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committee for economic development of australia

DUTY OF CARE: MEETING THE AGED CARE WORKFORCE CHALLENGE

2021

ABOUT THIS PUBLICATION

Duty of care: Meeting the aged care workforce challenge examines how state and federal governments and the industry can grow the aged-care workforce to fix the enormous shortage of workers in the sector and improve quality of care for older Australians.

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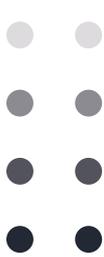
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About CEDA

CEDA – the Committee for Economic Development of Australia – is an independent, membership-based think tank.

CEDA's purpose is to improve the lives of Australians by enabling a dynamic economy and vibrant society.

Through independent research and frank debate, we influence policy and collaborate to disrupt for good, and are currently focused on tackling five critical questions:

· How can Australia develop and grow a more dynamic economy?

· How can we build vibrant Australian communities?

· How can Australia develop leading workforces and workplaces?

· How can Australia leverage the benefits of technology?

· How can Australia achieve climate resilience and regain our energy advantage?

CEDA has more than 620 members. Our members come from a broad cross-section of industry, government, community and academia, and span every state and territory.

CEDA's independence and diverse membership makes us unique in the Australian policy landscape, and enables us to bring together and harness the insights and ideas of a broad cross-section of our society and economy.

CEDA was founded in 1960 by leading economist Sir Douglas Copland. His legacy of applying economic analysis to practical problems to aid the development of Australia continues to drive our work today.

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THE NUMBERS

360,000
WORKERS IN THE SECTOR

240,000
IN DIRECT-CARE ROLES

ALLIED HEALTH
NURSES
5%
20%
75%
PERSONAL CARE-ASSISTANTS AND COMMUNITY CARE WORKERS
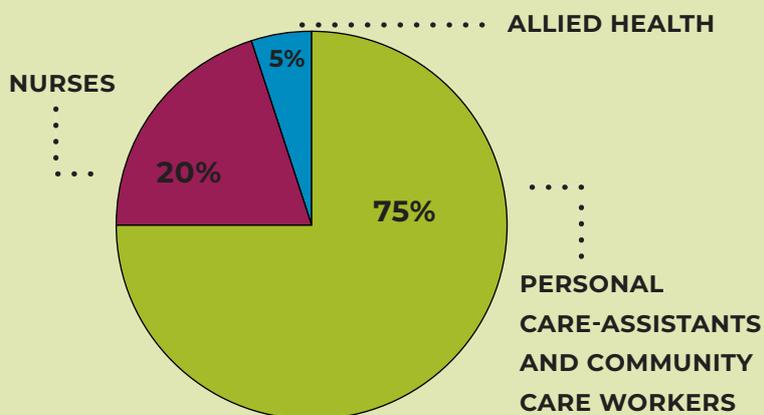
90%
FEMALE

30%
BORN OVERSEAS

APPROXIMATELY
13%
HAVE NO QUALIFICATIONS

46
MEDIAN AGE OF RESIDENTIAL CARE WORKERS
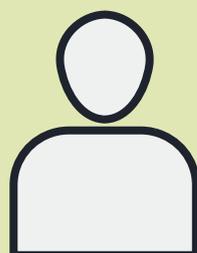
69
THOUSAND
FORMAL VOLUNTEERS

SNAPSHOT

110K+

SHORTFALL OF WORKERS BY 2030 IF THE WORKFORCE EXPANDS AT ITS CURRENT PACE

REQUIRING AT LEAST

17,000

MORE DIRECT AGED CARE WORKERS EACH YEAR TO MEET BASIC STANDARDS OF CARE

"Annual workforce growth would need to double from around two per cent to four per cent to meet the minimum standard."

MEETING THE CHALLENGE REQUIRES...

1. Better wages and working conditions

2. Getting more people into training, improving training outcomes and investing in ongoing development

3. Continued migration with new paths to attract high quality, motivated workers

4. Investment in new technology that reduces burden on staff and improves care outcomes

5. Knowledge sharing and promotion of the industry.

20%

OF THE POPULATION WILL BE OVER 65 IN 2031 UP FROM 16 PER CENT CURRENTLY

" This challenge cannot be met with a single solution, and all available levers will need to be pulled. "

EXECUTIVE SUMMARY

Australians deserve to age with dignity. By 2031, nearly 20 per cent of the population is expected to be aged over 65, up from around 16 per cent currently.[1] Investing in the aged-care sector to provide better care for more people must be a national priority.

Aged-care workers currently care for more than 1.3 million Australians, both in the home and in residential settings. But as more Australians enter old age, we have failed to prepare for the human challenge at the centre of aged care by building a workforce that is both big enough and well-equipped to meet community expectations. As demand has soared amid major constraints on supply, there has been no comprehensive action to bring the two into balance.

Demand for workers is rapidly increasing due to demographic changes, increases to minimum staffing levels and new funding to address unmet demand. At the same time, low wages, a lack of career progression and poor training outcomes, combined with negative public perceptions of the industry, are constraining the supply of workers. The recommendations of the Royal Commission into Aged Care Quality and Safety, while critically important, further add to demand with the need for more care at a higher quality. If the workforce continues expanding at its current glacial pace, CEDA estimates that within the next decade there will be a shortage of 110,000 direct aged-care workers, and by 2050 more than 400,000 workers. Direct-care workers include personal-care assistants, nurses and allied-health staff (such as physiotherapists, occupational therapists and speech pathologists amongst others).

Providing world-class care that meets community expectations is a multidimensional challenge. Issues around viability, funding, governance and regulation must all be addressed. Our research touches on just one plank – workforce – but acknowledges there can't be improvements without widespread reform.

To change direction and secure the workforce we need, Australia must take dramatic action now. We will need at least 17,000 more direct aged-care workers each year in the next decade just to meet basic standards of care. This challenge can't be met with a single solution – all available levers will need to be pulled.

Meeting the challenge requires:

· Better wages and working conditions;

· Getting more people into training, improving training outcomes and investing in ongoing development;

· Continued migration, with new paths to attract high-quality, motivated workers;

· Investment in new technology that reduces the burden on staff and improves care outcomes; and

· Knowledge sharing and promotion of the industry.

The royal commission made many good recommendations for reforming the sector but did not have enough focus on practical ways to increase the workforce. We have made 18 recommendations to address this workforce challenge. Many build on those of the commission, but with greater detail and clearer outcomes. Extensive consultation with industry experts, aged-care providers, training organisations and unions informed our analysis and recommendations.[2]

The immediate priority must be addressing underlying working conditions – that is, low wages and inconsistent working hours. There will be little success in attracting or retaining workers without improvements on this front. But this alone will not solve the challenge. We must pursue all avenues to meet the rapidly growing demand in a sector already under pressure.

Our recommendations will require action from federal and state governments, and the industry itself. If Australia is to achieve world-quality aged care and meet growing demand and increasing community expectations, action must be taken across all areas. After the royal commission, community expectations are high for genuine reform of the sector. This cannot be achieved without substantial improvements to the size and quality of the workforce.
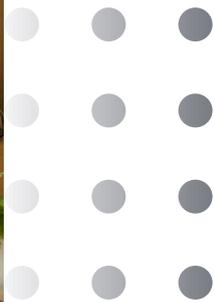
RECOMMENDATIONS

1	The National Aged Care Workforce Census and Survey (NACWCS) should take place every two years to assist with workforce planning, as recommended by the aged-care royal commission.
2	Unions, employers and the Federal Government should collaborate to increase award wages in the sector, as recommended by the royal commission. They should also consider remuneration and award structures that allow pay to rise with increased responsibility, to better enable long-term career progression.
3	Employers should focus on improving rostering, including using digital solutions, to better utilise the existing workforce.
4	Industry, unions and the Federal Government should review and revise conditions around minimum shift lengths, paid travel time and the cancellation of shifts under the relevant awards.
5	A Certificate III should be a mandatory minimum qualification for personal-care workers. Transition arrangements should ensure that the approximately 12 to 14 per cent of the existing workforce without these qualifications can continue to work while gaining this qualification.
6	Extend the Boosting Apprenticeship Commencements scheme for a minimum of two to three years for aged care traineeships..
7	State governments should fully refund fees for Certificate IIIs after graduates have worked in the state's aged-care sector for a two-year period.
8	Industry should encourage the uptake of already developed and funded training programs for ongoing professional development. Staff should have time to complete this training in their paid working hours.
9	Revise the Certificate III in Individual Support, with a focus on dementia care, palliative care and digital skills. Increase work placement requirements to a minimum of 160 hours across a variety of shifts.

