



Reshaping *our* aged care industry

Our **brief**

Develop an industry-driven workforce strategy to grow and sustain the workforce.

Ensure this strategy enables aged care services to meet the care needs of our elderly now and into the future, irrespective of setting.

Shifting **attitudes**

In undertaking our work, we uncovered some inescapable truths that impact on how the community views aged care and, indeed, how the industry sees itself.

Re-aligned **thinking**

This strategy identifies significant opportunities for the industry and individual organisations to respond to this environment and take its own lead in shaping the industry and its workforce into the future.



Framing the case for change

A growing and diverse industry

The aged care industry is **part of Australia's broad and rapidly growing** health care and social assistance industry and a significant contributor to regional and rural economies.

Consumer preferences and expectations

Our **definition of aged care consumers must be extended** beyond those people accessing or using care services, to proactively include their families, carers, local communities and trusted entities.

Evolving community expectations

An **industry workforce strategy should reflect future trends**, not just the issues of today. In particular it must reflect rapidly evolving community expectations, for services that support an elderly person's quality of life.



It begins with wider definitions of consumers, the industry and the workforce

Consumers *Clarity about who really are the users of aged care services.*

Covers individuals, their families, informal carers and the community.

Industry Financial and retirement planning | Primary care
Home care | Residential care | Acute and sub-acute care |
Specialist care | Functional health | System facilitators and
navigators | (Government & Independent) |
Carers and volunteers



Our approach

5 strategic imperatives have framed our consultation and engagement and work that has been commissioned to inform development of the strategy.





National engagement and consultation

Below is an overview of the extensive consultation of the taskforce:

- **400** providers / services across provider peak organisations
- **684 responses** to a call for public submissions
- **Over 80 discussions** between the taskforce Chair and interest groups
- **Community consultations** involving 260 consumers, workers and providers
- **158** contributors to develop the united belief for the industry
- **285** contributors to two summits
- **Five roundtables** on specific topics
- **Four technical advisory groups**
- **An industry employee** engagement and enablement survey - 2,817 responses
- **Over 25 presentations** and speaking engagements.



Roundtables and Technical Advisory Groups

Specifically, the Taskforce benefited from the outcomes of five round tables:

- Diversity
- Occupational therapy
- Palliative care
- Research and data
- Remote and very remote geographies

And the advice of four specialist Technical Advisory Groups:

- Employee needs and expectations
- Health and aged care interfaces
- Indigenous workforce issues
- Translating knowledge and technology into practice.



Understanding the consumer experience

True transformation of the workforce cannot be driven by the industry alone.

It requires **collaboration** between Government, the Industry and the Community to:

- Shift societal attitudes to ageing and dying
- Reframe the idea of care
- Relieve the perceived burden of care.



Ageing and societal reform...

Identified three platforms for broader reform:

- **Shifting attitude** – unity of leadership and societal reform. Strong leadership to bring about a **change of attitude** community-wide towards ageing and dying. Changing attitudes need to be driven by industry, all levels of government, together with the community.
- **Reforming access** – by reframing caring to a broader, more proactive approach and enabling care to be provided in a **simple, easy way** (access to the right help, at the right time).
- **Enhancing life** – caring for the aged should not be a burden. Requires a new lens to be placed over processes, systems and attitudes. Care must add to the quality of someone's life with a workforce **enabled** to make life for others better.



Uniting through belief

At the heart of transformational change must be a uniting industry-wide understanding of why the industry matters, as captured in a broadly adopted and promoted workforce **vision**:

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.

This vision is crucial to expressing the truths that underpin the need for transformational change.



Aged Care.

How we care says who we are.



An overview of the aged care workforce strategy

Aligned with the united belief and drawing on the manifesto, the workforce strategy centres around 14 strategic actions that:

- Serve as a platform for action
- Address key current workforce pressures
- Position the workforce for the future
- Provide a holistic view of the industry
- Drives necessary transformational change.

Immediate implementation steps are balanced with a view to future industry sustainability.

The taskforce worked to ensure the industry was supported to progress the following:

- An industry-led voluntary code of practice
- An Aged Services IRC by the Australian Industry and Skills Committee (AISC)
- A Remote Accord to ensure the voices of service providers in remote areas have been amplified
- An Aged Care Industry Growth and Research Translation Centre.



An overview of the 14 strategic actions

1. Creation of a social change campaign to reframe caring and promote the aged care workforce
2. Voluntary industry code of practice
3. Reframing of the qualification and skills framework —addressing current and future competencies and skill requirements
4. Defining new career pathways, including how the workforce is accredited
5. Developing cultures of feedback and continuous improvement
6. Establishing a new industry approach to workforce planning, including skills mix modelling
7. Implementing new attraction and retention strategies for the workforce at government, industry and organisational levels
8. Develop a revised workforce relations framework to better reflect the changing nature of work
9. Strengthening the interface between aged care and primary/acute care
10. Improved training and recruitment practices for the Australian Government aged care workforce
11. Establishing a remote accord
12. Establish an Aged Care Industry Growth and Research Translation Centre
13. Current and future funding considerations, including staff remuneration
14. Transitioning the industry and workforce to new standards



(1) Co-creation of social change campaign to reframe caring and promote the workforce

We must focus on **shifting negative attitudes to ageing**, and recognise that reframing care is a social challenge.

- The aged care industry, and by extension the workforce, is **perceived and portrayed as failing** to meet the care needs of older people, particularly those in residential aged care.
- **Attitudes towards ageing and dying** must be addressed, involving society, all levels of government and the industry working together – in order to support the workforce.
- Ultimately, it is about **shifting community attitudes**, as well as changing how the industry presents itself to the community.



(2) Industry commitment to a voluntary code of practice

Commitment to a voluntary industry code of practice to **define the industry, its standards and practices**, with a strong focus on quality and safety.

- The aged care industry does not have a code of practice – which is necessary to remain ahead of community expectations.
- And so a substantial opportunity exists for our industry, to strive for aspirational change.
- A voluntary code of practice:
 - Needs to start at the principles level
 - Evolves over time, in accordance with industry maturity
 - Builds confidence in the industry’s ability to self-govern
 - Supports continuous improvement around the key principles through engagement.



(2) Industry commitment to a voluntary code of practice

- **Consumer led and community shared value**
Consumers must be put at the heart of care decisions and outcomes. We must also consider the evolving and increasing expectations of the consumer, who is living longer and demands a quality of life.
- **Living well and integrated models of care**
Ageing well, with dignity and independence, is something that everyone deserves. We must focus on the consumer's quality of life and living well, instead of the current compliance-based posture focussed on minimum standards of care.
- **Board governance**
Effective board governance requires us to consider organisations to take corporate governance seriously, recognising that good governance increases business value.
- **Best practice sharing and industry benchmarking**
We need to draw upon innovative approaches and best of breed solutions that exist within our sector, or indeed others, and apply them in a way that supports the betterment of the industry as a whole. Sharing lessons learnt, together with better practices will be critical.
- **Education and training, including workforce accreditation**
Education and training is an area requiring change, especially boosting the competencies and skills of the existing workforce, with a focus on practical skills and known competency gaps. Notably, the job title of “personal care workers” needs to be reassessed.
- **Workforce planning**
The industry needs to commit to a standard approach to workforce planning and skills mix modelling, applicable to both home care and residential settings. Such modelling would be part of a provider's business model, and would be used to define improved workforce allocation to deliver care outcomes.
- **Proactive assurance and continuous improvement**
Proactive assurance requires an organisation to determine whether it is operating efficiently, effectively and meeting its stated overall business outcomes. Put simply, it's about defining ‘what must go right’ and then understanding the risks (or ‘what can go wrong’) to achieving these outcomes.



