HESTIA

TRANSFORMING AGED CARE: REIMAGINING THE AGED CARE WORKFORCE OF TOMORROW

2018
ABOUT ACSA

Aged & Community Services Australia (ACSA) is the leading aged care peak body supporting over 700 church, charitable and community-based, not-for-profit organisations. Not-for-profit organisations provide care and accommodation services to about one million older Australians.¹

ACSA represents, leads and supports its members to achieve excellence in providing quality affordable housing and community and residential care services for older Australians.

Aged care providers make a significant $17.6 billion economic contribution to Australia, representing 1.1% of GDP by producing outputs, employing people and through buying goods and services. The direct economic component is akin to the contribution made by the residential building construction and sheep, grains, beef and dairy cattle industries.²

ACSA members are important to the community and the people they serve, and are passionate about the quality and value of the services they provide, irrespective of their size, service mix or location.

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EXECUTIVE SUMMARY

This research was undertaken due to the current and ongoing estimated shortage of staff in the aged care workforce.

It is anticipated this research will assist to identify solutions in how to attract and retain new staff, as well as retain existing staff, within the aged care sector.

HESTA intends to use the findings to partner with interested employers and others in the sector to look at potential workforce planning solutions and inform the diverse range of initiatives currently underway across the aged care industry in workforce planning.

The research sample included representatives of four peak bodies, seven major aged care service providers and three unions.

The research is based on quantitative and qualitative data collection methods as well as conducting focus groups to drill down further into the data collected.

The past and present impacts on the aged care sector included past research results, the changing nature of care, a more competitive market place, lack of consistent national data and the impact of disability care on the aged care workforce.

The research reported the majority of the workforce are women, 53% of aged care jobs are part-time and 60% of the workforce earn less than $50,00 each year.

Staff identified they entered aged care for various reasons including it suited their disposition, it was a stepping stone to the hospital system and it was a booming industry. 49% of staff reported they are leaving aged care to gain new skills and 30% of staff reported they will stay in aged care, but change their job due to their manager.

The research reported personal fulfilment and job satisfaction gained by caring for residents was a high motivator for job satisfaction in the aged care sector.

Staff reported a number of conditions they require including better pay, more flexible working conditions and increased training.

This report can be used by ACSA to:

- Inform future research undertakings.
- Highlight future potential areas of reward and recognition opportunities for providers within the aged care workforce.

Caution: To increase the validity of the findings, it is recommended that the research findings not be used as a standalone, however be used to compliment other past and future research.
RESEARCH BACKGROUND

In 2017, HESTA met with a number of leading aged care sector organisations (unions, peak bodies, employers, staff) to discuss their opportunities and challenges regarding workforce planning then followed this with two further research projects to ‘stress check’ some of the findings and insights from their initial discussions.

The research was intended to ‘fuel debate and innovation’ in the industry and to inform government, providers and staff about current and future opportunities and challenges with the aim to create solutions to assist employers with workforce planning.

SAMPLING METHODS

Research methods used included:

- **Quantitative data** – Covering more than 2000 Health and Community Services (HACS) staff that included HESTA members researching reasons:
  - Why staff were staying or moving out of aged care.
  - Their income and retirement savings.
  - The unpaid care staff provide out of working hours.

  Results from a 2016 HESTA survey have also been used which included questions around the retirement intentions of over 1200 HACS staff.

- **Qualitative data** - Involved interviews with representatives of four peak bodies, seven major aged care service providers and three unions to get their perspectives on key issues facing the sector.

- **Focus groups** - Explored workplace experiences and motivations of two Melbourne groups of aged care staff. One group of staff intended to leave aged care and the other wanted to remain in the sector. Using the quantitative data, the focus groups were used to:
  - Understand staff motivations, needs and barriers to participating in the sector.
  - Obtain ideas from participants as to what could assist the industry to attract and retain a sustainable workforce.
  - Better understand the level of financial retirement readiness of its aged care members to compare this to others working in HACS.

IMPACTS ON THE AGED CARE SECTOR

- **Aged care reforms** – The Aged Care Roadmap (March 2016) outlines ‘key landmarks towards a vision of a single aged care and support system, which is consumer-driven, market based, and sustainable’. The roadmap identified that to achieve this the distinction between care at home and residential care must be removed to create a single system that is ‘agnostic to where care is received.’