RECOMMENDATIONS

10	Industry and governments should develop low-cost retraining options for those returning to the industry to boost skills and attract workers.
11	Permanently increase the number of hours international students are allowed to work in the aged-care sector.
12	Permanently add aged care to the specified work requirements to extend working holiday visas, and allow those working in aged care to remain with one employer beyond six months.
13	Recruit personal-care workers directly by adding them to the temporary or permanent skilled-migration lists, or introduce a new "essential skills visa".
14	Expand digital literacy training both for new trainees and existing staff.
15	Invest in research on new technologies, with a focus on reducing burdens on workforce. Support the royal commission's recommendation to introduce an aged-care research and innovation fund, with workforce productivity a key research goal.
16	Develop an aged-care workforce technology cooperative research centre (CRC) with support from industry and all levels of government.
17	The industry should promote best-practice workforce management, including working conditions, training and development programs and technology and innovation.
18	The industry should promote positive changes that take place (such as improved wages and working conditions), along with high levels of job satisfaction in the industry. This should include promotional campaigns to attract workers back to the industry, and new cohorts including job switchers, school leavers and men.

INTRODUCTION

The aged-care sector is a substantial, and growing, contributor to the Australian economy, and to the quality of life that older Australians will lead.

Improving the quality of care for older generations is not only a social imperative, but also an economic one. The sector currently receives more than $22 billion of government funding per year,[3] supports more than 1.3 million people receiving some form of care service[4] and employs more than 360,000 people.

With enormous growth in demand expected, issues in the sector are not simply a problem to be solved, but an opportunity for growth and innovation that would enhance older Australians' lives and lift job satisfaction. The sector must be ambitious in its vision, while acknowledging the major implementation challenges ahead, particularly around the workforce.

Many caring sectors are experiencing workforce challenges, but the challenge in aged care is particularly acute, given the scale of reform required to improve services, the impact of the royal commission, the poor level of current working conditions and the coming wave of demand from a rapidly ageing population.

The challenge is to sustainably expand the aged-care workforce in a way that does not just poach workers from other care industries such as disability and health care. Instead, we must grow the caring workforce as a whole. This will require expanding training, wages and career opportunities. It will also require looking at the role of migration and focusing on productivity improvements through technology and innovation. All levers will need to be pulled.

This CEDA policy paper examines how state and federal governments and industry can expand the workforce to meet soaring demand and deliver the required reforms.
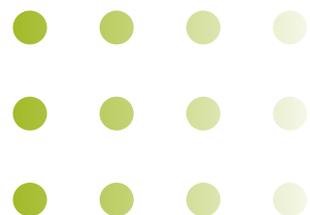
WORKFORCE DEMAND DRIVERS

Demographic change

The Australian population is ageing. By 2031, nearly 20 per cent of the population is expected to be over the age of 65, up from around 16 per cent currently.[5] This will significantly increase demand for assistance, whether in residential or home care. While better health means many are living longer without needing assistance, this does not offset the considerable impacts of the ageing population.

Expansion of funding and unmet demand

There is significant unmet demand for aged-care services. The provision of many services currently depends on available funding, not need. As funding for the sector expands in the wake of the royal commission, demand for services will increase substantially. In 2018, 34 per cent of older households in need of assistance reported that their care needs were not fully met.[6] In 2020, there were nearly 100,000 Australians on the waiting list for home-care packages.[7]

Increased staffing levels

The Federal Government has committed to increasing the minimum staff time per resident in residential care to at least 200 minutes per resident per day on average, up from current levels of around 180 minutes. This is needed to get Australia to the bare minimum of international benchmarks, but is expected to require a staffing increase of around 20 per cent.

WORKFORCE SUPPLY CONSTRAINTS
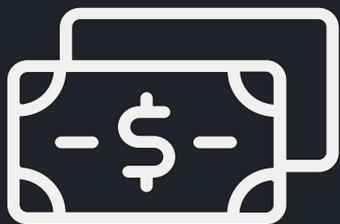
Wages

Relatively low wages clearly limit both recruitment and retention in the workforce, and are the source of most workers' dissatisfaction with their employment.[8] Wages and conditions are a pinch point, as increasing demand from other sectors with similar workforce needs, including disability and health, sees these sectors pay more than aged care across all professions. The award wage for personal-care workers with similar skill sets is 25 to 30 per cent lower in aged care than in disability care.

Working hours

Despite the overall shortage of workers, a considerable proportion of those currently in the sector want to increase their hours. Around 30 per cent of those in residential care and 40 per cent in home care want to work more, and more than 10 per cent hold a second job. This mismatch represents a significant untapped supply of worker hours.[9]
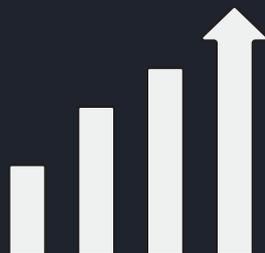
Career progression

A lack of career progression, training and development is cited by aged-care staff as their main reasons for leaving the industry.[10] There are limited career pathways, particularly for personal-care workers, and wages do not increase much as staff become more senior.

Training and qualifications

The royal commission recommends a mandatory minimum qualification of a Certificate III for personal-care workers, but the Government has not yet accepted this. In the 2016 workforce census, 12.6 per cent of residential and 14.2 per cent of home-care workers had no qualifications.[11]

Perceptions of the industry

Public perceptions of aged-care work tend to be negative and have been further damaged by allegations of poor staff behaviour coming to light during the royal commission. These perceptions do not match the experience of many aged-care workers. The 2016 NACWCS found very high levels of overall job satisfaction across occupation groups.

HOW MANY WORKERS ARE REQUIRED?

In 2011, the Productivity Commission (PC) projected Australia would need more than 760,000 direct aged-care workers by 2050.[12]

This was based on maintaining 2007–08 staff-to-client ratios, with growth driven primarily by the number of older Australians entering care each year. Staffing levels will need to increase dramatically across the sector. The most recent data from the aged-care workforce census shows Australia had around 240,000 direct-care workers in 2016.[13] CEDA estimates there were around 260,000 direct-care workers in 2020.

The 2021-22 Federal Budget announced a required minimum level of staff time per resident per day of 200 minutes, and for this to increase over future years in residential care. This is an increase from the current average levels of 180 minutes across the sector, with many facilities below this level. Research for the royal commission suggests that reaching this level requires an overall increase of around 20 per cent in total care staffing for residential care.[14] This is the bare minimum by global standards (three-star). To reach a more ambitious goal of having high-quality care (five-star) would require a 50 per cent increase in staffing.[15]

As noted previously, there is also a backlog of nearly 100,000 older Australians seeking home-care packages[16]. With the Government now committing to fund 80,000 new packages, this will require an additional 18,000 workers in home care in the next two years. [17]

FIGURE 1
Aged-care workforce projections then and now (direct care)

Direct-care workers 2020 (CEDA projection)

Y-axis: Direct-care workers (0 to 1,200,000)
X-axis: 2016, 2020, 2030, 2040, 2050

Legend: Productivity Commission 2011 ● 3-star ● 5-star
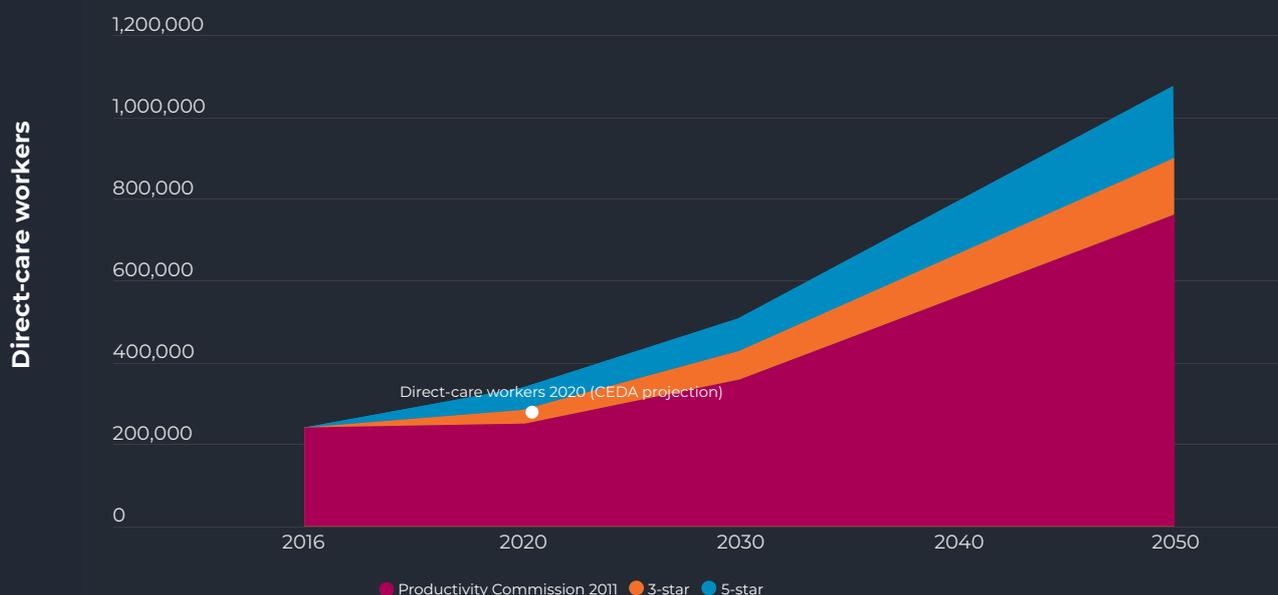
Source: PC and CEDA estimates