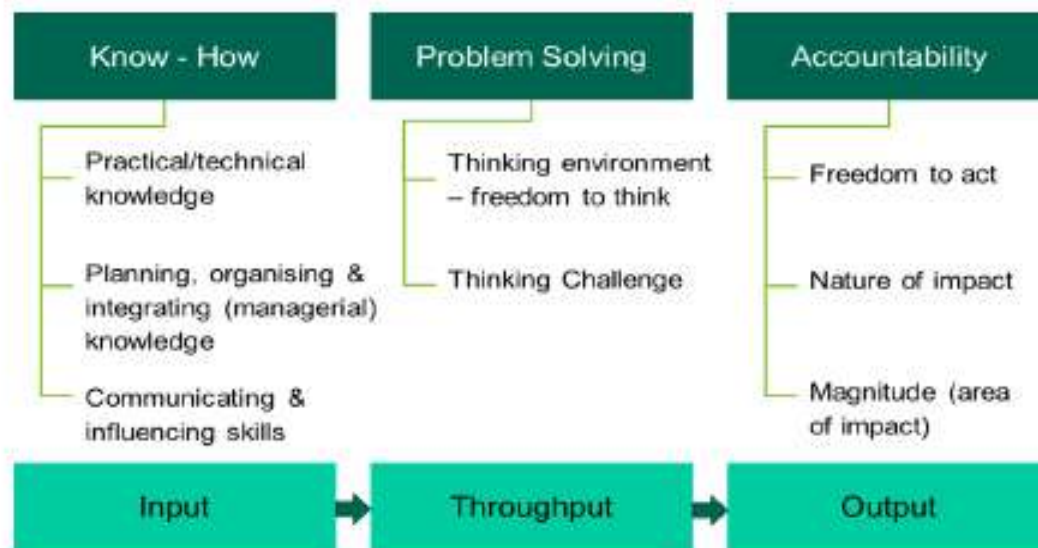
(2) Industry commitment to a voluntary code of practice

- **Establishment of an industry leadership group**
There is a need to meet regularly to design, oversee, approve initiatives, and to evolve and articulate the role and mechanisms for this leadership group. As a sub-committee to the Aged Services Industry Council, it would include the first group of signatories to the Code.
- **Implementation of the industry workforce strategy**
The sub-committee should be in a position to pick up responsibility for key aspects of the Aged Services Industry Council's identified work in relation to workforce strategy.
- **Promotion of the Code to service providers**
Another step will be to promote the Code to broader industry and encourage industry participants to aspire to its higher standards of care and workforce strategies that attract and retain skilled people.
- **Development of good-practice guidance materials to explain application of the Principles**
Best practice forums, practices that emerge from these could be formalised and captured through guidance notes.
- **Supporting adherence to the Code**
While the sub-committee would articulate what Code obligations are intended to mean for service providers, compliance with the Code should not become a checklist-activity.
- **A channel for feedback (complaints)**
Critical to any industry code environment is how feedback (complaints) by consumers or their representatives are handled. Code signatories must have sound internal complaints-handling as a part of their compliance approach. Complaints not resolved directly with the signatory service provider must be escalated to a high quality independent complaints resolution body. An early role for the leadership group will be to establish a complaints capability and to work closely with the Aged Care Commissioner to establish protocols and processes.
- **Code monitoring, compliance and maintenance**
This aspect of the Code relates to its 'ownership' and will require industry to form a view about the appropriate mechanism or structure to be responsible for this important aspect of an industry code.



(3) Reframing of qualifications and skills framework focussed on addressing current and future competencies and skills requirements

Using Taskforce subject matter expert **Korn Ferry Hay's job design** methodology to provide a common language that enables jobs in different organisations, functions and countries to be consistently evaluated.



Know-How (Inputs): To deliver these end results, job holders require the appropriate knowledge and skills. It includes every kind of relevant knowledge, skill and experience, however acquired, needed for acceptable performance in a job or role.

Problem Solving (Processing): In utilising Know-How to achieve end results, job holders must address and resolve problems. It is the amount and nature of the thinking required in the job in the form of analysing, reasoning, evaluating, creating, using judgement, forming hypotheses, drawing inferences, and arriving at conclusions.

Accountability (Outputs): All jobs exist to deliver these end results. It assesses the extent to which a job/role is accountable for actions and their consequences. It measures the effect of the job/role on end-results.



(3) Reframing of qualifications and skills framework focussed on addressing current and future competencies and skills requirements

Consumers rely on a knowledgeable and skilled workforce to meet their care needs.

The analysis of the current state of current workforce architecture showed the following:

- The **value of the Personal Care Worker (PCW)** role is underestimated.
- PCWs form the majority of the aged care workforce and are the eyes and ears of the entire aged care system.
- PCW roles have a much bigger impact on organisations and the industry.



(3) Reframing of qualifications and skills framework focussed on addressing current and future competencies and skills requirements

However, there are inconsistent approaches to job families, job design, jobs pathways, career development and succession planning in aged care.

- There is significant **'scope creep' in nursing roles**. Nurses tend to be treated as 'jacks of all trades'. There needs to be a shift from the more traditional view of nursing as focused on clinical care, to a more nuanced role, including extending scope of practice and covering clinical, functional and cognitive needs.
- **Emerging roles in the workforce** need to be recognised in areas such as scheduling coordinated care, family liaison and working as part of interdisciplinary or inter-professional teams.
- And there is a growing body of evidence that the **industry is struggling to find the right balance** between clinical expertise and managerial skills. This imbalance impacts operating effectiveness and thus care outcomes.



(3) Reframing of qualifications and skills framework focussed on addressing current and future competencies and skills requirements

Modernising education and training to support the workforce of the future; ensuring current competencies are addressed and future competencies are recognised.