- **New skills required** – The Roadmap predicted meeting future aged care demands would involve key factors including:
  - The need for new models of care that were increasingly multidisciplinary and may involve other service providers, sectors and the integration of unpaid and family care.
  - Changes in workforce scope of practice.
  - Changes in the industry structure with the entrance of niche players.
  - The increasingly ageing workforce.
• The increased acuity of consumers’ care needs.
• A need to use technology to complement staff.

• Changing nature of care - By the time admission to a residential facility is required, most require high levels of care or palliative care with many residents having co-morbidities, chronic health conditions and/or greater levels of dementia with providers interviewing stating the average residential stay is 11 months. Union representatives said therefore having registered nurses on duty 24/7 was important. In response many providers are having to adapt their care and service offering by developing more personalised aged care residential homes centered on the needs of residents.

• Increased competition in the market place – As the aged care market expands, traditional providers are facing increased competition as well as a diverse range of provider business models. Providers not have ‘to fight’ for their clients. One participant said it was very difficult to do workforce planning and retain staff without set funding while other providers who were more focused on providing care in the home were positive about their ability to stay ahead of potential competitors and rapidly take advantage of opportunities.

• Taskforce and workforce strategy – Established November 2017, is consulting with the aged care sector. The taskforce will report back to the Minister by the end of June 2018.

• Lack of accurate, consistent national data - Industry groups have highlighted a lack of accurate, consistent national data. Examples of inconsistencies include:
  o Dept of Health and Ageing 2010 forecasts projected 827,000 aged care workers will be needed by 2027.
  o The Productivity Commission projected up to 980,000 aged care workers will be needed by 2050.
  o In 2013, the Australian Workforce and Productivity Agency forecast the aged care workforce may need to grow by as much as 4.40% a year through to 2025.
  o Industry peak body, Aged and Community Services Australia (ACSA), calculated in 2015 the sector may need an additional 33,000 workers by 2023.
  o Hesta research revealed a significant potential net outflow for the sector over the next five years.

• Disability services - Some felt disability care was quite different to aged care, noting, for instance, that disability care seems to attract a higher proportion of men, while aged care workforces typically had more women. The aged care providers HESTA interviewed had mixed views about the National Disability Insurance Scheme (NDIS). Some reporting it would result in competition for staff.

RESEARCH FINDINGS

• The current estimated workforce in aged care is 366,000 (Aged Care Workforce Committee, 2016) compared to 985,000 (Census, 2016) in non-aged care.

• 23% of aged care workers intend leaving for jobs outside of the sector or resigning within one to five years. Of these, 14% want to move to other parts of HACS, with 56% intending to transition to the hospital segment.

• From the 366,000 in aged care with 23% leaving within the next five years, indicates a shortfall of 80,000 aged care staff.

• 17% of aged care staff intend staying in aged care however will move jobs within the next five years.

• 60% of staff currently working in aged care will stay in their job for at least another five years compared to 66% non-aged care staff.

• Only 9% of non-aged care staff intend moving to aged care work.
Snapshot of the aged care workforce:

- 2/3 of aged care jobs are part time or casual.
- 53% of aged care jobs are part-time, the highest proportion of any HACS segment.
- 40% of jobs in aged care are regional-based.
- Aged care staff reported working an average of 28 hours a week.
- 74% of staff described their working hours as ‘the right amount’.
- Among those wanting to shift jobs within the aged care, about 30% cited not getting enough hours as a reason.
- Over 50% of aged care staff provided unpaid voluntary work or care to family members, roughly in line with other parts of HACS.
- Around 60% of aged care staff said they earned less than $50,000 a year before tax. This compares to 26% in the hospital sector.
- 40% of aged care staff said they had less than $50,000 in their superannuation accounts, compared to 25% of hospital staff.

Profiling of Hesta members’ ages, salary and gender:

- 82% of members working in aged care are women.
- 48% are over the age of 50 years.
- 40% of jobs in aged care are regional-based.
- 68% of aged care jobs are part-time or casual (the highest of any HACS segment).
- 60% of jobs in aged care are urban-based.
- 60% of aged care staff earn less than $50,000 annually.