> *"Based on CEDA's analysis, continuing at the current rate of growth would result in a shortfall of more than 110,000 direct-care workers within the decade and of 400,000 workers by 2050 to reach the minimum three-star standard."*

Applying these additional requirements to the PC's projections presents a stark picture of how many extra staff may be needed. Our consultations with experts in the sector suggest these numbers are still likely to underestimate total workforce demand over the longer term. This is because demand for home care is expected to increase substantially, and residential care is likely to become more workforce intensive due to an increasing proportion of residents with high care needs. This is not taken into account in the PC's projections.

These numbers are even more stark when considered against the current trajectory of aged-care workforce growth of approximately two per cent per year.[18] Based on CEDA's analysis, continuing at the current rate of growth would result in a shortfall of more than 110,000 direct-care workers within the decade and of 400,000 workers by 2050 to reach the minimum three-star standard. This does not take into account further escalation in demand for home care and increased labour intensity in residential care. CEDA's analysis suggests that annual workforce growth would need to double to around four per cent per year to meet the minimum standard. This growth would exceed the broader growth experienced in healthcare and social assistance of around 3.5 per cent on average over recent years.

These projections for increased workforce are on top of already reported skills shortages. In 2016, 53 per cent of residential facilities and 42 per cent of home-care outlets reported skills shortages. This was particularly the case in regional and rural areas. Around 25 per cent of operators reported having vacancies for personal-care assistants and nurses.[19] Whatever the precise number of workers required, the increase is substantial and will not be achieved without considerable effort from government and industry. But the large quantum of workers required should not come at the expense of quality – training, ongoing development and good management are key to providing high-quality care.

FIGURE 2

Direct-care workforce projections vs current trajectory
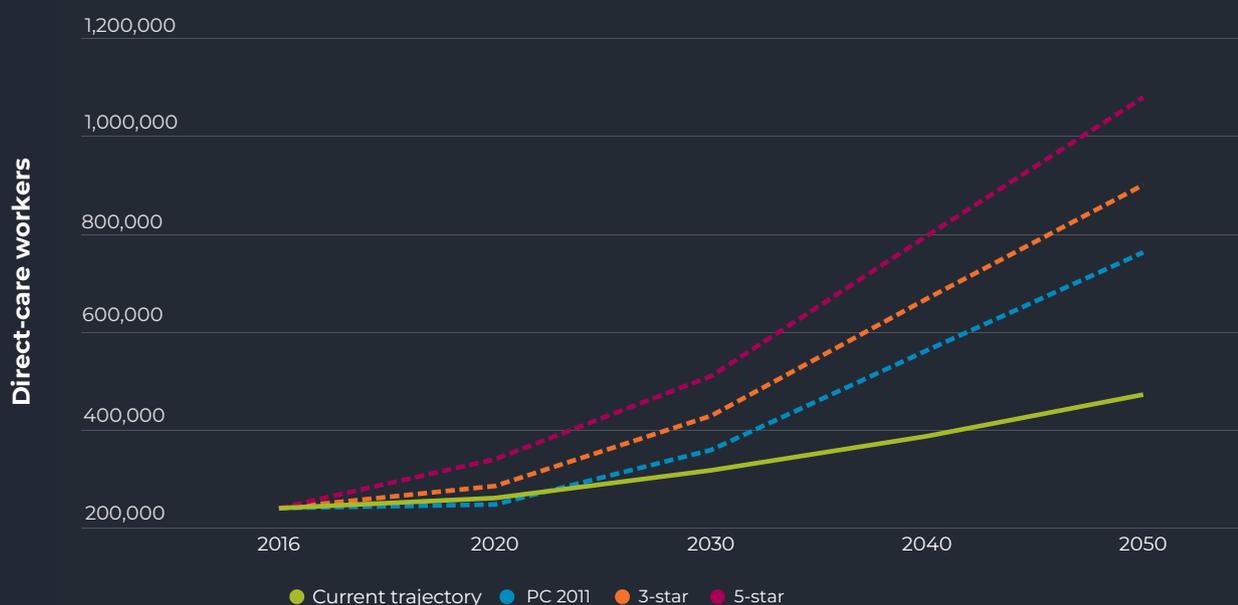
Source: PC, ABS, AIHW & CEDA estimates

Getting the right mix

The challenge is not only meeting the overall demand for direct-care workers, but also ensuring the right mix of qualified staff across professions. While we have not quantified the split between professions due to a lack of data, staff mix is critical. There are difficulties recruiting and retaining staff across all professions and roles. Having the right number of nurses and allied-health professionals (which includes physiotherapy, podiatry, speech pathology and psychology amongst other services) is crucial to providing top-quality care. All professions in the industry face recruitment and retention challenges.

The royal commission found that access to allied health was insufficient in both residential and in-home care, and that increased levels of allied health are crucial to maintaining capacity and preventing deterioration of health. While the commission does clarify that allied health is part of the role of an aged-care provider, it does not specify a minimum level of allied-health care or comment directly on the workforce.[20]

Increasing allied health to a satisfactory level would likely require significantly more workers. For example, the Canadian province of British Columbia requires a minimum of 22 minutes of allied-health services per day, while the average in Australia is just eight minutes. To meet British Columbia standards, Australian allied-health staffing levels would have to increase by 175 per cent.[21] As noted above, 75 per cent of direct-care workers are currently employed as personal-care assistants or community-care workers, while 20 per cent are nurses and just five per cent are in allied health.

The royal commission also noted that registered nurses are particularly important to care quality. It said at least 40 minutes of its recommended minimum of 200 minutes a day of staff time should be provided by a registered nurse, and called for at least one registered nurse on site in every facility during the day. Currently, residents in care homes are receiving an average of 36 minutes of care by registered nurses.[22] The number of registered nurses working in residential aged care has decreased since 2003, and it will be a challenge to retain and attract more nurses to the sector.[23]

To undertake long-term workforce planning, including the right staff mix, better data is required. Currently, data on the aged-care workforce is limited. The workforce census is only undertaken every four years and is not sufficiently detailed. It is difficult to estimate the total number of workers in the sector, what roles they are in and how this has changed over recent years. This impedes whole-of-system workforce planning and must be improved.

Recommendation 1

The National Aged Care Workforce Census and Survey (NACWCS) should take place every two years to assist with workforce planning, as recommended by the aged-care royal commission.

HOW TO MEET GROWING DEMAND

To meet Australia's direct-care workforce needs and get to a three-star staffing level in residential aged care by 2030 we will need a net increase of around 170,000 workers, or an additional 17,000 direct-care workers on average each year from 2020 to 2030.

Workers may join the sector from three primary sources:

1. Training;

2. Migration, noting that around 30 per cent of the current workforce is made up of migrants; and

3. Staff moving from other sectors or returning to aged care, most commonly from adjacent health and social-services workforces.

But any gains from these three sources will be offset by workforce attrition. The size of the workforce could be increased by policies to encourage inflows and/or improve attrition rates. Using an assumption of 18 per cent attrition, based on available research and consultation, the industry needs a gross annual increase of around 65,000 workers. At current rates of trainee completions and migration this leaves a huge gap in workers required.

We constructed five scenarios to illustrate the impact of any changes to the three key sources of workers (see Figure 3, below).