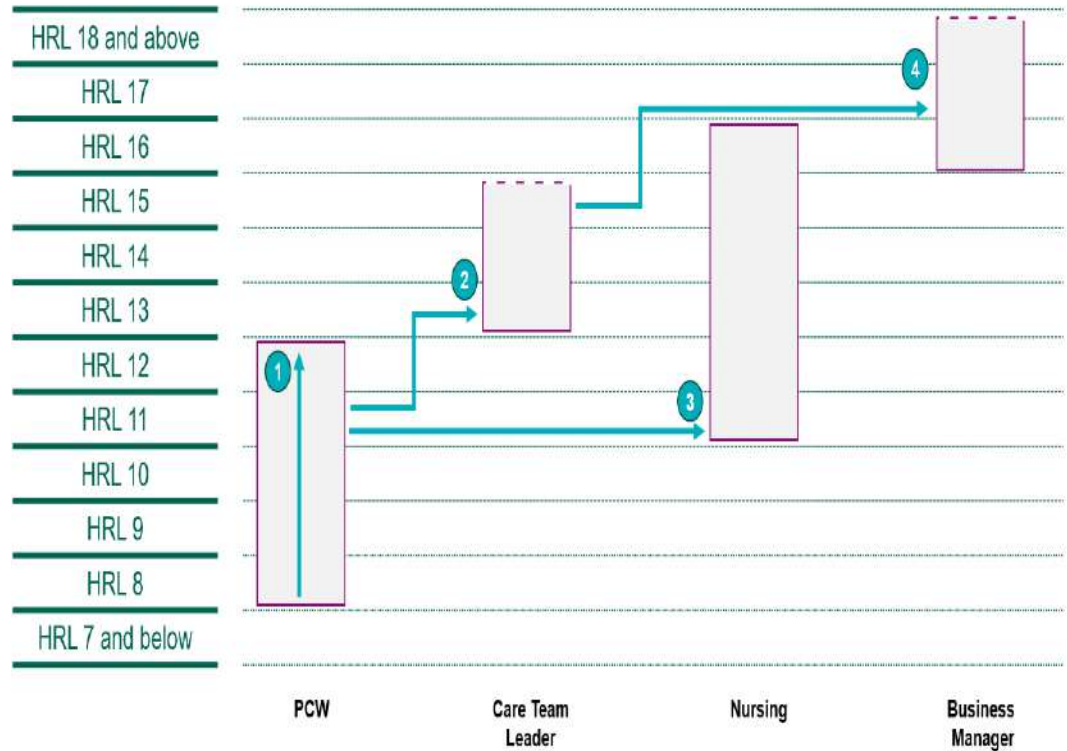
- **Education and training options** will need to be flexible, 'fit-for-purpose' and respond to support workers and industry in a rapidly changing environment.
- The establishment of a new **Aged Services IRC** will assist in responding to key thinking emerging from the taskforce's work.
- The Aged Services IRC will be responsible for scoping of opportunities for collaboration across VET, higher education and a range of industry sectors.
- The Aged Services IRC will need to ensure the national training system and higher education can address the current and future competencies and skill requirements.



(4) Defining new career pathways including accreditation

Aimed at supporting an agile workforce by re-thinking and opening jobs pathways and career options.

Potential career paths





(4) Defining new career pathways including accreditation

The primary focus of the new model is on delivering a much **better, more meaningful care experience** to the consumer.

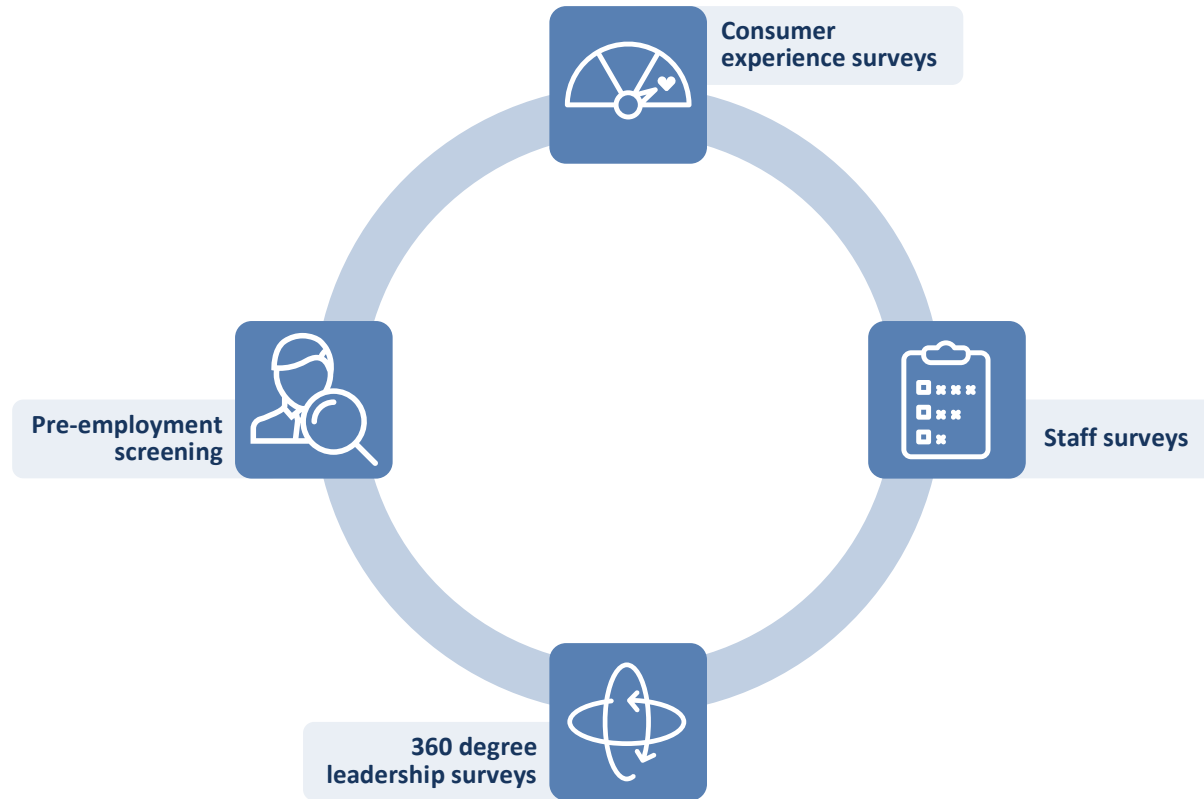
- New models of residential aged care are being adopted across the industry based more on a social and humanistic approach to caring for the aged, focused on positive ageing and reablement and improving the quality of life of older people.
- A set of key guiding principles, focussed on the following seven areas, supports this:
 - Integration
 - Career progression
 - Role re-engineering
 - Interdependence
 - Clarity
 - Focus on the core
 - Collaboration.



(5) Developing cultures of feedback and continuous improvement

The industry needs to recognise the issues of **fear and retribution raised** by consumers and the workforce.

Rather than judging we need to acknowledge this, and **make a clear commitment to promoting** a feedback and learning culture supported by continuous improvement.





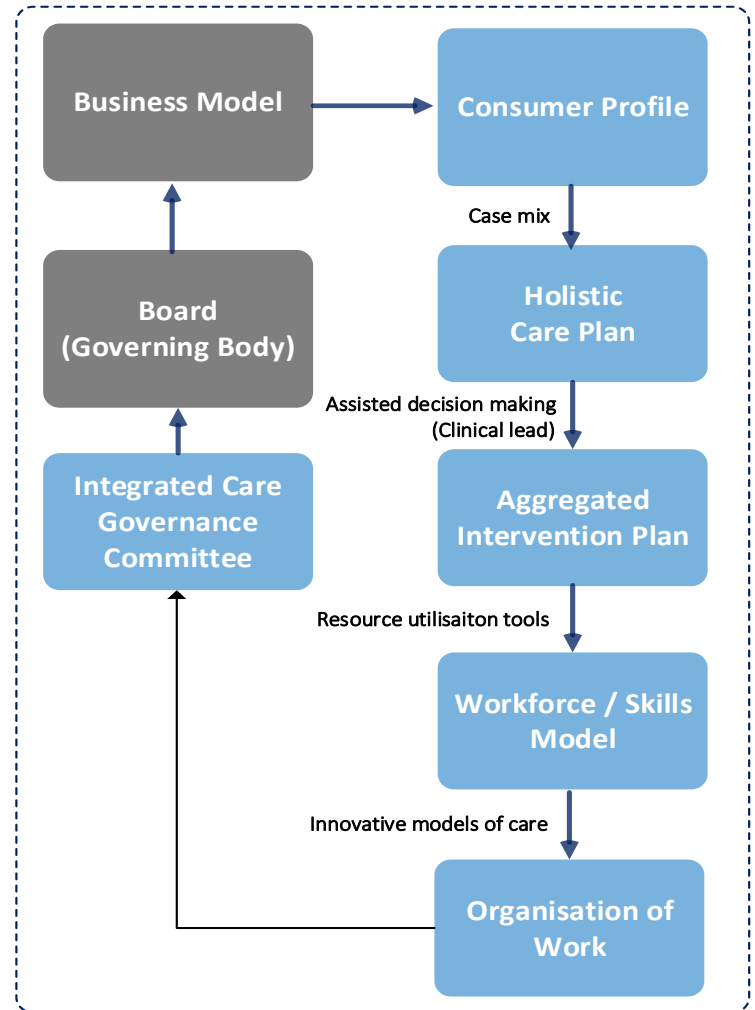
(6) Establishing a new standard approach to workforce planning and skills mix modelling

