

2020 Aged Care Workforce Report


Acknowledgements

The 2020 Aged Care Workforce Report could not have been delivered without our research partners.

QUALSKI
Labour Market Intelligence

mable

This Report builds upon the foundation set by Australia's Aged Care Workforce Strategy – A Matter of Care. MMA's CEO was closely involved in the development of A Matter of Care, including writing specific Strategic Actions. As such, this Study brings deep insights from over 3 years working on the strategic priorities required to transform the aged care industry.

The analysis, findings and observations contained in this report are that of Miles Morgan Australia. While feedback was sought from research partners, final editorial decisions were made by MMA.

Foreword

People.

Too often we reduce people and their experience to numbers. Analysis, trends, visualisations – all of these tools are essential to public policy making. But they do not, nor should they ever, outweigh the lived experience.

No data will ever tell you as much as listening – closely and frequently – to people at the coalface.

One of the persistent arguments in aged care relates to staff ratios in residential facilities. It is a narrow discussion that limits debate on the workforce challenges faced across the aged care system.

What defines quality of life in our later years will vary from person to person.

In the past many recipients of residential aged care may have entered it later in life and may have enjoyed a greater degree of independence prior to needing it (Khadka et al., 2019). As baby boomers move into aged care, they are not going to accept the basic services that have been on offer to date, they will want to live independently at home as long as possible (Aged Care Financing Authority, 2019). Of all older Australians aged 65 and over, less than 10% access residential aged care in any given year (Australian Institute of Health and Welfare, 2019).

As the proportion of older-old people (85+ years old) grow, service coverage through the residential aged care sector will shrink – down from the current 6% of the population over 65 years old, to the international comparison of around 4%. This means that high-needs, complex clients will be in the community for longer.

Understanding macro-trends in supply and demand is as important as understanding the needs of individual clients and employers. Government has a role to play in providing greater transparency and analysis in these environmental shifts.

We know that positive social connections and social networks are associated with improved levels of health and independence. Older people assess the quality of a service by the extent to which their social needs, as well as their physical needs, are addressed. This is why older people, especially those at home, require access to workers with diverse characteristics, skills and experiences able to respond to their particular needs and preferences.

Continuing to make staff ratios in residential care the primary focus of workforce analysis and initiatives misses the opportunity to address equally critical matters of competency – that is knowledge, skills and behaviours – in home support and home care workers, who together will have a more substantial and sustained impact on quality of life over time.

The formulation of workforce policies and workplace practices requires a continuing flow of information, including both quantitative and qualitative data from diverse data sources. Rarely can one data source provide a complete picture.

That is why we have partnered with Qualski, a leading labour market intelligence company to bring you insights into workforce demand from an employer perspective. We also take a glimpse at the future of work through the eyes of sole traders and small businesses seeking to meet the demand for high-quality personalised, responsive care for older Australians wanting to live in their own home through our partnership with Mable.

Workers of the future will require a different set of capabilities and support structures to fully embrace person-centred practices.

In the current state, workforce data is collected by government departments – or commissioned through academics and others – and is often withheld at a granular level from contributors. This is not consistent with best practice. Indeed, poor feedback loops, irreplicable analysis, and statistically weak samples are all too common in aged care. As data owners, both employers and workers should be central to any future investments in information gathering and use.

In a modern age, waiting over four years for outputs from a national survey, as the primary source of workforce intelligence, is untenable.

Whilst aspiring to 'improve data' is important, it is not enough to build massive data repositories. Data, should be collected in a manner that directly supports sector-wide improvements.

Routine, transparent feedback loops can empower governments and industry understand and address emerging issues. Near real-time feedback on what is working well can also incentivise employers to adopt better practices.

Now is the time for bold and disruptive change – with a greater emphasis on impact not output.

The aged care workforce is counting on it.

Lakshman Gunaratnam

Chief Executive Officer
Miles Morgan Australia

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Executive Summary

Now is the time to act

Concerns about the capacity of the aged care industry to attract, retain and utilise diverse people with the skills and understanding required to deliver high quality care are widespread.

Irrespective of setting, high-quality care should focus on the wellbeing of the older person as much as their clinical care, in line with the Aged Care Workforce Strategy's Strategic Action 6. The basic proposition is that the concept of 'living well' is central to high-quality care, meaning that a consumer's clinical, functional, cognitive, cultural and spiritual needs should be met.

The quality and safety of the aged care system is dependent on the workforce that delivers care.

The aged care workforce must exponentially grow as the population ages, with some estimates suggesting that by 2050 the number of employees engaged in the provision of aged care will account for 4.9% of all employees in Australia (Productivity Commission, 2011).

Information presented by Senior Counsel Assisting, Peter Rozen QC's to the Royal Commission on Aged Care Quality and Safety highlights that the aged and disability sectors are expected to grow by approximately 17.8% in the next five years and will account for at least 10.9% of all new jobs created in the Australian economy (The Royal Commission into Aged Care Quality and Safety, 2019).

Much of the research and analysis in aged care, focusses on aggregate, homogenous views of demand, and fragmented views of service supply. And when demand and supply are primarily planned and projected at an aggregated level, it can be assumed that most workforce planning occurs on a similar basis.

Disaggregated data provides an opportunity to build actionable intelligence that can directly inform workforce investment and mitigation strategies.

In a continuously changing policy environment, within an increasingly competitive labour market, and current limitations on skilled migration, waiting years for sub-optimal reports on the aged care workforce compounds the challenges faced by the sector.

Far more can be achieved with innovation and infrastructure – and the looming shortfall in care workers means we have no time to lose.

MILES MORGAN AUSTRALIA

1. Objective and approach

The objective of this Report is to demonstrate contemporary, accessible data sources that can help key decision makers better understand the aged care workforce, (available, with greater currency than formally commissioned research).