A. Continuation of recent trends for attrition, migration and new training completions.

B. Continuation of recent trends but no migration (as currently experienced).

C. Reducing attrition to 12 per cent and increasing training completions by 50 per cent.

D. Reducing attrition to 15 per cent, increase training by 30 per cent and increasing migration by one-third.

E. Continuing on the current path, but attrition increases to 25 per cent.

FIGURE 3

Workforce growth scenarios
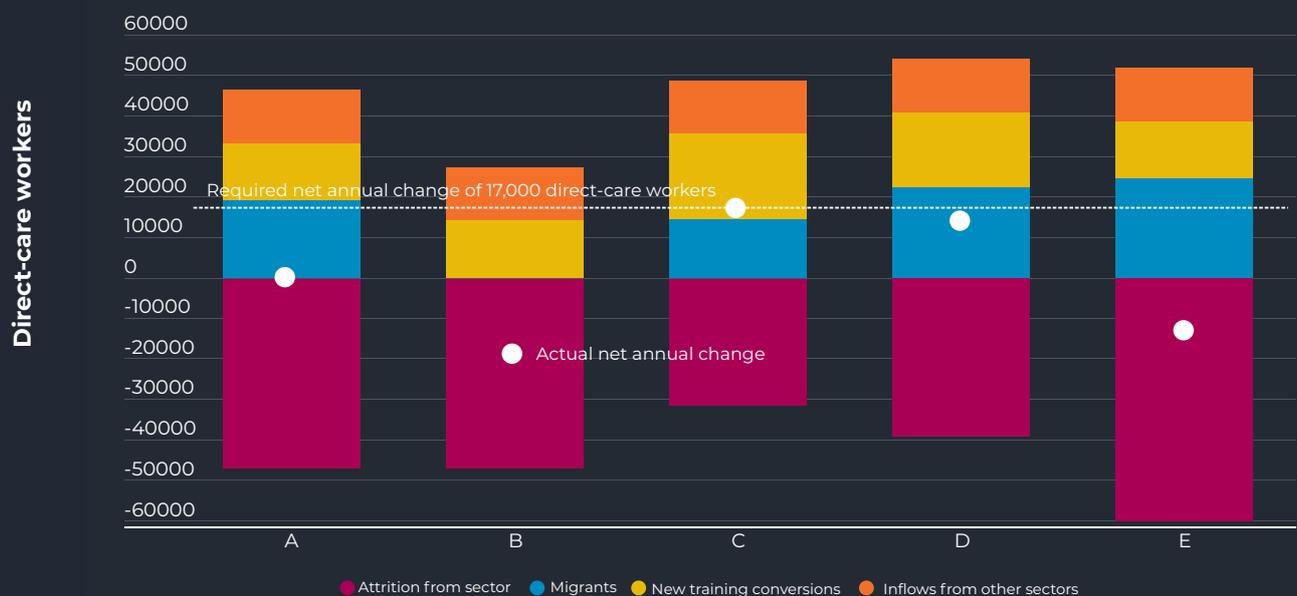
Of the five scenarios, only C and D come close to meeting the necessary net growth in direct-care workers of 17,000 each year, shown by the dotted line in Figure 3.

The small gap in scenario D could be overcome through productivity improvements, including more efficiently using the current workforce, along with technology and innovation enhancements. But without significant improvement in attrition and new training, plus maintaining at least recent levels of migrant employment in the sector, the gap is likely to be too big to overcome by other means.

While these scenarios are highly dependent on underlying assumptions, they illustrate that getting anywhere close to meeting the required growth in workforce, necessitates all levers being pulled. Just pulling one lever would be unrealistic – for example, meeting demand through increased training completions alone would require training rates to increase by 125 per cent. Reducing attrition alone would require attrition rates to fall below nine per cent. This challenge cannot be overcome with a single solution.

THE WAY FORWARD

"Australia spends around the OECD average on aged care but well below the average of countries known for high-quality care such as the Netherlands, Scandinavian countries and Japan. Overall funding will have to rise to meet the challenge we face."

It will take a range of actions from the sector, existing workers and the Federal Government to start making headway on the aged-care workforce challenge. Through extensive consultation we have developed a range of solutions to grow the capacity of the workforce (see Table 1 below). Our short-term solutions are relatively quick, practical solutions that will have some immediate impact. The medium-term solutions will take longer to implement but will bring durable change. And our longer-term solutions are about being ambitious – developing a workforce that provides not just adequate but best-quality care.

Our analysis and recommendations mainly focus on personal-care workers, as they make up the bulk of the industry. But there remain significant problems in attracting and retaining nurses and allied-health professionals. Non client-facing support staff are also key contributors to the industry and will need to grow in-line with the overall industry.

Funding change

Many of these recommendations, particularly around wages, will require further funding. The total amount required to implement these and other reforms while maintaining provider viability is unclear. This is partly because of the lack of transparency over financial arrangements in the sector, and where funding is currently directed within service provision.[24]

Australia spends around the OECD average on aged care but well below the average of countries known for high-quality care such as the Netherlands, Scandinavian countries and Japan.[25] Overall funding will have to rise to meet the challenge we face.

The Government must also overhaul long-term funding arrangements in the sector and the role of user contributions. The royal commission's recommendation to introduce a levy was rejected by the Government. This is reasonable. We cannot always add new income tax levies to pay for expanded funding for services, as it increases reliance on a relatively inefficient tax base that will be borne by the shrinking proportion of the population that will be of working age in coming decades.

The only way the community can be confident in the appropriate funding of basic services over the long-term is through more effectively targeting the right services to the right populations, comprehensive tax reform to broaden the tax base and greater levels of self-funding. Each requires difficult but necessary choices to sustainably fund services. For example, in targeting the right services to the right populations, the Government may need to consider options such as limiting subsidised residential care to cases where it is medically required, and investing more in cost-effective home-care options.

While overall funding for the sector will need to be split between government and private contributions where appropriate, the Federal Government currently sets prices and contract conditions. As a result, there is limited scope for the industry to increase wages unless the Government allocates funding for this purpose, particularly in the shorter term.

CEDA supports the royal commission's recommendation to establish an independent pricing authority to determine prices and improved user contributions for the sector, and that these prices should consider the need to attract sufficient and appropriate staff. The sector requires long-term systemic change, and the pricing authority should also consider an expanded role for self-funding and user contributions.

Table 1
Short-to-long-term solutions

Issue	Short term (1-2 years)	Medium term (2-5 years)	Long term (5-10 years)
Working conditions	Improve rostering to ensure staff get the hours they want and better utilise existing workers (industry)	Increase award wages (industry, Fed Govt and unions) Increase minimum shift lengths and introduce paid travel time (industry, Fed Govt and unions)	Develop career pathways including pay increases commensurate with increases in responsibility (industry, Fed Govt and unions)
Training	Extend boosting apprenticeships scheme (Fed Govt) Retraining options for those returning to industry (fed and state govts) State governments to pay back course fees after two years in workforce (state govts)	Revise Cert III courses, including longer minimum work placements, increased dementia training and increased digital literacy and technology (industry, Fed Govt and unions)	Reform of training and VET, including more modular qualifications and better options for those in high school to obtain VET quals (industry, fed and state govts)
Migration	Increase hours international students allowed to work (Fed Govt) Add aged care to specified work requirements for working-holiday visas (Fed Govt)	Add personal-care workers to skilled migration lists with appropriate recognition of qualifications (Fed Govt) Develop essential skills worker category (Fed Govt)	Promote migration to attract top talent across all occupations in aged care – personal-care workers, nurses, allied health, doctors and researchers. (industry, fed and state govts)
Technology	Expand rollout of technology already being used in sector (industry)	Increase digital literacy amongst workforce and older Australians to take advantage of new technology (industry) Review overseas examples for applicability in Australia (industry)	Long term investment in new technology – assistive tech and workforce (industry, fed and state govts)
Knowledge sharing and industry promotion	Promote best-practice workplaces throughout the industry (industry)	Attract qualified workers back into the industry (industry, fed and state govts)	Attract and train other groups – job switchers, school leavers and men (industry and Fed Govt)

Better working conditions

To meet the demand for workers, the industry will need to improve retention rates of current staff, attract new staff to the industry and regain former staff. These all hinge on improving working conditions. Aged care has a reputation as an undesirable industry to work in, exacerbated by coverage of the aged-care royal commission. Unfortunately, this perception has been the lived reality of some workers in the sector. Attempts to lift workforce capacity will not be successful without a material improvement in core working conditions. Successful promotion of the industry requires tangible improvements in working conditions, including wages, career progression and hours.

