



# Aged and Community Care

## About the Aged and Community Care Sector

The Aged and Community Care sector provides accommodation, support, and care services to older people in need and younger people with a disability. Services in this sector include nursing homes, hostels, respite centres, home care and nursing services, retirement villages, independent living units and seniors' housing. Some services are also provided specifically for the carers of older people or younger people with a disability. Aged and community care services employ approximately 22% of the Health and Community Services workforce.

With Australians living longer and advances in medical treatments and technologies, the demand for aged and community care services continues to grow rapidly. At the beginning of the 20th century, people aged 65 years and over represented just 4% of Australia's total population. By 2007 this had risen to 13% of total population. The Australian Bureau of Statistics estimates that over the next fifty years this proportion will rise to between 23% and 25%. This change in demographics will have significant impacts, not the least of which is the continued growth of the Aged and Community Care sector in order to meet the demands of an ageing population.

The Aged and Community Care sector is one of the largest and fastest growing employers in the Health and Community Services Industries. The Commonwealth Department of Health and Ageing (DoHA) estimates that employment in residential aged care homes across Australia increased by 11.5% from about 157,000 to about 175,000 between 2003 and 2007. Over the same period, the number of Personal Carers/Assistants in Nursing in these facilities rose by almost 26% to nearly 85,000.

DoHA also estimates that services providing community care through Commonwealth supported programs employ about 87,500 people, which is about half the size of the residential aged care workforce. While there is not clear data on the rate of workforce growth in community aged care, there is an increasing emphasis on providing care and support to people in the community and in their own homes, and the number of services in this setting is growing faster than residential aged care services.

In residential care services, the largest proportion of the direct care workforce (63.6%) is made up of Personal Carers and Assistants in Nursing. Approximately 29% of the residential care workforce is made up of Registered and Enrolled Nurses, while 7.4% are Allied Health workers.

In community care services, Personal Carers make up an even larger proportion of the workforce at 69%. Registered Nurses (and a smaller number of Enrolled Nurses) make up approximately 11% of community care workers, and another 5% are Allied Health workers. The remaining 15% of this workforce are employed in non-direct care roles.

Here are some other interesting features of the aged and community care workforce:

- Over 60% of the workers are permanent part-time employees, approximately 10% are permanent full-time employees about 30% are casual employees.
- Over 90% of workers are women.
- More than 80% of the workforce has at least one post-school qualification. Nearly 20% of all workers are currently completing some post-school qualification.
- 46% of residential aged care workers had no prior position in the aged care prior to their current role, and a further 6% were in unpaid aged care positions previously.

Aged and community care qualifications represent the second-largest qualification area in community services VET delivery, with over 18,594 participants undertaking over 5,219,000 AHC in 2009.

Aged and Disabled Carers are recognised as a skill shortage occupation in Queensland and traineeships related to these occupations have Priority 1 status for User Choice funding.



## Workforce Implications

Aged and community care services continue to experience difficulties in attracting and retaining workers. While supply of Certificate III level workers has increased there remain problems with the competency of new entrants who have completed jobseeker programs. Severe shortages exist in nursing roles and allied health professions. Many employers find it difficult to ensure adequate staffing levels on all shifts and are unable to find the staff and resources to support backfill while workers are in training. The high proportion of workers in casual employment, particularly in the community care sector, increases the instability of the workforce and presents additional barriers to accessing training and development.

Other key issues include:

- Increased management, rostering and coordination loads. Increased workloads and stress at all levels.
- High workloads and less 'down time' available for training, professional development and professional support.
- Significant proportion of workers due to retire in the next ten years, particularly in residential care.
- Lack of capacity to provide clinical placement supervision for those in training.
- Extended Aged Care at Home (EACH) packages are unassigned due to lack of staff with dementia skills.
- Insufficient resources available to sustain some volunteer programs adequately.
- Increased competition for volunteers.
- Limited availability of workforce to deliver care which is aligned to a culturally diverse population.
- New service models emerging involving multi-disciplinary teams, integrated service and advanced practitioners supporting generalist workers.
- Need for high-level skills in workforce management, workforce planning, change management and innovation.
- Efficiency, cost-effectiveness and return on investment will be increasingly important in the design and delivery of services and workforce models

- Increasing use of remote workers providing services over very wide distances.
- Inadequate access to skilling and development opportunities for more isolated locations.

## Key Actions

Key actions recommended in relation to skilling and workforce development in the Aged and Community Care sector include:

- Attraction and Retention
- Policy response required to mitigate the impact of regional and rural labour draw within mining 'boom' communities
- Support regional ecosystems responses to workforce attraction and retention
- Public awareness and strategic communication of aged and community care careers and workforce achievements.
- Collate and distribute data and information about the size, diversity and significance of the Aged and Community Care workforce.
- Focus on job role design, teamwork and workload management to ensure reasonable and rewarding jobs.
- Development of management and leadership skills to support and deploy workforce.
- Design of training and development programs need to take account of the increasingly intensive work environment and content needs to reflect the changing skills required.
- Support VET partnership brokerage roles to assist employers and training providers to align VET products and services with industry pathways.
- Promote the availability of VET pathways for school students.
- Provide support for employers to enable successful school-based apprenticeships and traineeships.
- Wider promotion of the funding and support available through apprenticeships and traineeships.
- Improve industry cost modelling capacity.
- Increased investment in workforce planning and technology.
- Implement prolongation and participation programs for the ageing workforce such as re-entry programs, skill updates, occupational transition, knowledge management programs.
- Establish workplace age management programs.
- Investigate funding models that support backfill and/or recognise backfill costs as contribution to the cost of training.
- Increase availability of and access to dementia skill set to meet the demand for staff in locked wards in residential homes, and to assist those whose family member cannot get into residential care and remain supported in their homes.
- Promotion of volunteer opportunities.
- Role redesign to attract and retain a changing volunteer profile, and to meet service demand.
- Support to redesign volunteer management models and practices.
- Improved training and development programs targeting volunteers and volunteer management.
- Exploration of alternative utilisation for volunteers in mentoring and support roles.
- Leadership development initiatives to support new ways of working and to develop collaborative service models.
- Support local and sector-level clusters of employers and education and training providers to facilitate workforce planning and training program design.
- Identify and invest in emergent assisting and paraprofessional roles such as allied health assistants.
- Increased use of skill sets to augment skills of care workforce at all levels, e.g. case management, chronic disease self management, dementia care and medications assistance skill sets.
- Organisational Management and Leadership.
- Improve business management and leadership capacity in relation to workforce planning, change management and human resource management.

- Develop attraction and recruitment strategies that encourage appropriately skilled leaders and managers into the sector.
- Support local clusters of employers, education and training providers, and industry and community stakeholders to support local workforce planning and collaboration, with priority on 'boom communities' such as Surat and Bowen Basins.
- Offer more flexible training delivery arrangements which are responsive to diverse needs and isolated workers in terms of timing, location and mode of delivery.
- RTO audit and compliance focus on support provided to learners during distance or self-directed learning modes.
- Development of programs to support e-learning capacity, including access to resources and development of e-learning champions.
- Explore funding models that support travel and accommodation costs for regional and remote workers and/or recognise these costs as contribution to the cost of training (e.g. Rural Non-government Organisations Workforce Access to Education and Training Initiative).
- Develop peer to peer support and mentoring using multi-party SKYPE and other technologies.
- Develop strategic partnerships between researchers, government and industry to support improved data collection and reporting to support workforce planning at local and state levels.