To inform our approach we first sought a deeper understanding of the workforce – the jobs, their design, the context in which workers operate and associated challenges and opportunities – supported by a review of relevant literature.

Central to our considerations was the detailed work undertaken in the development of the Aged Care Workforce Strategy (Aged Care Workforce Strategy Taskforce, 2018).

We analysed multiple data sources to determine their suitability for advanced workforce analysis, including proprietary qualitative data not included in this Report.

We also undertook our own interviews and surveys with aged care staff, frontline managers and human resource personnel.

There are vast amounts of unknown or underutilised data which already exist, having been created, collected and stored primarily for administrative purposes. Our extensive review of available workforce data highlighted opportunities to standardise and streamline access to high-value information.

The value of data lies not only in the quality and currency of information captured by employers, governments and other organisations – but in the ability to link or compare multiple datasets. Our discovery process also highlighted the need for common data structures and semantics so that innovative technologies can be harnessed to safely extract data to meet the information needs of the sector.

1. Objective and approach

1.1. Research partners

MMA partnered with two owners of high-quality workforce data:

- **Qualski** owner of technology that can identify and categorise information from the text of online job advertisements, producing localised, customised labour market intelligence that is used as a lead indicator for labour market trends.
- **Mable** owner of a peer-to-peer online platform, which helps to directly connect those who are ageing or have a disability with local independent care and support workers.

While specific data sources are referenced throughout the document, we also use the collective term 'research partners' in reference to these data owners.

1.2. Outline of quantitative data sources

Our quantitative analysis is based on de-identified unit record level data from Qualski and Mable.

Data provided by Qualski is derived from vast quantities of text found in 7.3 million Australian job advertisements published since 2016. Qualski technology identifies and categorises information from the text of online job advertisements, meaning that the dataset is derived, in part, through textual coding.

Qualski fully customisable approach is a key differentiator to other, more generic, labour market analysis as it enables highly valuable data and unique insights to inform workforce planning strategy and policies.

Qualski's fully customisable and bespoke approach automates at scale the identification and categorisation of key labour market metrics such as occupations, skills, qualifications, licences, and any other elements typically included within the free text of job advertisements.

The Qualski data sample was taken from March 2016 to May 2020.

MMA also sourced aggregated data from Mable, captured primarily for administrative purposes. Mable has a unique combination of job advertisements, engagement outcomes and demographic information.

The Mable data sample was taken from December 2017 to August 2020.

MMA's methodology is presented in **Appendix 1.**

1.3. Limitations

Metadata was not available for proprietary datasets accessed in the construction of this Report, meaning significant time needed to be invested in detailing the contents of individual fields for basic analysis, linkage and comparative purposes.

The locations of advertised jobs are often only accessible at aggregated spatial levels such as metropolitan, regional, or state.

There are inconsistencies between the various data sources in regard to the way they have (or have not) mapped and classified job roles and job family classifications.

While MMA has undertaken the task of manually aligning job roles with the job families endorsed by the Aged Care Workforce Taskforce (Korn Ferry Hay Group, 2018)[1] for the purposes of this Report, it would be beneficial for an agreed set of classifications to be endorsed and adhered to for future research.

The aged care sector draws on large numbers of volunteers who are not captured in any workforce-specific dataset – meaning their contributions are not included in analysis of the true cost of service, sector productivity or service quality.

1.4. Structural data challenges

When an industry is based on a government-formed market, it is incumbent upon the system stewards to understand supply and demand.

Current aged care workforce data capture (the right information at the right level), data curation and management practices (data architecture, dictionaries, libraries, metadata) are inadequate for the purposes of informing policy or program settings when looking at beyond aggregate positions.

As has been well documented, the current data landscape contributes to a range of perverse outcomes providing:

- limited opportunities to develop evidence-based care models, to undertake sophisticated service planning or to understand trends and identify emerging risks and
- limited transparency, and consequently, accountability.

Deficiencies in the current approach means aged care providers are undertaking individual data capture, analysis and forecasting processes – a costly and time-consuming exercise that is unnecessarily duplicative.

Without the right data infrastructure and architecture, any steps to improve planning, transparency or navigation will incur higher ongoing costs – with limited ability to automate.

Over time, there is an opportunity to streamline (and in some instances automate) data capture, linkage, analysis and reporting in a way that gives the industry access to information they create. With the ultimate objective being near realtime comparative industry benchmarks.

It is anticipated that, with additional information, government can become much more sophisticated in the articulation of the contrasting needs of older people, workers and service providers/ employers.

A commitment to sharing key workforce metrics publicly would be a very powerful motivation for practical, tangible, industry-driven workforce improvements.

[1] Qualski and MMA mapped job advertisements to the job families developed by Korn Ferry and endorsed by the Aged Care Workforce Taskforce. See Appendix 2: Aged Care Job Families for further details.

2. Workforce supply

2.1. Demand for aged care services

Changing patterns of longevity, fertility and migration in Australia have driven substantial changes in population age structure (also known as demographic structure), and household size and composition.

One key issue for all levels of government will be assessing where particular services will be required in the future.

The spatial implications of population ageing will create unprecedented challenges for the future delivery of government services.

The Royal Commission into Aged Care Quality and Safety conducted research into the national ageing distribution profile (Royal Commission into Aged Care Quality and Safety, 2019). This is a sound indicative measure to highlight possible future systemic issues.

MMA has taken this ageing distribution analysis one step further, creating population pyramids for each aged care region[2].

Figure 1 illustrates the number of people likely to require care, and the number of working age people potentially available to provide that care, in each aged care region, as at 2016.