Wages

Increasing wages is crucial to all attempts to increase the workforce. CEDA supports the royal commission's recommendation that unions, employers and the Federal Government should collaborate to increase award wages in the sector. The Government did not address this in its 2021-22 Budget.

Relatively low wage levels in aged care are a longstanding issue and one that is not unique to Australia. For example, the legislated review of aged care by David Tune found wages "have been, and remain, relatively low and are an ongoing source of concern for both employees and the sector more broadly".[26] In the United Kingdom, the government's Migration Advisory Committee recently warned that social-care jobs needed to be made more attractive to UK workers by increasing salaries rather than relying on migrants.[27]

At a bare minimum, wages should be comparable to those in adjacent industries such as health and disability. This would ensure that workers choose a career based on their skills and attraction to the sector, as opposed to the higher salaries of other caring sectors. However, this is unlikely to be enough to attract and retain quality workers. Wages should also rise as workers gain more skills and responsibility. There needs to be clearer paths to career progression, with commensurate increases in pay. Experience overseas also suggests that wage increases lead to improved retention, attraction and longer tenure, but must be properly funded and regulated, or they can lead to lower working hours or increased workloads for staff.[28] Increases in funding must be accompanied by regulation that requires the provider to direct funding towards the workforce.

"Increasing wages by 25 per cent would entail significant cost, but as outlined earlier, the enormous challenge to boost retention and attract new staff requires a substantial wage increase."

Both the Health Services Union and the Australian Nursing and Midwifery Federation currently have wage value cases with the Fair Work Commission, covering those under the Aged Care Award, Social, Community, Home Care and Disability Industry Award and the Nurses Award. In both cases the unions are arguing for a 25 per cent increase in wages. This level of increase would see aged-care wages rise to a level more comparable to related industries. For example, a Level 2 Social and Community Services Worker (which includes disability workers) under the SCHADS Award is paid $28.41 per hour. But a Personal-Care Worker at Level 2 of the Aged-Care Award is paid $21.96 (29.4 per cent difference) and Level 3 is paid $22.82 (24.5 per cent difference). These differences are illustrated in Figure 4 below.

The situation is similar for registered nurses, with those in the aged-care sector earning on average $238 per week less than in hospitals.[29] Increasing wages by 25 per cent would entail significant cost, but as outlined earlier, the enormous challenge to boost retention and attract new staff requires a substantial wage increase. Available analysis suggests a wage rise of 25 per cent for personal-care workers would cost $2.2 billion over four years at current staffing levels.[30]

Hours and rostering

As noted previously, up to 40 per cent of aged-care workers want to work more hours and many hold a second job, which has increased the spread of COVID-19 across aged-care facilities.

In the first instance, employers should consider options such as software to roster staff more efficiently and better match workers with their desired hours. Platforms such as Emprevo or Humanforce provide some support on this front. They reduce the administrative burden on employers and can better match staff with their desired hours.

FIGURE 4
Comparing award wages

Source: ABS & Fair Work Commission
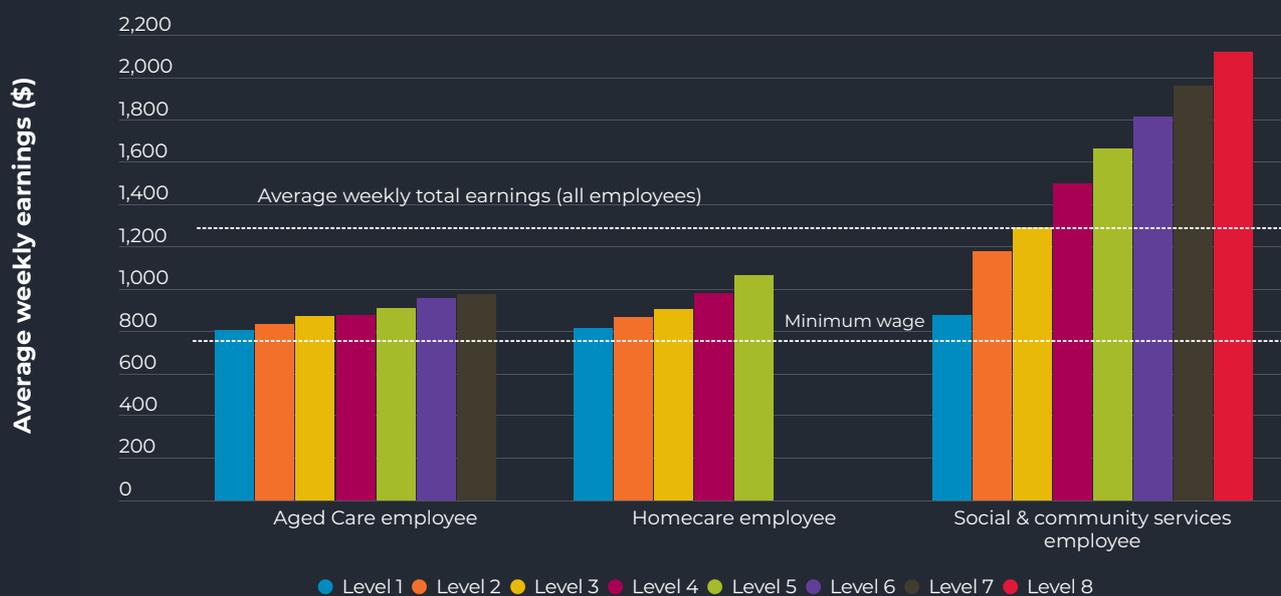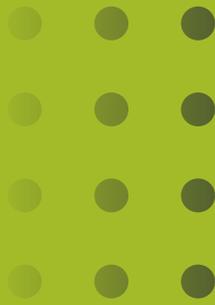
Unlocking more hours from the existing workforce will also require changes to minimum shift lengths, which can be as low as one hour for a casual home-care worker under the Social, Community, Home Care and Disability Services Award. It will also be necessary to pay for travel time in some cases, and increase notice periods for shift cancellations. This will give workers more certainty over their working hours and income, and reduce the need for staff to have more than one job or for providers to use agency staff, providing better continuity of care. While this will increase wage costs for employers, it may also increase incentives to roster their workers more efficiently and use fewer agency workers, which may offset much of the cost.

It is also critical to consider how the workforce is employed. To build a professional and stable workforce with strong career progression, employers must consider moving more staff from casual to permanent employment.

Recommendation 2

Unions, employers and the Federal Government should collaborate to increase award wages in the sector, as recommended by the royal commission. They should also consider remuneration and award structures that allow pay to rise with increased responsibility, to better enable long-term career progression.

Recommendation 3

Employers should focus on improving rostering, including using digital solutions, to better utilise the existing workforce.

Recommendation 4

Industry, unions and the Federal Government should review and revise conditions around minimum shift lengths, paid travel time and the cancellation of shifts under the relevant awards.

Training and development

Training and development are critical to attract new entrants to the industry, upskill the current workforce and provide stronger career pathways for staff.

CEDA backs the royal commission's recommendation to make the Certificate III a mandatory minimum qualification for personal-care workers. However, there must be transitional arrangements in place for those without the qualifications (roughly 13 per cent of the workforce), to avoid workers leaving the sector. These transitional arrangements should consider experience and prior learning, and should be at low or no cost to the worker. Employers should also allow time for training to be completed during working hours.

A move towards mandatory qualifications is a step in the right direction to increase professionalism in the sector, which can boost attraction and retention. The Certificate III qualification also needs to be overhauled, as it does not currently provide job-ready workers. The sector is currently looking at this reform.

Traineeships

Aged-care traineeships, which combine a Certificate III qualification with on-the-job learning, are currently subsidised under the Boosting Apprenticeship Commencements scheme as part of the COVID-19 recovery response. This scheme subsidises wages up to 50 per cent for new trainees and was recently extended to 31 March 2022.[31] It is too soon to evaluate whether it has been successful, but a minimum two-to-three year extension for aged care and other caring industries would give providers and employees more certainty over training programs.

Traineeships help those wanting to join the industry to earn a wage early on (albeit a relatively small one), while also gaining hands-on experience. There must also be a focus on providing quality traineeships, and that trainees are appropriately vetted and have good longterm prospects for the industry. They should not be used as sources of cheap labour, and strict conditions should be placed on training organisations and employers to ensure traineeships are working in the best interest of trainees.