The aged care industry does not have a standard approach.

We have an opportunity, as an industry, to better support each other by employing a standard approach. In so doing, to have it informed by the consumer's care needs along with their evolving expectations.

Workforce planning must be part of an organisation's business model, and needs to consider innovate ways of delivering quality services.

We must define what care and good care looks like. And this means evolving out of a health and clinical mindset, instead focussing on the principles of living well and integrated care.





(7) Implementing new attraction and retention strategies

Making progress with attraction and retention will depend substantially on the other strategic actions.

An industry-wide approach is needed to attract the 'right' people to work in the industry:

- **Action** is required across the industry – nationally, regionally and locally
- We need to learn from what works and **harness** good practice
- **Employee induction** and on-boarding is fundamental
- Acting to **change the way** jobs are characterised, described and advertised.
- Focussing on factors for different cohorts within the workforce, recognising their **diverse** backgrounds.
- Supporting and capitalising on work placements, student placements or internships to create **a pipeline** of candidates.
- Building on those factors that **attract top talent** – such as passion for the work, previous experience (informal and paid), job availability and opportunity, flexible working conditions, career pathways to similar employment (especially health care and social assistance).
- Addressing factors that **discourage top talent** – such as poor industry perceptions, limited career pathways, low paid low status roles, organisational cultures.



(7) Implementing new attraction and retention strategies

Key Observations from the Engagement Survey

Trust and Confidence in Leaders
This is a Key Driver of both Engagement and Enablement, meaning it is one of the most important areas to improve to increase performance

Confidence in Direction
Leaders communicating a clear strategic direction that resonates with employees

Development opportunities
While employees understand the opportunities available to them, they don't necessarily see a future in the Aged Care industry

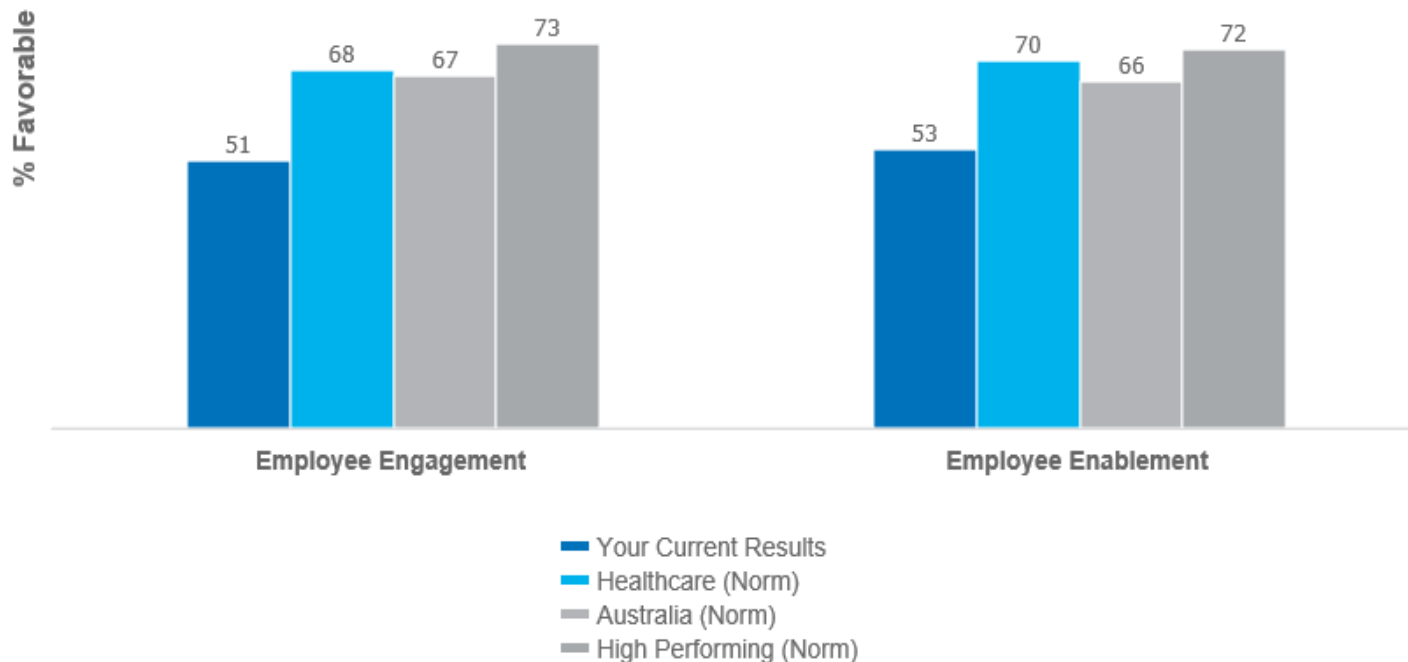
Diversity & Inclusion
Treating employees with respect regardless of personal characteristics or background

Retention of under 40s
How can the industry create an employment proposition that will attract and retain the Talent required for the future