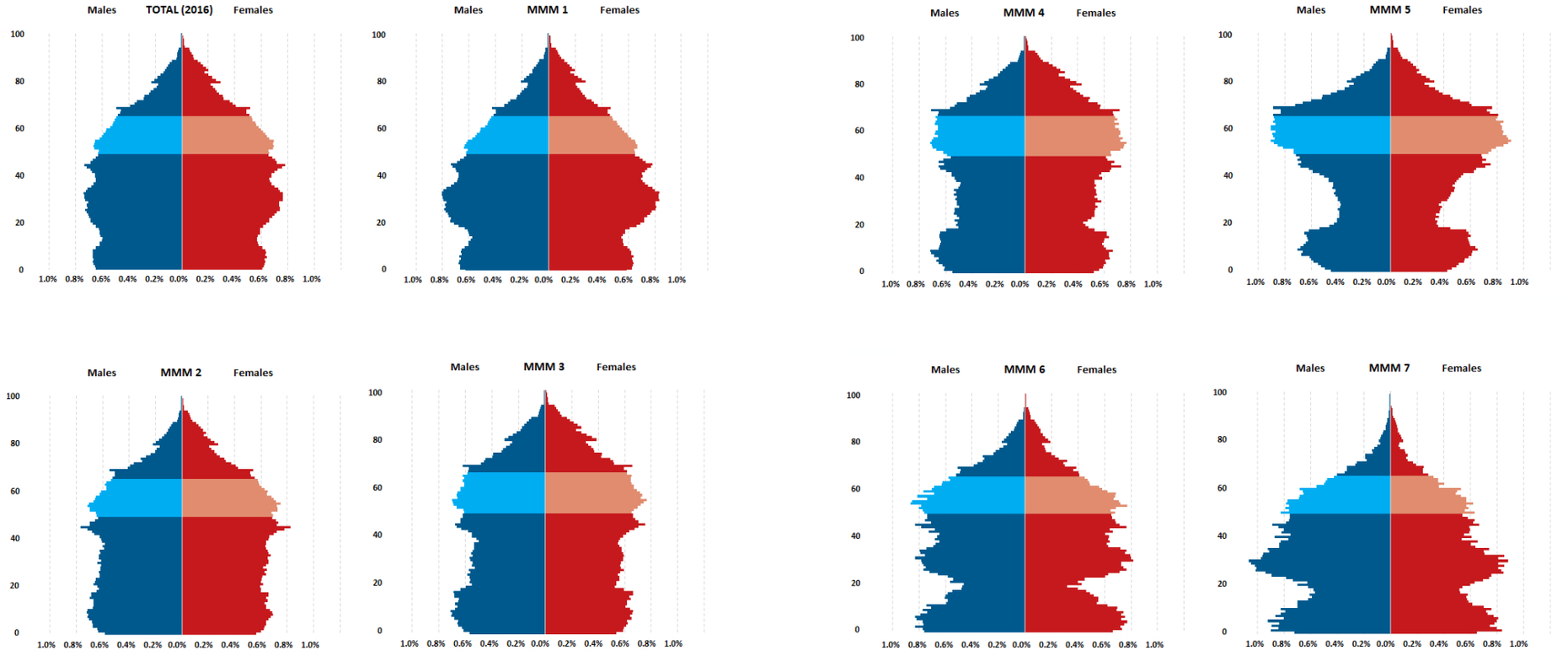
By de-aggregating demand it becomes evident that challenges created by population age structure in many regions will need tailored workforce solutions if they are to be addressed in equal measure. For example, in small rural towns (MMM 5) it appears that a deep investment in workforce attraction is required – at a community level. Whereas, for remote and very remote areas (MMM 6-7) investments in workforce development would appear more relevant.

MMA would encourage similar analysis to be undertaken based on population forecasts.

[2] The Modified Monash Model (MMM) was developed by the Department of Health in 2015 to better target incentive payments for rural doctors, and is currently used as a proxy measure of access for a number of Commonwealth health and social services. See Appendix 1 for a MMM classifications summary table.

2. Workforce supply

Figure 1: Aging distribution calculated across aged care regions[3] (2016 ABS Census)



[3] Australian Bureau of Statistics (ABS) Census does not publicly provide data above 80 years of age by each single year, hence here the 80+ populations are modelled and shall only be used to compare trends and ratios rather than absolute values.

2. Workforce supply

2.2. Local workforce availability

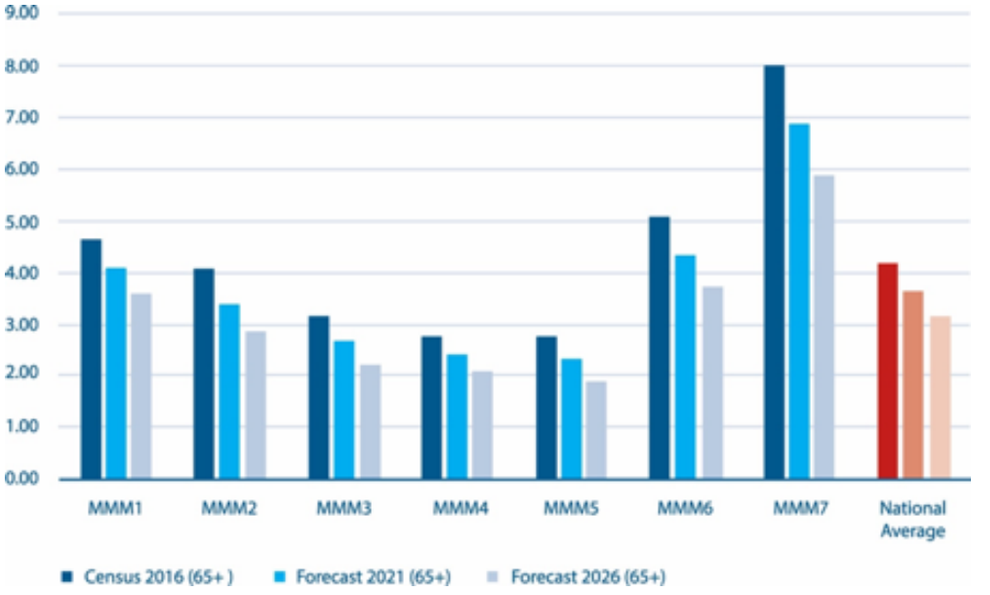
Small-area population projections suggest many regional and rural communities are likely to face strong growth in the number of aged Australians, concurrently these communities will also face a shrinking labour-force.