Traineeships may also be a good option to attract those looking for a career change. Where appropriate, there should be recognition of prior learning. Traineeship numbers in the sector are currently extremely low – just 565 trainees completed their qualifications in 2020, and 1430 commenced. This is around one per cent of total apprenticeships and trainees across all industries.[32] While this may not lead to large growth in new trainees, any increase is a move in the right direction.

Training that's fit-for-purpose

The National Skills Commission is currently developing national efficient prices for vocational training.[33] Course fees for Certificate IIIs should be examined as part of this. While only a small cohort of potential applicants may find these fees to be an impediment, it is crucial that everyone who is interested in and suitable for the industry can obtain qualifications and enter the workforce.

Western Australia's Lower fees, local skills program[34] offers half-price courses in key areas, including aged care. Many of these subsidies were COVID-19 stimulus responses. States should consider extending them permanently or fully refunding fees to graduates after they have worked in the state's aged-care sector for a minimum period, for example two years. This will be a strong incentive to enter and remain in the workforce.

Over the medium term, there should be stronger focus on the content and quality of training courses, including Certificate IIIs and traineeships. Certificate IIIs should have a higher level of mandated work placements. This is currently 120 hours, compared with international standards that range from 160 to 1018 hours.[35] This will ensure students are better prepared and able to provide quality care once they start work. There should also be a stronger focus on digital skills, to assist with the implementation and uptake of new technology in the sector, and more specialised training around dementia and palliative care. Quality of training and work placements is critical, requiring proper regulation and oversight of training programs to ensure they are fit for purpose.

Shorter courses should also be developed to encourage people to return to the sector who may need upskilling and reintroduction to roles. These should be short and inexpensive. There is unlikely to be success in attracting people back to the sector until underlying conditions (particularly wages) are addressed. Looking overseas, Japan sponsored basic training programs for experienced workers to return to the industry, which was critical to increasing its care workforce by 20 per cent between 2011 and 2015.[36]

Better career pathways

There is also a need for ongoing professional development and upskilling of the current workforce. In the short term this should include further rollouts of already funded and developed training programs, such as the Australian Healthcare and Hospitals Association's (AHHA's) Palliative Care Online Training[37] and the NPS MedicineWise[38] program on dementia care. These are funded by the Federal Government and freely available online. Employers should provide staff appropriate time to undertake such training in their paid working hours.

Longer term, the industry, with appropriate government funding, should develop a schedule of ongoing professional development with clear milestones and career pathways as training and responsibilities increase. The Aged Services Industry Reference Committee, supported by SkillsIQ, is working to improve the design of Certificate IIIs and develop better career pathways for aged-care workers.[39] We support this ongoing work.

A fulfilling career

Over the long term, the sector's training requirements must be substantially reviewed and revised. Work is already underway on vocational education reform more generally at both a federal and state level, with a new Heads of Agreement on Skills Reform signed in August 2020 and a new National Skills Agreement due to be finalised by August 2021.[40] The National Skills Commission is also undertaking work specific to the caring workforce.[41]

Long-term reform should include looking at vocational education in caring roles in high schools, broader training and career paths in care sectors and a more modular and flexible approach to training and career pathways. Students entering the sector must feel their training gives them flexible and fulfilling long-term careers in broad industries.

Ongoing career development should also include micro-credentials, to provide flexibility and continued skills development and allow for more integration of learning through vocational education, workplace training and higher education.

Recommendation 5
A Certificate III should be a mandatory minimum qualification for personal-care workers. Transition arrangements should ensure that the approximately 12 to 14 per cent of the existing workforce without these qualifications can continue to work while gaining this qualification.

Recommendation 6
Extend the Boosting Apprenticeship Commencements scheme for a minimum of two to three years for aged care traineeships.

Recommendation 7
State governments should fully refund fees for Certificate IIIs after graduates have worked in the state's aged-care sector for a two-year period.

Recommendation 8
Industry should encourage the uptake of already developed and funded training programs for ongoing professional development. Staff should have time to complete this training in their paid working hours.

Recommendation 9

Revise the Certificate III in Individual Support, with a focus on dementia care, palliative care and digital skills. Increase work placement requirements to a minimum of 160 hours across a variety of shifts.

Recommendation 10

Industry and governments should develop low-cost retraining options for those returning to the industry to boost skills and attract workers.

Migration remains critical

The royal commission noted the role of migration in the aged-care workforce but made no recommendations on this front. Just over 30 per cent of workers in the industry are migrants. The industry has relied on migration to bolster its workforce, chiefly by employing people who have migrated to Australia and ended up working in aged care, rather than by hiring migrants who arrived intending to work in aged care. Many are temporary migrants who arrive through working holiday, student or family visas. And while the permanent skilled-migration scheme includes registered nurses, personal-care workers are not part of the scheme.

While migration is not a panacea, it is unlikely that Australia can get anywhere close to meeting its workforce needs without it. Levels of migrants in the sector are similar or lower than other sectors, and should not be a cause for concern.

Instead of relying on sideways entrants to the workforce, Australia should actively recruit to meet industry need, seeking qualified, motivated applicants, rather than those who move into the sector simply because they need a job.[42]

Importantly, migration should not be a substitute for improving underlying working conditions. Australia must improve working conditions and take more targeted action to attract and retain skilled migrants in aged care to meet the size of the workforce challenge we have outlined.

Given COVID-19 has halted migration for now, there are few options to increase numbers in the short-term. However, we should look at policy settings to attract temporary migrants already in Australia to the industry, or extend the amount of time they spend here.

The role of temporary migrants

Approximately 64 per cent of migrants in caring professions are on temporary visas, and around 38 per cent arrived on student visas.[43] There could be opportunities to either better utilise those already working in the industry with increased hours, or attract other temporary visa holders to the profession.

Options could include:

- The recent COVID-19-driven increase to the number of hours international students are allowed to work in aged care should be made permanent, to provide students with certainty over their working arrangements. This could also be targeted at those studying in related industries, such as nursing, medicine or allied health.

- The Federal Government should add aged care to the specified work requirements to extend 417 or 462 working holiday visas, and allow those working in aged care to remain with one employer beyond six months. These should be permanent changes, rather than purely a COVID-19 response.

Recruiting personal-care workers

Once borders reopen we should actively recruit workers to the sector – and not just nurses and those with higher qualifications. We should seek experienced, qualified and motivated personal-care workers. This could be done by adding them to the temporary or permanent skilled-migration lists (with appropriate recognition of overseas qualifications) or introducing a new visa, similar to New Zealand's Essential Skills work visa. We rely on these workers to fill key positions and should reward them with good working conditions and certainty over their visa arrangements.

Attracting top international talent

Longer term, Australia should be ambitious in attracting top-level international talent across all levels and disciplines in aged care – from personal-care workers, to nurses, allied health, doctors and researchers. To do so will require good working conditions, including wages and hours, and an innovative and ambitious sector that provides interesting work and strong career pathways. Longer-term visas and pathways to permanent residency are likely to be required to attract people and encourage them to stay in Australia and develop their careers and talents. As an example, Canada's #ImmigrationMatters campaign seeks migrants to fill critical skills gaps while framing immigration in a positive light.[44]

Recommendation 11

Permanently increase the number of hours international students are allowed to work in the aged-care sector.

Recommendation 12

Permanently add aged care to the specified work requirements to extend working holiday visas, and allow those working in aged care to remain with one employer beyond six months.

Recommendation 13

Recruit personal-care workers directly by adding them to the temporary or permanent skilled-migration lists, or introduce a new "essential skills visa".

The opportunities of technology

So far, the options we have presented focus on increasing the supply of workers. While there are few opportunities to reduce the demand for workers, technology and innovation can help employers make the most of the staff they have. Technology can improve the quality of care and free up staff from administrative work for more face-to-face care. The role of technology is therefore to supplement rather than replace human interaction, and ultimately improve health and quality of life.

Technology presents two key opportunities for the sector: assistive technology can allow people to stay in their homes longer, increase independence and reduce care needs, and technology that reduces the administrative burden on the workforce. There is much we can learn from other nations in this space. The Netherlands, Japan and Scandinavian countries all have personalised, high-quality care sectors that embrace innovation and technology.

HOW CAN TECHNOLOGY HELP?

ROSTERING AND WORKFORCE MANAGEMENT

Digital workforce platforms such as Emprevo and rostering software Humanforce can improve outcomes for both staff and management.

Emprevo was developed by aged-care providers to deal with the problem of underutilised staff and difficulties filling shifts. It is an online platform that allows managers to post available shifts, and for workers to browse and accept shifts that fit their schedules. Most shifts are filled in minutes, reducing the administrative burden of calling staff and rearranging rosters.