(7) Implementing new attraction and retention strategies

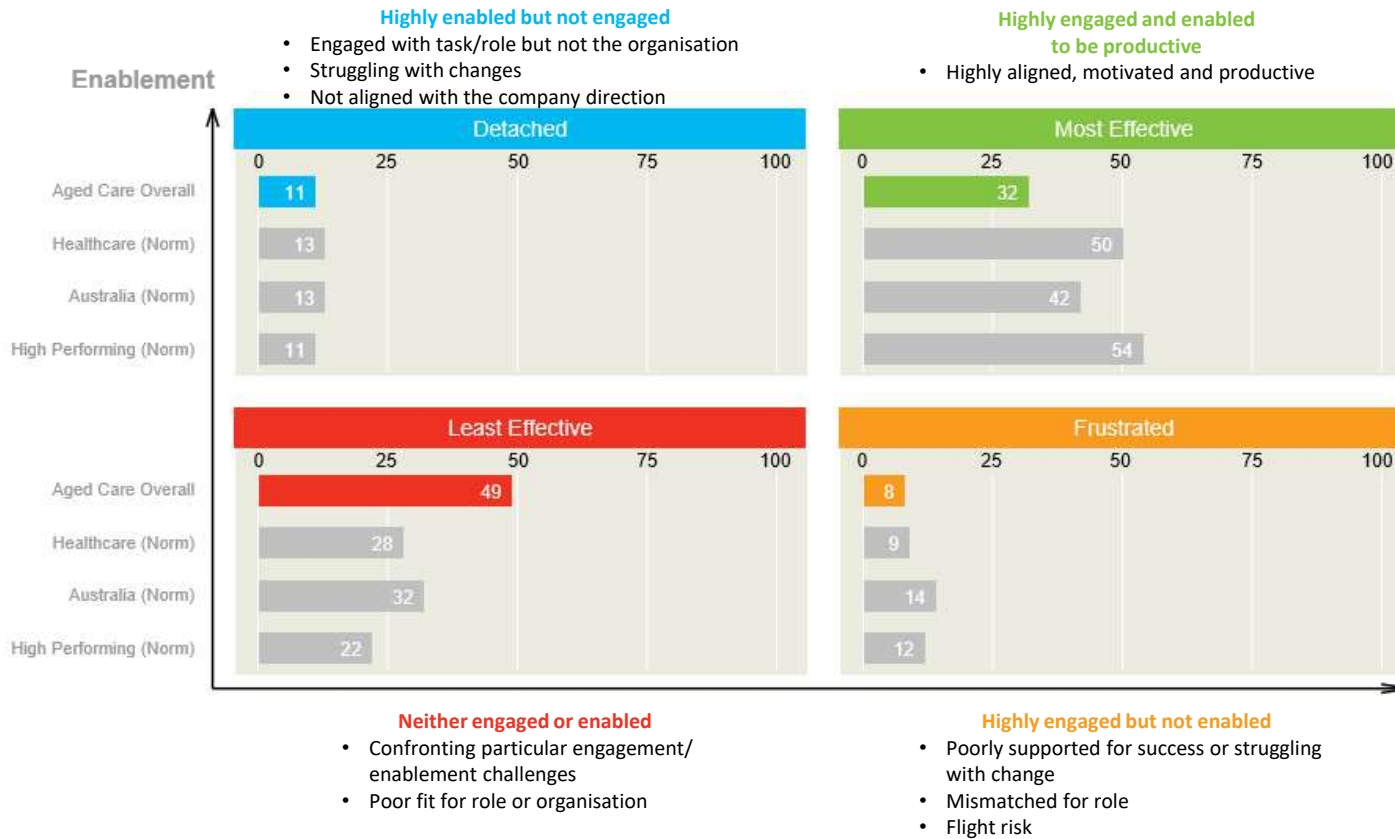
Engagement & Enablement





(7) Implementing new attraction and retention strategies

Effectiveness Profile





(7) Implementing new attraction and retention strategies

Key Drivers of Engagement and Enablement



Engagement

			% Fav
1	Quality & Consumer Focus	This organisation provides high quality care, services and support.	59
2	Confidence in Leaders	I have trust and confidence in this organisation's management.	40
3	Confidence in Leaders	I believe that this organisation has the right strategic priorities and goals.	49
4	Confidence in Leaders	This organisation is open and honest in communications with employees.	38
5	Diversity & Inclusion	This organisation values and promotes employee diversity.	61



Enablement

			% Fav
1	Confidence in Leaders	I understand how my job contributes to this organisation's strategic priorities and goals.	74
2	Confidence in Leaders	I have trust and confidence in this organisation's management.	40
3	Resources	I have the resources I need to do my job effectively.	54
4	Development Opportunities	I have good opportunities for learning and development at this organisation.	50
5	Development Opportunities	I have opportunities to achieve my career goals at this organisation.	42



(7) Implementing new attraction and retention strategies

Breakdown by Job role: Management and Direct Care

	Aged Care Overall	Management					Direct Care							
		CEO/ General Manager/ Owner	Director of Nursing	Facility Manager	HR/ Finance/ Operations Manager	Other	Allied Health	Allied Health Assistant	Nurse - Clinical Consultant	Nurse	Nursing Unit Manager	Personal Care Worker	Specialist Dementia carers	Other
	N=2817	N=88	N=46	N=68	N=73	N=77	N=55	N=16	N=17	N=693	N=21	N=641	N=15	N=23
Employee Engagement	51	30 *	21 *	27 *	27 *	22 *	6	-10	-10	-12 *	26 *	-13 *	-10	3
Employee Enablement	53	24 *	19 *	24 *	27 *	19 *	3	-7	-1	-12 *	18	-10 *	4	-4
Intention to stay in aged care	64	-6	-18 *	9	10	7	3	3	-2	-7 *	11	2	7	7
Confidence in Leaders	50	36 *	32 *	31 *	32 *	21 *	11	-9	-5	-11 *	30 *	-14 *	-9	-18
Collaboration	53	33 *	24 *	25 *	35 *	18 *	12	-4	9	-9 *	28 *	-14 *	4	-11
Development Opportunities	50	32 *	22 *	28 *	27 *	14 *	0	-11	-7	-7 *	27 *	-9 *	-19	-15
Training	54	28 *	9	30 *	20 *	11	4	-14	-10	-8 *	22 *	-4	-22	1
Performance Management	36	32 *	22 *	29 *	37 *	21 *	10	-9	3	-10 *	30 *	-18 *	-20	5
Pay & Benefits	38	28 *	20 *	15 *	30 *	19 *	17 *	-2	14	-7 *	43 *	-14 *	-16	5
Quality & Consumer Focus	56	35 *	31 *	33 *	34 *	24 *	15 *	-19	-1	-13 *	28 *	-17 *	-21	-16
Resources	60	18 *	17 *	21 *	24 *	12 *	13	-3	2	-9 *	23 *	-9 *	12	4
Diversity & Inclusion	59	30 *	19 *	30 *	29 *	20 *	13	-15	-1	-11 *	29 *	-13 *	-9	-14
Work, Structure & Process	56	28 *	23 *	27 *	28 *	18 *	11	-4	2	-9 *	21	-12 *	-2	-10

*indicates a statistically significant difference



(7) Implementing new attraction and retention strategies

Breakdown by Job role: Care Management and Non-Direct

	Aged Care Overall N=2817	Care Management				Non-Direct								
		Clinical – Supervisory N=175	Clinical – Risk and Quality N=38	Team Leader N=123	Other N=122	Administration N=173	Cleaners N=8	Food Services N=15	Laundry Workers N=8	Lifestyle & Activity Officers & Coordinators N=60	Maintenance Manager N=5	Maintenance Workers/ Handyman N=7	Pastoral Care, Welfare Officer N=20	Other N=222
Employee Engagement	51	-2	12	12 *	-14 *	18 *	22	-3	17	6	37	-7	23 *	6
Employee Enablement	53	2	7	10 *	-13 *	17 *	28	-5	-1	6	27	1	27 *	7 *
Intention to stay in aged care	64	0	4	3	-7	4	7	-4	19	10	-4	3	7	1
Confidence in Leaders	50	0	9	12 *	-12 *	21 *	16	-3	4	0	-	-12	23 *	4
Collaboration	53	-4	14	15 *	-3	17 *	-9	-6	10	1	27	-17	20	1
Development Opportunities	50	3	12	8	-10 *	8 *	25	-16	-12	-6	10	-18	8	5
Training	54	-6	-2	3	-9	10 *	22	-7	21	-4	16	-14	16	7 *
Performance Management	36	0	11	11 *	-7	16 *	10	-9	16	0	17	14	17	8 *
Pay & Benefits	38	2	7	12 *	-6	15 *	12	-2	13	0	22	-9	16	2
Quality & Consumer Focus	56	0	2	19 *	-13 *	22 *	28	-11	19	6	37	8	26 *	4
Resources	60	-4	5	7	-14 *	19 *	28	-3	15	-5	20	26	5	6
Diversity & Inclusion	59	2	9	12 *	-13 *	14 *	23	-16	10	7	41	-16	26 *	2
Work, Structure & Process	56	0	9	11 *	-6	16 *	16	-10	17	4	27	6	16	4

*indicates a statistically significant difference



(8) Develop a revised workforce relations framework to better reflect the changing nature of work

Collaboration between employers, employees and employee representatives will result in gains for the industry and its workforce.