In these towns, fewer workers will be available to help meet the service needs of older Australians. Rapidly declining ratios have implications not only for the financing of aged care but also for the aged care workforce. Extensive planning will be required to ensure government is able to provide the health, aged care and other services needed by these populations.

The Royal Commission into Aged Care Quality and Safety identified the 'Age-Pension Dependency Ratio' as a metric that could provide some indication of the issues that governments will face when providing services for older people of eligible pension age (Royal Commission into Aged Care Quality and Safety, 2019).

Taking this analysis one step further, MMA has analysed the age-pension dependency ratio by aged care region[4].

Figure 2: Age-pension dependency ratios by aged care region



[4] The age-pension dependency ratio is calculated by dividing the number of people of traditional working age (15-64 years) by the number of people aged 65+. All ratios were calculated and forecasted into 2021 and 2026. See Appendix 1 for a MMM classifications summary table.

2.3. Workforce characteristics

In 2019 there were approximately 4.2 Australians of working age for every Australian aged 65 years and over – and by 2058 it is estimated this will decrease to 3.1. (The Royal Commission into Aged Care Quality and Safety, 2019a).

However, in just over 5 years time, we estimate that small rural towns will only have 1.9 people of working age for each person over 65.

We note that the age-pension dependency ration is a chronological measure. Given ageing is a multi-dimensional concept associated with physical, social and behavioural characteristics of individuals that are only partly associated with chronological ageing, the age-pension dependency ratio is likely to be a modest proxy for future workforce challenges (Wachs et al., 2020).

The 2016 National Aged Care Workforce Census and Survey (NACWCS) reported that the aged care sector employs around 366,000 workers, comprising approximately 3% of Australia's total workforce. Approximately two-thirds of the workforce work in direct care roles.

In 2016 there were around 236,000 people employed in residential care homes, and 130,000 employed in home care and home support services. The largest portion of the residential care workforce was personal care workers, while community care workers represent around four out of every five direct care employees in home support and home care.

Informal carers and personal care workers provide most care services, together representing nearly 90% of people providing care for the aged.

Aged care workers are formally surveyed (as commissioned by the Commonwealth government) every 4-5 years with the most recent year being 2016, as summarised in Table 1 and Table 2.

2016 NACWCS results: profile of residential aged care workers

NACWCS 2016 Results Summary: Residential Aged Care workforce
87% of respondents were female
The workforce was getting younger, with a median age of 46 years
32% of respondents were born overseas[5]
78% of respondents were employed on a permanent part-time basis
10% of respondents were casual or contract employees (down from 19% in 2012)
70% of respondents were personal care attendants

Table 1: Residential aged care workers profile (based on 2016 NACWCS)

[5] This statistic is significantly lower than the 2016 ABS Census results which found 43.9% of people employed in 'Residential Care Services' were born overseas (including New Zealand, or 41.0% born outside of Australia and/ or New Zealand).

2016 NACWCS results: profile of home-based aged care workers

NACWCS 2016 Results Summary: Home Care & Home Support Workforce
89% of respondents were female
The workforce was getting older, with a median age of 52 years
23% of respondents were born overseas
75% of respondents were employed on a permanent part-time basis
14% of respondents were casual or contract employees (down from 27 per cent in 2012)
84% of respondents were community care workers

Table 2: Home-based aged care workers profile (based on 2016 NACWCS)

Aged care workforce profile: sex composition[6]

The 2016 ABS Census shows 78.4% of workers in the health care and social assistance industry were female. In 2019, the proportion of female workers in this industry had risen to 79.9% (Workplace Gender Equality Agency, 2019).

The 2016 NACWCS found 87% of direct care employees in the residential sector were female and 89% of direct care employees in the community sector were female (Mavromaras et al., 2017).

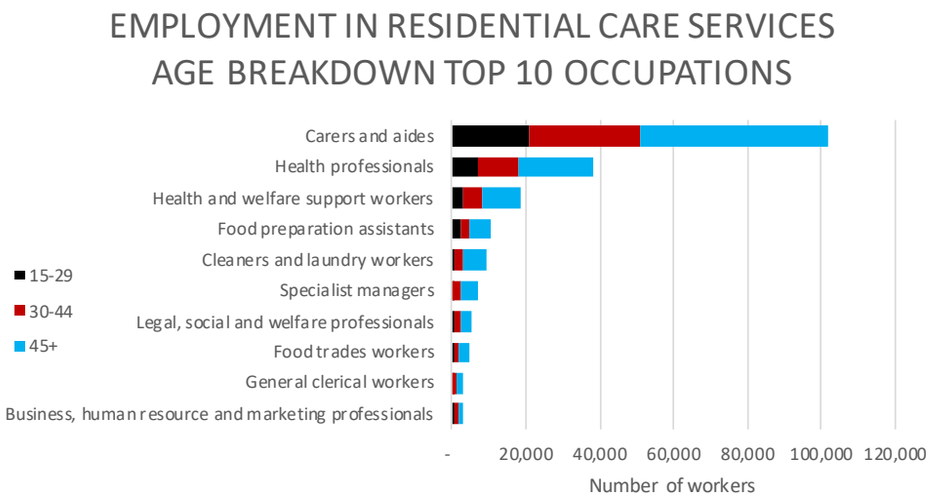
Aged care workforce profile: age composition

The 2016 NACWCS found most direct care employees for community (72%) and residential settings (55%) were aged 45 years and over (Mavromaras et al., 2017). These findings align with 2016 ABS Census data for residential care services, with 53.1% of all workers aged 45 years and over.

