 - identify areas for collaborative action on industry funding and workforce reform and secure alignment.

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

(pp.68-73)

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

To date, Primary Health Networks and Local Health Networks have not adequately focussed on the on the special needs of older Australians with complex care needs who are unable to travel to receive care.

The provision of dental care to consumers living in RACFs also remains inadequate.

Recommendations for action

The Taskforce recommends a ministerial level dialogue across governments to improve:

- funding and service design to address the issue of service integration;
- access to multidisciplinary care, preventive care and wellness; and
- improved access to medical care for financially vulnerable and isolated older people.

This dialogue should include measures to address better access to primary health care and acute care services. The Taskforce further recommends the formation of social care networks to engage with PHN and LHN to address local service gaps.

'There is a need for undergraduate training to better prepare the hospital workforce to manage the special needs of geriatric care and cognitive impairment' (p.70)

Aged care organisations should consider whether they can make more effective use of combinations of functional health and clinical care providers.

The taskforce recommends that all boards or managing bodies:

- link the strategic actions dealing with (1) workforce planning and skill mix and (2) feedback and continuous improvement to organisational strategies that address:
 - avoidable causes of hospitalisations;
 - medication management;
 - immunisation;
 - diabetes care;
 - wound management; and
 - advance care planning.
- Identify clinical, consumer and other data needed to understand the impact on consumers and the costs to the organisation of avoidable hospital admissions.
- Consider and keep under review the education, training and continuing professional development needs of employees in leadership and front-line roles to support them in managing health and aged care interfaces.

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

(pp.74-79)

The Australian Government aged care workforce is consumer facing and its workers' approach can influence how care is delivered and the timing and access to care.

The workforce includes:

- Aged Care Complaints Commissioner (to be replaced with the Aged Care Quality and Safety Commission from 1 January 2019)
- Australian Aged Care Quality Agency accreditation assessors (to be replaced with the Aged Care Quality and Safety Commission from 1 January 2019)
- Department of Health aged care compliance
- Aged Care Funding Instrument validators
- My Aged Care.

There is little evidence that the agencies engaged in the oversight of aged care recruit from the aged care sector (apart from the AACQA). Regardless of the mode of recruitment, government employers must commit to induction, ongoing training and accountability relevant to the role based on the job design as outlined in strategic action 3.

'The bottom line for consumer safety is that training packages for customer-facing and decision-making staff must support regulatory purposes and meet appropriate job design standards.' (p.77)

Recommendations for action

The Taskforce recommends that:

- The qualifications, training and continuing professional development of the national assessment workforce are given sustained attention.
- The level of training and assessment for the client-facing and decision-making government workforce should meet the requirements of units of competency under current VET arrangements. Training requirements could be reviewed through the Public Sector IRC in collaboration with the Aged Services IRC.
- Recruitment of Aboriginal and Torres Strait Islander staff into the My Aged Care workforce is vital.

18

Strategic action 11: Establishing a remote accord

Remote aged care is a separate part of the system, requiring tailored systematic and programmatic solutions. Establishing a remote accord brings together remote aged care providers and intersecting interests from across the nation.

The vision statement underpinning the remote accord is that:

'All elders deserve proper care and to live and die close to home with the care they need and deserve for a life well lived, provided by a workforce they know and trust, which is well supported and trained, and accountable.' (p.81)

The united industry voice of the accord should result in a compact between remote communities, industry and government, reset relationships and ensure collaborative decision-making between government, industry and communities.

The Taskforce recommends that industry with support from the Australian Government:

- establish and recognise the remote accord to provide a lead industry voice on remote aged care workforce issues; and
- submit the proposed compact to community, related sectors and governments for consideration, development and finally execution.

The Taskforce recommends that the Australian Government:

- recognise the need for separately tailored solutions;
- ensure that action on these tailored solutions for remote aged care is identified and supported; and
- work with the remote accord to prepare for discussion a contemporary roadmap for remote aged care.

Strategic action 13: Current and future funding, including staff remuneration

(pp.88-95)

The industry, consumers, the workforce and the community will benefit from a more explicit discussion around funding and sources of revenue. The Taskforce, through its consultation, acknowledges that funding does not always meet the full costs of delivering aged care services.

'Required is an informed debate where employers, employees and their representatives, government and the community align around the fact base and the problem to be solved and then solve it.'(p.89)

In this debate the considerations to be taken into account are:

1. The workforce costs to deliver care.
2. Capital investment in residential aged care is required to transition older properties to new buildings to support new models of care
3. The industry's ability to make progress within its current funding envelope to innovate and introduce changes in the way services are delivered.

The Taskforce believes that with a combination of actions and genuine innovation, the industry can perform better within its funding envelope.

Recommendations for action

The Taskforce considers action to be required across three broad areas:

- **Revenue shortfall:** The Aged Care Financing Authority with support of StewartBrown should identify and quantify areas of potential revenue shortfall to inform the development of longer term funding options.
- **Pay deficiencies:** That industry develop a strategy to support the transition of PCWs and nurses to pay rates that better reflect their value and contribution to delivering care outcomes.
- **Innovative practices:** That the industry develop a productivity agenda focused on genuine innovation through changing models of care, improved and greater use of technology, enriching jobs and organising work in new ways.
- **Who pays for care:** The aged care industry, all levels of government and, in particular, the Australian government - together with the community - need to have an aligned understanding of aged care funding, starting with the shortfall and consumer contributions. This is about paying the workforce for their important contribution and equipping them to work well, safely and to their full scope of practice.

Strategic action 14: Transitioning the industry and workforce to new standards

(pp.96-101)

Embedding long lasting cultural change is fundamentally about inspiring people to act differently. To execute the strategy in a manner that empowers industry as a whole, galvanised industry leadership visible and with a unified voice is required.

'Each strategic action is solution focussed and will deliver tangible results to the workforce' (p.96)

The formation of the Aged Services Industry Council to enable strategic leadership across industry is presented earlier on page 5 of this brief.

An integrated program of work

For the strategic actions to deliver maximum benefit, the Taskforce favours an integrated program of work led by industry where an accelerated transformation program is adopted, integrating six cross-industry streams:

1. Development and implementation of the Code of Practice
2. Creation of a social change campaign
3. Implementation of the Aged Services IRC
4. An Aged Services Workforce Platform and Leadership Incubator to drive: workforce and leadership development (career paths, staff accreditation) attraction and retention strategies; workforce planning.
5. A revised workforce relations framework and engaging on funding issues
6. Industry advice on priorities for the Aged Care Centre for Growth and Translational Research.

An integrated program of work would enable strategic actions to be dealt with in a coordinated and sequenced manner, ensuring quick wins are made. This approach enables providers, consumers and the workforce to maximise the benefits realised through the workforce strategy.

An annual investment of \$14.6 million for an Aged Services Technology Platform, an Aged Services Organisational Improvement Program; and Aged Services Leadership Incubator Program is estimated to reduce staff turnover and absenteeism, resulting in annual cost savings to the industry of \$488 million.

Recommendations for actions

To facilitate the implementation of the strategy, the Aged Services Industry Council should initiate:

- Six cross-industry committees to address each of the strategic actions in a coordinated and integrated manner
- Each committee will be led by an industry CEO
- Each committee should have the requisite capability and capacity to address the strategic actions.