The industry could also look at systems in other sectors, such as Hireup in disability services. Hireup matches workers with care recipients, allowing access and choice. Workers are employed by Hireup, rather than independent contractors, ensuring they receive ongoing training and professional development.

ASSISTIVE TECHNOLOGY

Assistive technology can improve conditions for care workers, particularly with physical tasks. Mechanical lifting devices can substantially reduce the physical burden and injury rates.[47] This is especially important with an ageing workforce. Positioning, lifting and turning care recipients is one of the most common tasks for personal-care workers, and is the cause of many work-related injuries.[48]

Voice-activated technology can give care recipients more control over their care and help them better communicate with staff. By using a voice-activated call system, residents can easily say what they need, rather than pressing a call button and waiting for someone to respond. In home care, Feros Care[49] allows clients to manage their care package and book services through voice controlled Google Assistant. Only eight per cent of providers are currently using voice-activated technology.

DIGITAL LITERACY

Successful integration of technology relies on improved digital literacy for staff and care recipients. An Aged Care Industry Information Technology Council (ACIITC) survey[45] found 75 per cent of providers do not assess digital literacy during recruitment. The UK's Skills for Care identifies four core digital-skills domains:[46]

- Managing information
- Sharing data
- Using digital skills in direct care
- Learning and development

REMOTE MONITORING

Remote monitoring can increase productivity of staff, while also providing more dignity and privacy to care recipients by reducing unnecessary interventions. Remote monitoring may include fall monitors, pressure sensors, motion sensors, alarm systems or video surveillance. They alert staff when assistance is required, rather than relying on manual checks.

The ACIITC survey found 48 per cent of providers were using some form of passive monitoring or sensor-based technology.

Remote monitoring can also help people to stay in their homes longer and ensure they are safe when carers are not around, particularly overnight. As well as safety alerts, wearable technology can provide important health information to care providers and allow recipients to have more control over their care.

DIGITAL CARE MANAGEMENT AND RECORDS

Care staff can spend up to one-third of their time on administrative reporting.[50] Digital care management, including electronic records and medication management, can reduce this burden. It enables more accurate record-keeping and the ability to share amongst care providers, improving outcomes and communication with care recipients and families. The Federal Government has accepted the royal commission's recommendation that all aged-care providers put a digital care-management system in place.

A survey by the Aged Care Industry Information Technology Council (ACIITC) found only one-third of providers currently have holistic consumer records (including financial, clinical and administrative).[51] Sixty-seven per cent of providers use electronic care plans and 39 per cent use electronic medication-management systems.

Improving digital literacy

Encouraging the uptake of technology requires staff to have appropriate levels of digital literacy to embrace and properly use technology. The workforce should be well trained in any new technology and encouraged to view it as improving the lives of those in their care and the quality of their work. Without motivated and engaged staff, the rollout of any new technology will not be a success. Many in the sector currently have relatively low levels of digital literacy and can show resistance to new technology.[52]

The medium-term goal should be to increase digital literacy for staff – both through Certificate III training and upskilling modules for the existing workforce. The industry should make this a key part of ongoing training and development. The UK's Skills for Care[53] provides a helpful template, setting out the core digital skills needed for those working in social care, focused around sharing data, learning and development, using digital skills in direct-care and managing information.

Investing in long-term innovation

Over the longer term, significant investment is required. We support the royal commission's recommendation to introduce an aged-care research and innovation fund, and improving workforce productivity must be a key research goal. The commission called for the fund to have funding equal to 1.8 per cent of total Australian Government expenditure on aged care each year, however the Government has rejected this, arguing it is not sustainable.

We should be ambitious in pushing for technological advancements and innovation in the sector, while ensuring they bring practical outcomes. Along with the technology fund, Australia should also introduce an aged-care workforce technology cooperative research centre (CRC) with support from industry and all levels of government. The industry-led nature of the research from a CRC would ensure there is a focus on solutions the industry is willing and able to implement.

Data must also be collected and innovative programs and policies evaluated to track whether they help to reduce workforce requirements and improve quality of care. This information should be used to shape future policy and program development.

Recommendation 14
Expand digital literacy training both for new trainees and existing staff.

Recommendation 15

Invest in research on new technologies, with a focus on reducing burdens on workforce. Support the royal commission's recommendation to introduce an aged-care research and innovation fund, with workforce productivity a key research goal.

Recommendation 16

Develop an aged-care workforce technology cooperative research centre (CRC) with support from industry and all levels of government.

Sharing what works

Many care providers offer good training and career opportunities, and successfully introduce technology and innovation that improves the workplace and quality of care. However, with more than 3000 organisations providing aged-care services in Australia, not all have the same capacity and capability. There may be a need to encourage industry consolidation to take advantage of economies of scale. The industry should actively share knowledge on best practice and innovation in workforce management, to allow for better promotion of the industry. The industry must also work with government on long-term workforce planning.

With government support, the industry must also promote the benefits of working in aged care, and make it an attractive industry to work in. Success in this area requires improving underlying wages and working conditions, and will need to be done in stages. Many workers in the industry have high levels of job satisfaction and find their careers rewarding. This should be widely promoted. Once changes to underlying working conditions have taken place, this should also be promoted. There should be specific campaigns aimed at a range of cohorts, including those who have previously left the industry, job switchers from adjacent industries, school leavers and men.

In the Netherlands, the action program for care workers has focused its campaign on attracting, training and empowering the workforce, and using technology to reduce administrative burdens. This includes a public-image campaign targeting groups such as unemployed jobseekers, workers who have left the sector and students, with financial support for those interested in the industry. It also includes the website YouChooz.nl, which provides information on jobs in care and training programs.[54]

Recommendation 17

The industry should promote best-practice workforce management, including working conditions, training and development programs and technology and innovation.

Recommendation 18

The industry should promote positive changes that take place (such as improved wages and working conditions), along with high levels of job satisfaction in the industry. This should include promotional campaigns to attract workers back to the industry, and new cohorts including job switchers, school leavers and men.
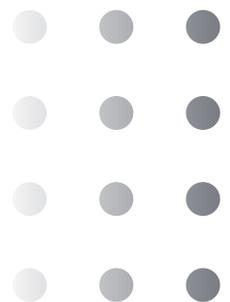
CONCLUSION

Reforming aged care and providing world-class care that meets community expectations is a multidimensional challenge. Issues of viability, funding, governance and regulation must all be addressed, and improvements cannot be achieved without widespread reform. This challenge cannot be met with a single solution, and all available levers will need to be pulled.

While some reforms will take time, all stakeholders must act now. This is a sector and a workforce already under considerable pressure and if change does not occur, workforce shortages will only worsen even as the need for workers grows. Addressing underlying working conditions is the first step to boosting attraction and retention in the industry.

Our recommendations will require action from federal and state governments, and the industry itself, underpinned by a significant increase in funding. Long-term funding arrangements must be improved, and to provide broader choice and the highest quality of care, some sections of the community will have to fund a higher proportion of their care. Community expectations are high for genuine reform of the sector. This cannot be achieved without substantial improvements to the size and quality of the workforce.

APPENDIX A - METHODOLOGY AND ASSUMPTIONS

Projections

Our workforce projections are based on the Productivity Commission's (PCs) 2011 projections in Caring for Older Australians.

These numbers are likely to underestimate the challenges, based on recent developments such as the findings of the Royal Commission into Aged Care Quality and Safety. The projections assume staff to-client-ratios at the same level as 2007-2008 and other conditions as at 2011. They do not take into account differences in high- and low-care residents. The PC report notes this therefore underestimates the required residential aged-care workforce, as the proportion of residents with high needs is expected to rise.

Productivity Commission projections of aged care workforce demand

	2010	2020	2030	2040	2050
Residential care					
Direct-care workers (FTE workers)	85,000	107,000	157,000	254,000	353,000
Direct-care workers (total workers)	144,000	182,000	266,000	431,000	598,000
Total residential care workforce (direct and support workers)	189,000	239,000	349,000	565,000	785,000
Community care					
Direct-care workers (FTE workers)	11,000	41,000	57,000	82,000	102,000
Direct-care workers (total workers)	19,000	66,000	92,000	132,000	164,000
Total residential care workforce (direct and support workers)	22,000	78,000	109,000	156,000	194,000
Total workforce requirement[a]	212,000	317,000	459,000	721,000	979,000

a Total workforce requirement may not reflect sum of componenets due to rounding

Source: Commission calculations

The royal commission recommendations that have been accepted by the Federal Government and included in the 2021-22 Budget move towards increased minimum staffing levels, starting with an increase to 200 minutes a day on average (from current levels of around 180). This is expected to increase further over time. To account for this in our projections, we relied on research prepared by the University of Wollongong for the royal commission[55]. The research looks at staffing levels associated with star ratings used by USA Centers for Medicare and Medicaid Services, a global benchmark.