- **The timing is right** for aged care employers, employees and those who represent them (employee representatives and professional associations) to have a dialogue about working together on workforce reform and workplace issues.
- **All can benefit** from developing or using collaborative skills and displaying workplace leadership through cooperative effort:
- Strategic action 13 highlights the funding question, and requires us to:
 - Be aligned, as an industry, on the funding matters to be resolved, and collectively make that case to government
 - Think holistically about job families in order to have a total workforce discussion – instead of focusing on one job family in isolation, which can undermine others.



(9) Strengthening the interface between aged care and primary / acute care ‘systems’

A ‘population health’ approach is required, which means that interface requirements should be considered in terms of need, and not dictated by systems funding.

Health care and wellbeing for the consumer needs to consider their stage in life and personal goals.

- Preventative care and maintaining wellness are critical to supporting older people to remain healthy and independent for longer.
- A constructive dialogue across the social and health care industries and all levels of government is necessary to shift attitudes – to promote better integration of services across health, aged and disability care.
- Improvements may include:
 - Introducing a Medicare Benefits Schedules (MBS) item for home care and residential care services
 - Investing in innovative technologies such as ‘telehealth’ to support service outreach
 - Improving undergraduate training for the hospital workforce around geriatric care and cognitive impairment.



(10) Improved training and recruitment practices for Australian Government workforces

People in this workforce matter as they:

- Are customer-facing – they are significant touchpoints in care.
- Communicate directly with consumers (individual, families, informal carers) – both face-to-face and electronically.
- Have direct influence on the consumer experience.
- Are significant conduits between providers and consumers.
- Need to understand new models of care and have industry know-how.
- Need to understand the interfaces between aged care and other systems.

However, taskforce consultations raised questions over their **ability to effectively contribute** to positive care outcomes.

Their work, the advice they provide and the role they play **can influence how care is delivered and the timing of access to care.**

The Australian **Government workforce** includes:

- My Aged Care (Assessment Teams, Regional Assessment Services and Contact Centre staff)
- Aged Care Complaints Commissioner
- Aged Care Funding Instrument validators
- Aged Care Quality Agency Assessors
- Recognising the value trusted entities can bring to support consumers.



(11) Establish a ‘Remote Accord’

Workforce issues in remote and very remote areas call for specific and tailored actions, informed by on-the-ground experience.

A Remote Accord:

- Represents natural extension of the united industry voice.
- Provides a mechanism to re-define relationships.
- Aims to change the relationship between remote communities, industry and government.
- Enables more immediate action to engage on workforce issues.



(11) Establish a 'Remote Accord'

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.

- **Principle 1** – Forming a Compact across government and community on the role and support of industry.
- **Principle 2** – The right to live and die in your local community.
- **Principle 3** – Specific strategies to address the unique challenges of attracting and retaining aged care professionals.
- **Principle 4** – Tailored and relevant training, skills and career pathways in remote and very remote settings.
- **Principle 5** – Prioritise safety, security and wellbeing of the aged care workforce in remote and very remote settings.
- **Principle 6** – Flexible and responsive government funding, policy and programs.



(12) Establish an ‘Aged Care Industry Growth and Research Translation Centre’

We are aiming to

Support the translation and uptake of innovations to drive improvement in aged care service delivery and workforce capability.

Position Australia’s aged care research sector to more effectively engage with the expanding export market for aged care skills, knowledge and technologies.

This will enable us to

- Lay down the platform for tomorrow.
- Provide a research eco-system bringing together researchers, service providers, educators and investors.
- Consider priority-driven outcomes focussed research – engaging the research community, providers, the workforce and consumers.
- Enhance care outcomes – focus on evidence-based models of care, assistive technologies and digital innovations.
- Investigate mechanisms, such as public-private partnerships, to support this change.



(13) Current and future funding considerations including staff remuneration

The industry, consumers, the workforce and the community **will benefit** from a more explicit discussion around funding and staff remuneration.

- Industry has urged the taskforce to consider the impact of recent government decisions affecting the funding streams of aged care organisations.
- The taskforce acknowledges concerns raised by industry that funding (including consumer contributions) does not always meet the total cost of delivering aged care services.
- An open conversation on sustainable long-term funding for the industry is necessary to support and recognise the skilled workforce, together with suitable remuneration strategies.



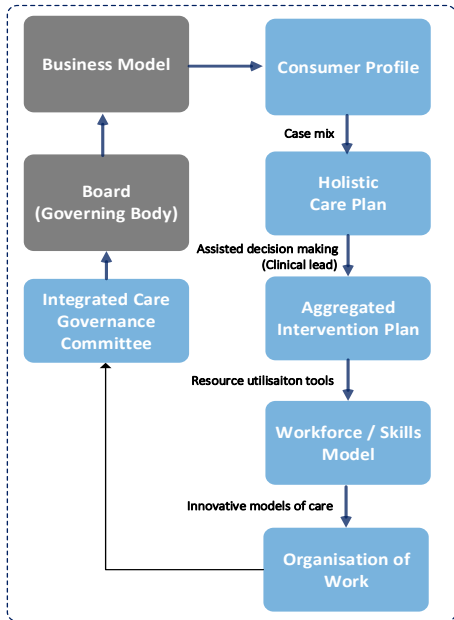
(13) Current and future funding considerations including staff remuneration

An open and aligned dialogue between industry, government, employees and their representatives, consumers and the community should support a pragmatic approach to funding **considerations**.

- **Consideration 1** - focuses on the workforce costs to deliver care. This consideration should draw on work undertaken by Stewart Brown that reinforces the revenue issues highlighted in the Tune Review; and the Resource Utilisation and Classification Study (RUCS), which is expected to provide recommendations on how the Aged Care Funding Instrument (ACFI) can be revised. The RUCS will be completed in December 2018.
- **Consideration 2** - goes to capital investment in residential aged care infrastructure. Efficiencies can be gained for those aged care organisations with older buildings and infrastructure that are no longer fit for purpose in delivering contemporary care.
- **Consideration 3** - focuses on the industry's ability to make progress within its current funding envelope; using established mechanisms to innovate and introduce changes in the way services are delivered.