[6] Refer to ABS reporting standards here: https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release

2. Workforce supply

Figure 3: ABS top 10 occupations in residential care services (by age)



Level of experience of the workforce

The 2016 NACWCS found almost 9 in 10 (88%) direct care employees had a post-school qualification, compared with 86% in 2012 (Mavromaras et al., 2017).

The 2016 NACWCS also found residential aged care had a slightly greater proportion of workers with no previous paid employment (8% registered nurses and 14% of care workers) compared to community aged care (5% and 7% respectively) (Isherwood et al., 2018).

Workers entering community aged care were more likely to have experienced working in a health and social care setting (71% of registered nurses and 16% of care workers) compared to those in residential settings (63% and 14% respectively) (Isherwood et al., 2018).

Type of employment of the workforce

The 2016 NACWCS found direct carers are increasingly working part time. In 2016, 78% of residential and 75% of community setting workers were engaged in permanent part-time work. This was up from 71% and 62% respectively in 2012 (Mavromaras et al., 2017).

Using quarterly data for November 2019 and November 2009 drawn from ABS Quarterly Labour Force data[7], we can show these 2016 NACWCS findings are not reflected across the broader Health Care and Social Assistance Industry, where there has been a 12.9% decrease in part-time employment between 2009 and 2019.

While there has been a slight decrease in full-time employment across all sectors of the workforce between 2009 and 2019 (1.8%), and a slight increase in part-time employment (1.8%), the level of part-time employment does not come close to those experienced in the aged care sector. ABS Quarterly Labour Force data does not contain statistics for casual workers.

Workforce diversity

The 2016 NACWCS found aged care workers were a diverse group with 32% of residential and 23% of community direct carers having been born outside of Australia. About one-quarter (26%) of residential aged care facilities and one-fifth (18%) of community aged care outlets reported employing workers from culturally and linguistically diverse backgrounds (non-English speaking countries) (Mavromaras et al., 2017).

A more expansive view of diversity can be found through the information captured on the peer-to-peer platform, Mable, where in 2020:

- 1.2% of active workers identified as Aboriginal and/or Torres Strait Islander, with the majority of these workers located in metropolitan areas
- 66.3% of active workers on the platform self-identified as LGBTIQ+ friendly.

While workforce diversity is valuable, it is not clear whether the location of the workforce matches with the location of those seeking culturally appropriate or diverse staff or services.

[7] https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/may-2021

3. Workforce demand

The delivery of aged care services at the right time, in the best place for older Australians living with differing levels of capacity, personal circumstances and aspirations – requires evidence-based insights that reveal demand trends, not just the issues of today.

The evolving expectations of the workforce need to be better understood, so as to be able to better plan for and prepare the future workforce.

In this section we examine in detail the labour market insights from Qualski to shed light on future workforce planning challenges. Qualski data was able to distinguish between residential and home care services[8], thereby fully informing our labour market analysis.

The primary source of workplace demand are older Australians themselves. This is why we have also drawn insights from job advertisements placed on the Mable platform for a contemporary view of consumer needs.

The emergence of sole traders as small business owners in home care markets should not continue to be overlooked.

[8] From this point in the Report onwards, home care is a generic reference used in this Report for both 'home care' and 'home support'. In future we would recommend seeking a breakdown should that distinction between services still be relevant.

3. Workforce demand

The scale of demand for aged care services in Australia should not be underestimated.

According to the Productivity Commission, by 2050 over 3.5 million Australians are expected to use aged care services each year (Productivity Commission, 2011).

Mirroring this increase in demand, between 2013-2019, the health care and social assistance industry grew by 21.4% and has been projected to grow an additional 14.9% between 2019-2023 (Department of Jobs and Small Business, 2019).

However, in 2019 half a million people indicated an intention to retire within 5 years (Australian Bureau of Statistics, 2020). Given the high median age of aged care employees, it has been estimated that half of the existing workforce will reach retirement age during this peak growth period, making the demand and supply gap even larger.

3.1. Summary of job advertisements data

Qualski have extracted over 171,694 aged care job advertisements from March 2016 – May 2020 to derive the following labour market intelligence[9]:

- Of the total dataset, 163,532 (95%) of job advertisements were categorised into job families, with the remainder categorised as 'undefined'
- Most job families show a relatively consistent share across the time period
- The proportion of functional health job advertisements increased over the period, with a spike in 2019 – many of these advertisements include references to multiple settings, including aged care
- Personal care worker was the largest job family, with 40,723 job vacancies (23.7% of all advertisements)
- 68% of job advertisements in the aged care workforce in 2019 were for direct care roles[10]
- Over the 2016 to 2020 period, there have been relatively small changes in the composition of demand for direct care workers for both the residential and home care sub-sectors[11]
- Of all direct care roles in residential care, personal care workers make up 16% employment demand between 2016-2020
- Of all direct care roles in home care, personal care workers make up 47% of employment demand between 2016-2020.

These findings are analysed in detail overleaf.