When implemented, the royal commission's recommendations on staffing minutes will bring Australian standards up to a roughly three-star level – this is the minimum acceptable level. The research suggests that ensuring all residents receive at least three-star staffing levels will require an overall increase of 20 per cent in total care staffing. To get to five-stars, or best practice levels, would require an overall increase of 50 per cent in total care staffing.

We have applied the 20 per cent and 50 per cent uplift to the PC numbers of direct residential staff to get to our estimates. This still likely underestimates staffing levels, as the PC's caveat on higher needs in residential care mentioned above applies, and has not been taken into account.

Estimating the number of additional home-care workers required is difficult. There is likely to be a move towards home care as it is the preferred option for most care recipients, however this will depend on funding. The Federal Government has committed to 80,000 additional home-care packages, which is likely not enough to clear the current backlog and the expected increase in demand. It has estimated an additional 18,000 workers will be required for these packages. We have therefore increased the PC community-care estimates by 18,000, although these numbers likely still underestimate requirements.

Estimating recent workforce growth

Data limitations mean it is difficult to estimate recent growth in the workforce. Aged-care workers are included with a range of other social-sector workers in most Australian Bureau of Statistics (ABS) data, and the last National Aged Care Workforce Census and Survey (NACWCS) was undertaken in 2016. We have used two per cent per annum to compare the current trajectory of workforce growth with the estimated requirements. This is roughly in-line with the average annual increase in the direct-care workforce between 2007 and 2016 as measured by the aged-care workforce census. It is also in-line with the average annual increase of residential-care workers (including non-aged-care residential care, such as respite for vulnerable groups) in the ABS labour force statistics.

Workforce data does not provide enough detail to accurately track the workforce over time. The aged-care workforce census, undertaken by the National Institute of Labour Studies on behalf of the Federal Department of Health, is the most comprehensive source of data, but is only undertaken every few years. It only records the PAYG workforce and does not track non-PAYG staff. The 2020 census was delayed due to COVID-19 but is due to be released later this year. Despite its limitations, this data was used by the royal commission as the best available workforce data.

Data on the workforce is also collected by the ABS through the labour force survey and the national Census. Neither has sufficient detail to accurately track the aged-care workforce. The aged-care residential workforce is detailed in the Census data, but the numbers are inconsistent with the aged-care workforce census. The labour force survey data is the most frequent and up-to-date, but it is not possible to isolate the aged-care workforce either in residential care or the broader social-assistance category. We have focused on the growth rate of residential-care workers, as this is predominantly aged care. The social-assistance category is likely to be dominated by growth in disability-care workers due to the rollout of the NDIS.

The summary of the different data sources below highlights the difficulty in identifying the size of the workforce and growth rates over recent years.

Data source					Approximate annual growth rate over data period
Aged-care workforce census	**2007**	**2021**	**2016**		
Total workforce	262,500	352,146	366,000		3.7 per cent
Direct-care workforce	207,000	240,000	240,317		1.7 per cent
ABS Labour Force	**2007 (Feb)**	**2012**	**2016**	**2021**	
Residential-care services	170,400	204,800	195,000	236,100	2.3 per cent
Social assistance services	250,800	325,100	388,900	537,200	5.6 per cent
ABS Census	**2006**	**2011**	**2016**		
Aged-care residential services	66,344	165,485	211,625		12 per cent

Scenarios

Data is scarce on the underlying trends in the aged-care workforce and a number of assumptions have been made in order to undertake the scenario analysis. We have tested these assumptions with industry experts.

Attrition rates in the industry are not well-documented, but are understood to be very high. Available estimates seem to range from 15 to 30 per cent industry attrition each year.[56] We have chosen a number at the lower end of this range, 18 per cent, but acknowledge that it may be too low.

Migration in the sector predominantly comes through indirect means, with most migrants being on working holiday, student or family visas. There is limited data on what occupations or sectors they are working in. We have therefore used an assumption of 30 per cent of the gross increase in workers required coming through migration. This number is based on the approximate percentage of migrants currently in the sector as per the aged-care workforce census and the ABS national Census.

Training completions are based on completions data for Certificate III in Individual Support from the NCVER VOCSTATS database. In 2019, 28,250 students completed the course. This qualification allows students to work in both aged and disability care, and consultation suggests a substantial proportion of students do not end up working in aged care. We have therefore included only 50 per cent of this number in our assumptions around training conversions.

There will be staff who enter the sector from other industries without qualifications, or who return to the industry after a period away. There is limited data on this, but we have accounted for it in our scenarios by assuming five per cent of the gross workforce requirements come through this channel.
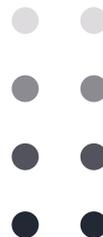
APPENDIX B - ROUNDTABLES AND CONSULTATION

This report has been informed by consultation with a broad group of industry stakeholders and experts. This included two industry roundtable discussions in March and June 2021. We thank everyone involved for their input and advice.

This information paper and its recommendations represent the position of CEDA and do not necessarily align with the positions of the stakeholders with whom we consulted with during its development.

Roundtable 25 March 2021

Yasmin King	CEO	SkillsIQ
Gillian McFee		BCCM
Patricia Sparrow	CEO	Aged and Community Services Australia
Janny Stacey	Senior Manager - Workforce and Industry Development	Aged and Community Services Australia
Jennifer Boulding	CEO	Programmed Health Professionals
Tom Moloney	National Partnerships Manager	HESTA
Professor Julie Ratcliffe		Flinders University
Jodie Davis	Federal Education Officer	Australian Nursing and Midwifery Federation
Marcus Reily	Executive Chairman	BallyCara
Ian Yates	Chief Executive	COTA Australia
Louise O'Neill	CEO	Aged Care Workforce Industry Council
Fahim Khondaker	Partner Data Analytics & Insights	BDO
Daniel Parsons	Senior Manager Public Policy & Advocacy	BUPA
Larissa Briedis	Head of Strategic Policy	Telstra Health
Shane Powell	HR Manager	Community Vision

Roundtable 18 June 2021

Yasmin King	CEO	SkillsIQ
Gillian McFee		BCCM
Tom Moloney	National Partnerships Manager	HESTA
Professor Julie Ratcliffe		Flinders University
Jodie Davis	Federal Education Officer	Australian Nursing and Midwifery Federation
Sophia Petrov	National Policy and Engagement Manager	COTA Australia
Louise O'Neill	CEO	Aged Care Workforce Industry Council
Fahim Khondaker	Partner Data Analytics & Insights	BDO
Daniel Parsons	Senior Manager Public Policy & Advocacy	BUPA
Shane Powell	HR Manager	Community Vision
Lauren Palmer	National Research and Policy Officer	Health Services Union
Linc Thurecht	Senior Research Director	Aus Healthcare and Hospitals Association

Additional consultation

Chris Hall	CEO	Juniper
Stephanie Buckland	CEO	Amana Living
Professor Kathy Eagar		University of Wollongong
Michelle Jenkins	CEO	Community Vision
Leigh Herbert	Business Solutions Director	Emprevo
Kristian Kolding	Partner	Deloitte Access Economics
Anita Ghose	National Lead Partner Aged Care	Deloitte
Doug Ross	Principal Economist	Deloitte Access Economics
Mark Burns	Executive General Manager	Programmed Training

Endnotes

1 https://population.gov.au/publications/publications-population-statement.html
2 See Appendix B for details of consultation undertaken.
3 https://www.gen-agedcaredata.gov.au/www_aihwgen/media/2020-factsheets-and-infographics/Spending-Factsheet_2020.pdf
4 https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care
5 https://population.gov.au/publications/publications-population-statement.html
6 https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/community-services/aged-care-services/rogs-2021-partf-section14-aged-care-services.pdf
7 https://www.gen-agedcaredata.gov.au/www_aihwgen/media/Home_care_report/HCPP-Data-Report-2020-2021-1st-qtr.pdf
8 https://www.gen-agedcaredata.gov.au/www_aihwgen/media/Workforce/The-Aged-Care-Worforce-2016.pdf
9 https://www.gen-agedcaredata.gov.au/www_aihwgen/media/Workforce/The-Aged-Care-Workforce-2016.pdf
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