Reasons why staff enter the aged care workforce

- It is a booming industry.
- For registered nursing staff, aged care provided a more stable and predictable job.
- Aged care was the only avenue of employment open to some participants.
- Participants in the focus groups who were newer migrants said their nursing qualifications were not accepted in Australia so they saw aged care as a ‘stepping stone’ into the hospital sector.
- Other participants saw aged care as suiting their caring disposition.
- Another factor that attracted people to the field was working close to home because aged care facilities are so widely dispersed.
- Some participants highly valued salary packaging offered by certain companies and the researchers noted it was ‘an asset other organisations could benefit from offering.’

Reasons why aged care staff are leaving to other parts of HACS:

- 49% want to develop new skills.
- 38% want to try something different.
- 22% are not paid enough.

Top reasons why staff want to stay in aged care but change jobs:

- 30% stated not happy with manager.
- 30% stated not getting the training needed.
- 29% stated not happy with the organisation working for.
• 25% stated wanted to develop new skills.

For those staff that reported they would find new jobs within aged care, 30% stated they were not getting enough hours. However, while participants in the focus groups talked about sometimes working long hours, the quantitative research showed almost three quarters of aged care respondents said that they worked: ‘the right amount of hours.’ One in five said they worked too few hours.

When compared to those staff planning to leave their jobs but stay within aged care, it was found that those intending to move elsewhere in HACS were significantly:

• Less likely to be triggered by not enough hours.
• Less likely to be triggered by unhappiness with manager.
• Less likely to be triggered by lack of career opportunities.
• More likely to be triggered by a want to develop new skills.
• More likely to be triggered by ‘other’ reasons.

Participants of the focus groups intending to leave aged care were concerned about:

• Residents dying following staff forming attachments.
• Time pressure and having to cope with too many residents.
• The physical strain.
• Under or incorrect payment of wages.
• Poor management decisions.
• Unsupportive work colleagues or teams.
• Excess red tape or reporting systems requiring unnecessary paperwork.
• Lack of childcare options.

What they like about their jobs

Issues vary from employer-to-employer and individual staff have different motivations regarding job satisfaction.

The research found personal fulfilment and job satisfaction gained by caring for residents was a high motivator for job satisfaction. The research found aged care staff, no matter their level, are often highly motivated and vocationally driven by their work. They care deeply for their residents’ welfare and physical and emotional state. The research found these staff invest ‘a great deal of time and effort in the job, often going well beyond the minimum required because they believe they are dealing with individuals at such a critical life stage.’

However, coupled with this was also a level of concern and sense of responsibility because the elderly are vulnerable and there was the potential for things to go wrong.

For this reason, staff feel they are particularly worthy of appreciation and need the support of management and co-workers.

What staff want from the aged care workforce:

• Better pay and conditions, particularly childcare and flexible hours for mothers, holiday and sick leave pay for in-home carers and more stability of income.
• Less time pressure and more time to care for the individual through measures such as improved staff to resident ratios, better systems and effective reporting procedures.
• Less physical demands and new, up-to-date equipment to alleviate lifting.
• Less pressure to take on extra hours of work, and good work/life balance.
• Greater recognition of their difficult work and level of care and dedication.
• Consistent training standards across the organisation’s workforce, with the opportunity to undertake paid training outside of work hours.
• Efficient systems and procedures that give staff confidence they are supported and that motivate and reward positive behaviors.
• Online and practical training and qualifications, including dementia care and dealing with loss and religion at the end of life.
• A strong supportive culture devoted to caring for residents and building a positive team.
• Cutting red tape, with reporting requirements facilitating improved care not exacerbating time constraints.
• Better equipment and more current technology that would free up time for more caring, such as apps for time sheets and iPads for reporting.
• Opportunity for residential employees to do some in-home care.
• A cleaner, more hygienic environment, ideally with dedicated cleaners.

Proactive providers:

There are a number of providers who have implemented a number of reward and recognition schemes. These providers have recognised and embraced the importance of:

• Leadership development.
• Team leaders to support, coach and mentor.
• The implementation of policies and processes to retain staff.
• Implementing new health, wellbeing and staff assistance programs to help staff through important points in their career, such as transition-to-retirement.
• Improving training opportunities.
• Building relationships with registered training organization.
• Empowering staff to solve issues.
• Implementing and using technology where possible.

Hesta wants to partner with peak bodies to develop strategies within the aged care workforce.