[9] References to labour market data or intelligence relates to data sourced from Qualski, unless otherwise specified. | [10] See Appendix 3 for a list of direct care job families.
[11] Residential: 2016 (62%) to 2019 (68%). Homecare: 2016 (82%) to 2019 (79%).

3. Workforce demand

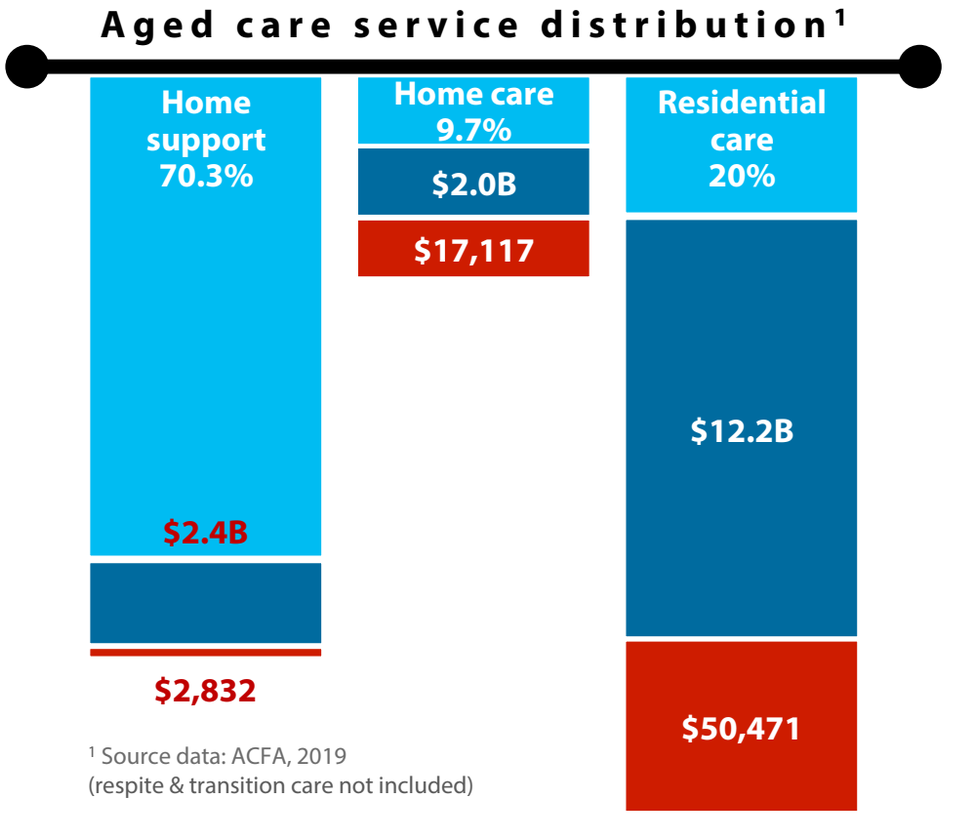
3.2. Job advertisements by aged care service type

Qualski is able to delineate between job advertisements for different aged care services by applying text analytics techniques.

Overall, job advertisement trends show an increasing demand for workers in residential care and a decreasing demand in home care. However, the aged care job advertisement composition since 2016 seems misaligned with client service provision – instead showing greater alignment to how funding is distributed across the sector.

Figure 4 shows the distribution of services across home support (70.3%), home care (9.7%) and residential care (20%) in 2019 based on number of consumers, alongside total funding amount allocated to each program (dark blue) and average cost per participant in each program (red).

Figure 4: Client and funding distribution across aged care services 2019



[1] Source data: ACFA, 2019
(respite & transition care not included)

A recent review of the National Health Service in the United Kingdom found that issues of staffing and issues of funding are inextricably linked – staffing challenges cannot be solved without consideration of funding, and funding decisions should not be made without consideration of the impact on staffing (Buchan et al., 2019). It follows that while the demand is extremely high for home care in Australia, the job advertisements are skewed towards aged care services with higher per person funding allocations.

3. Workforce demand

Between the second quarter of 2016 and the first quarter of 2020, residential aged care positions have consistently been the most commonly advertised type of service.

Across the period of analysis, when excluding undefined job advertisements there was a reasonably stable 70:30 split between residential and home care roles.