(13) Current and future funding considerations including staff remuneration



A pragmatic approach brings about a different solution to long standing problems. But, it requires **alignment** with the **revised industry approach to workforce planning** (strategic action 6), notably that:

- **Holistic care plans** are necessary to address consumer expectations, which have shifted well beyond clinical care.
- Unplanned workforce vacancies arising from poor retention *and* poor employee engagement must be addressed to enable the industry as a whole to be more efficient.
- Organisations, and the industry, need to focus on **hours of care**, not ratios - because the issue is about **sufficient capacity and capability** across the workforce as a whole. And **ultimately**, it's about the numbers of people in the workforce available on each shift, on each day, to provide the care that is expected.
- An organisation's business model must consider **reward**, as it relates to attraction and retention, to address critical cohorts in the workforce (PCW's and nurses). We now consider staff remuneration in more detail.

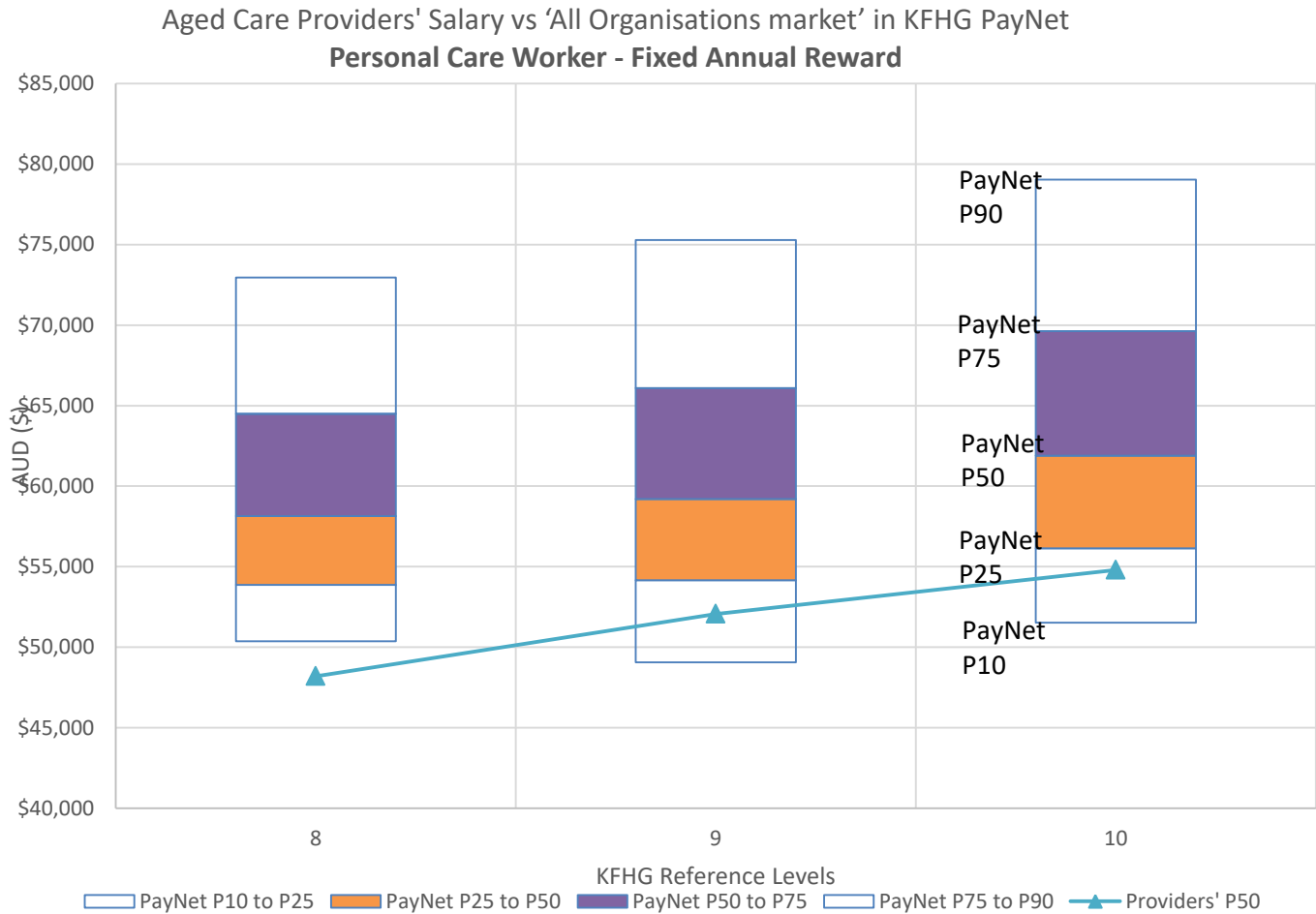


(13) Current and future funding considerations including staff remuneration

	Experience	Performance	Market Requirement	Potential, Competence & Skill	Retention Risk	
↑ Salary Range ↓	Range Maximum	Extensive Experienced	Consistently superior	Clearly apparent market premium	Highly specialised, scarce and critical area. Identified HIPO on a fast track	High Impact, High Risk
		Very Experienced	Usually high performing superior performer		Very competent	
	Midpoint	Experienced	Standard performer	Equal to market comparator overall	Competent employee, appropriately skilled and proven competence	High Impact, Low Risk or Low Impact High Risk
		Some Experienced	Not quite at standard performer but developing	Clearly lower than overall market	Developing experience and appropriate skills	
	Range Minimum	Recent appointment	Recent appointee, performance untested		Still to acquire necessary skills	Low impact, low risk



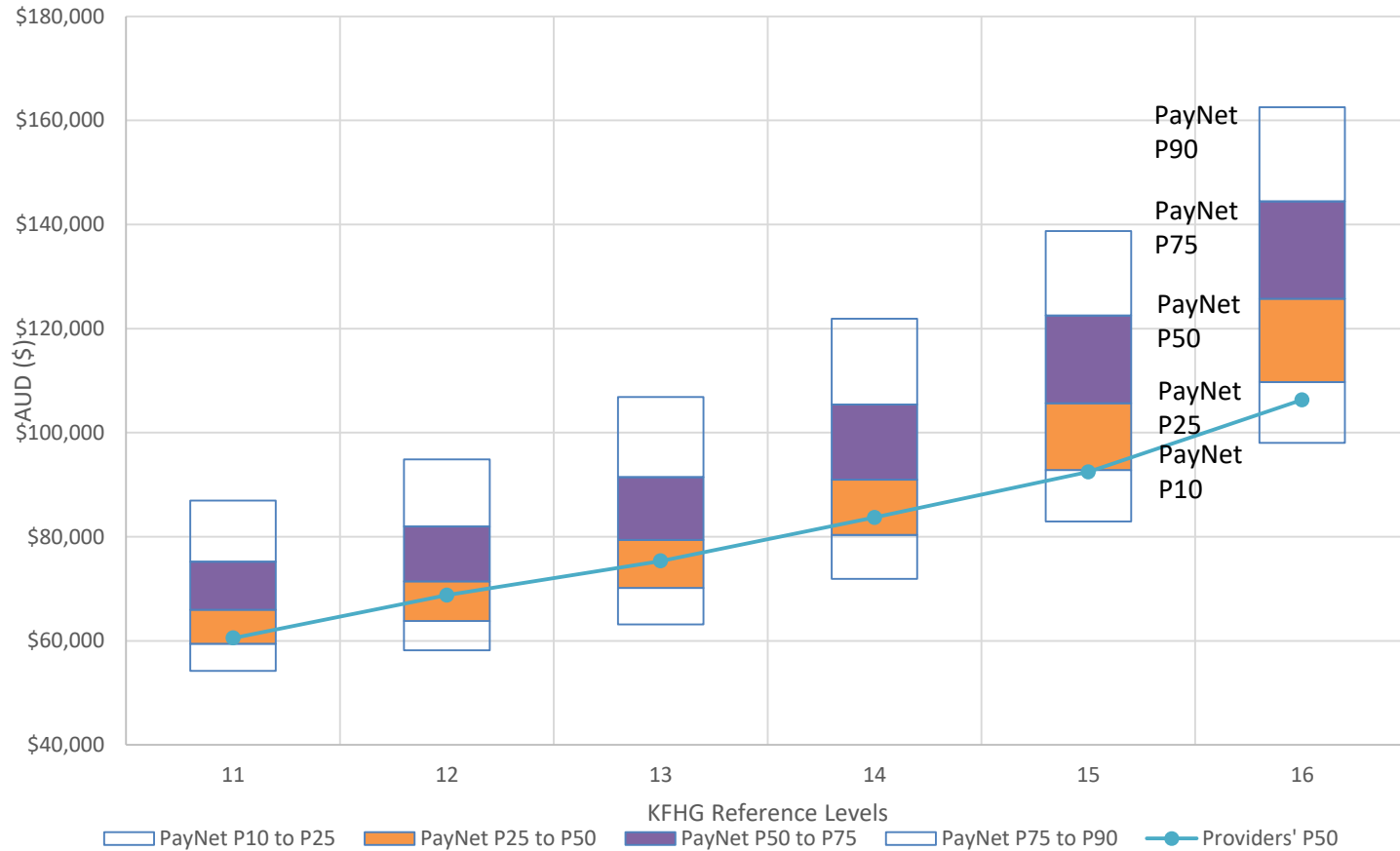
(13) Current and future funding considerations including staff remuneration





(13) Current and future funding considerations including staff remuneration

Aged Care Providers' Salary vs 'All Organisations market' in KFHG Paynet
Nurse - Fixed Annual Reward

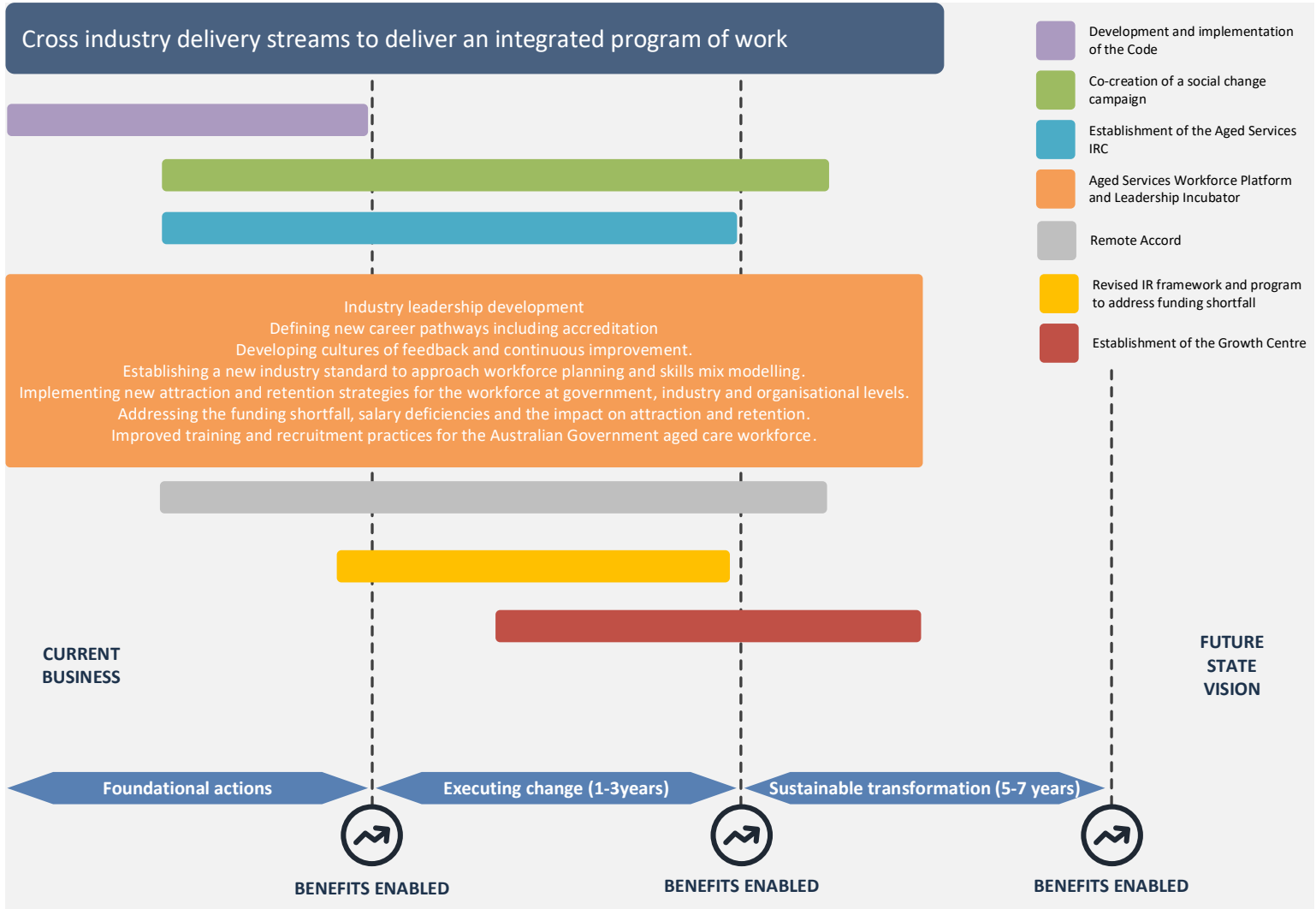




(14) Transitioning the existing workforce to new standards

The strategic actions put forward by the taskforce address workforce issues in a holistic manner, recognising the role of industry, the community and all levels of government.

- **Embedding long lasting cultural change** is fundamentally about inspiring people to act differently. And this requires visible industry leadership with a unified voice.
- The **proposition of the Aged Service Industry Council** is that strategic leadership is necessary to enable the industry to mature, ultimately enabling consumers and the workforce to derive maximum benefit from the workforce strategy.
- The **Council will provide visible industry leadership and a united voice** to forge action on ageing and aged services and build trust in the industry.





(14) Transitioning the existing workforce to new standards

Those seven cross-industry delivery streams will address the majority of the strategic actions:

1. Development and implementation of the **voluntary code of practice**.
2. **Creation of a social change campaign** to address community perceptions of aged care; shift community perceptions of those in care; and to attract new talent by promoting the roles and career paths offered.
3. Industry input to, and support for, the **Aged Services IRC**.
4. Bring together an **Aged Services Workforce Platform and Leadership Incubator approach** to drive leadership development, establish new career pathways, implement an accepted approach to accreditation, support workforce planning and skills mix modelling, and implement new attraction and retention strategies.
5. Take forward a **revised workforce relations framework** and engage on sustainable long-term **funding**.
6. Support and provide industry advice on the **priorities for the Aged Care Industry Growth and Research Translation Centre**.



Aged Care.

How we care says who we are.