Figure 5: Count of job advertisements by service type, 2016 - 2020

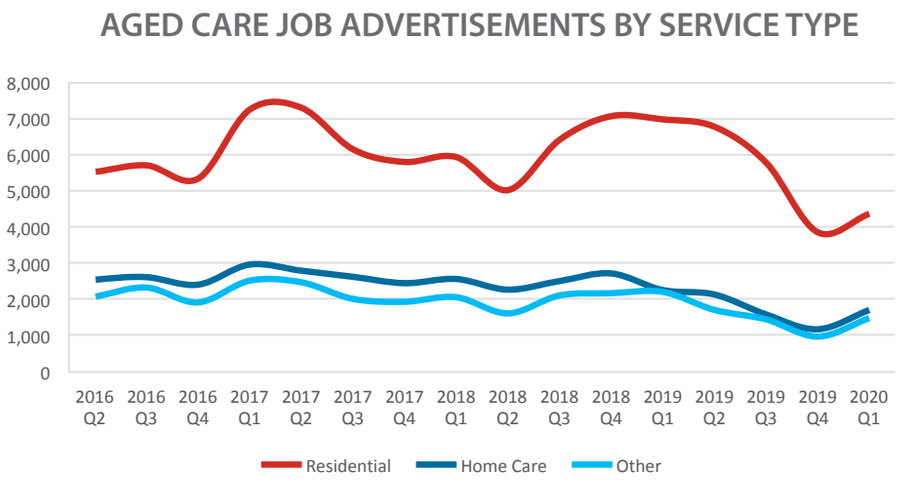
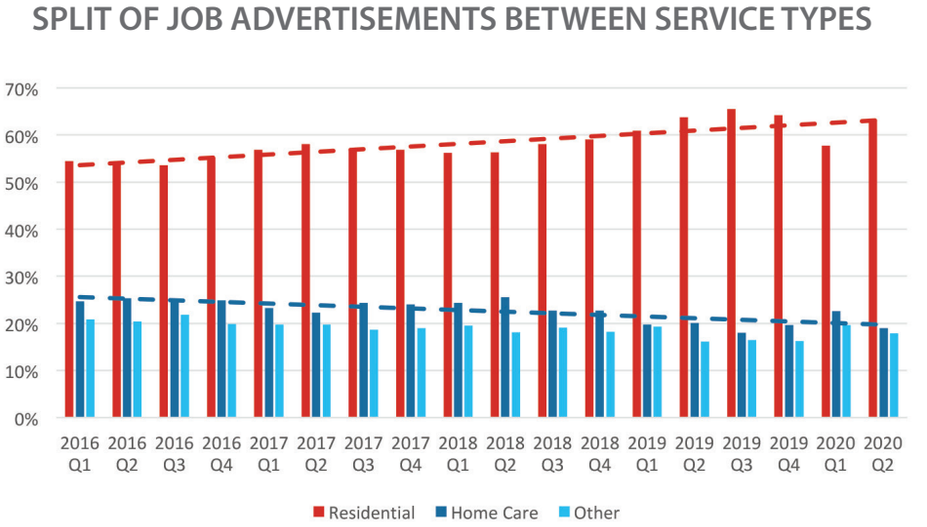


Figure 6: Proportion of job advertisements by service type, 2016 - 2020



The channels through which home care staff are recruited are likely to vary in response to highly localised, nuanced client demand – meaning the process of advertising jobs online may be considered too time consuming or cumbersome. There would be value in supplementing future aged care workforce surveys with tailored questions for managers about local hiring practices.

There might also be value in exploring the level of staff turnover in residential care, and whether this is having any impact on the higher rates of job advertisements.

3. Workforce demand

3.3. Home care peer-to-peer job advertisements

As a counterpoint to the trends in formal job advertisements, the demand for care services on the peer-to-peer platform Mable has shown significant year-on-year growth for home care services (see Section 3.8 for further information).

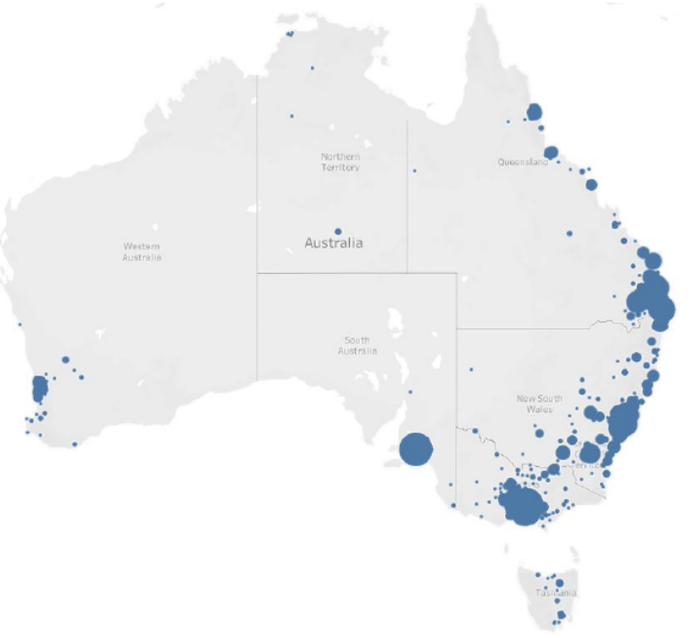
Based on aggregated data provided by Mable, the demand from older Australians for social services in the home (for the users of the platform) is high.

Service Categories	Proportion of all Posted Jobs In 2019[12]
Assist with medication	12.2%
Companionship and social support	46.2%
Community participation	7.7%
Light housework	52.9%
Manual transfer and mobility	12.4%
Meal preparation and shopping	33.5%
Nursing services	3.7%
Provide transport	25.1%
Showering, toileting and dressing	39.8%

Table 3: Exploration of demand in home care (Mable 2019 job postings)

For older people, we know there are social and emotional dimensions of care, including good relationships with carers, feeling safe, feeling socially connected, and feeling valued. For many consumers, quality of life is a service priority long before clinical care requirements.

Map 1: Heat map of home care service demand 2020



The demand for self-selected home care services through the Mable platform broadly reflects population centres.

Mable reported a consistent decline in job ads (driven by consumer demand) in the last two weeks of December each year, assumed to be the result of families coming together with more time to care and support loved ones.

[12] One job advertisement can contain numerous service categories.

3. Workforce demand

3.4. Job families

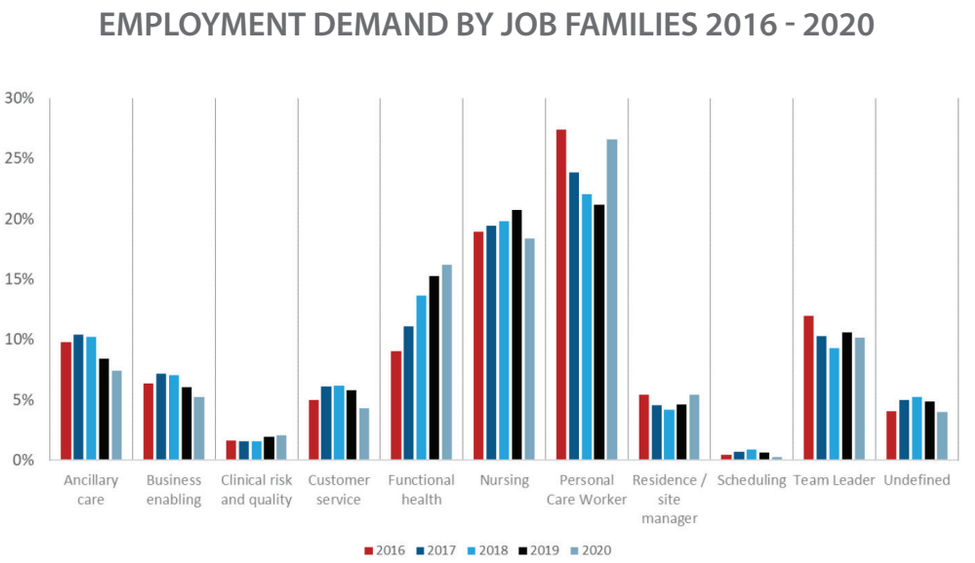
MMA worked with Qualski to map advertised job roles with the job families endorsed by the Aged Care Workforce Taskforce (Korn Ferry Hay Group, 2018) (see Appendix 2: Aged Care Job Families for further information).

Every year from 2016 - 2020, the largest proportion of advertised roles have been within the personal care worker job family, followed by nursing and functional health.

In addition to the combined groupings of job families presented above, on a relative share basis, personal care worker and scheduling vacancies were more prominent in home care settings. Noting that, due to the overall volume of personal care worker advertisements a large number of jobs are also advertised in residential care.

Ancillary care, nursing and residence/ site manager vacancies were more prominent in residential care job advertisements.

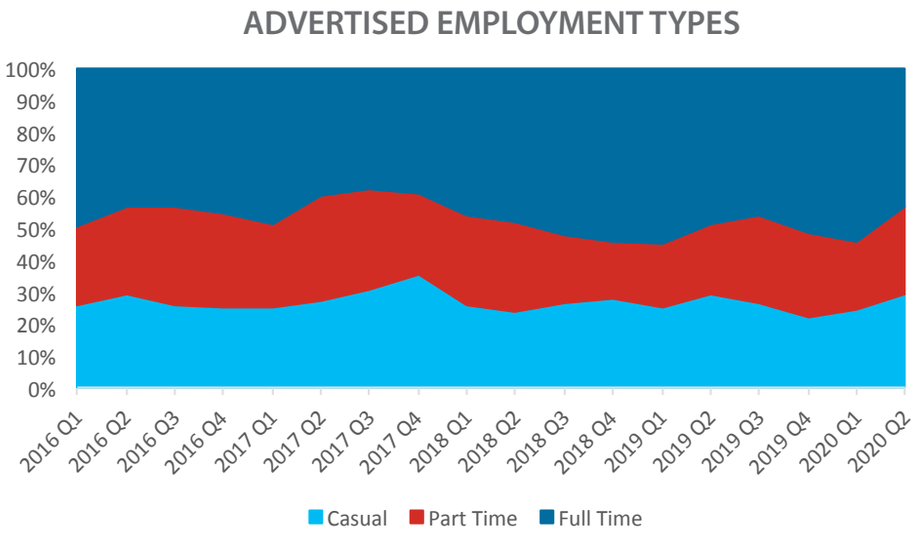
Figure 7: Proportion of job advertisements by job families, 2016 - 2020



3.5. Advertised employment type

Qualski applies text analytics techniques to identify indicators of the type of employment being offered in each job advertisement[13]. There appears to have been a small spike in advertisements for casual work in 2017, with corresponding dips in other categories. Casual advertisements have otherwise remained steady at approximately 14-15% across the period.

Figure 8: Advertised employment types measured quarterly, 2016 - 2020



The casualisation spike in 2017 is likely the result of reforms to home care that were introduced in February of that year to give consumers more choice in selecting a home care provider. At times of such significant policy change, outputs and outcomes often decline, as service providers adjust to new market settings. Instability in government-formed markets often results in significant staff turn-over[14].

Changing employment types over time

As shown below, the year-on-year breakdown of employment types described in aged care job advertisements has been relatively consistent between 2016 and 2019. This data suggests that approximately half of advertised positions during this period have been full-time, which does not reflect the 2016 NACWCS results (see Table 1 above).

Employment type	2016	2017	2018	2019	2020	Total
Casual	14.1%	19.9%	15.8%	14.1%	14.3%	15.9%
Part-Time	22.6%	23.5%	19.6%	18.9%	18.2%	21.0%
Part-Time or Casual	11.2%	9.1%	7.2%	8.4%	9.1%	8.9%
Full-Time	46.3%	43.9%	50.8%	50.9%	51.3%	48.2%
Part-Time or Casual	5.8%	3.5%	6.7%	7.7%	7.1%	6.0%

Table 4: Split of advertised employment types, 2016-2019

[13] Employment type is captured in a dedicated field, which is then supplemented with text analytics. | [14] There are several reviews and submissions into government-formed markets that detail the negative impacts of transitioning to new service arrangements (specifically high staff-turnover and poor client outcomes) (Buchan et al., 2019; Carson et al., 2007; Department of Employment, Skills, 2020; Howe et al., 2012; Macdonald & Stanford, 2019). Casualisation is correlated with market uncertainty.

3. Workforce demand

National distribution of job advertisements

The location of advertised jobs falls largely within the general population distribution. The exception being Victoria.

The key issue for the low level of advertisements in Victoria (relative to population), is likely to be the higher concentration of public aged care facilities. Public jobs are advertised on government job boards as a matter of course. Aged care employment opportunities only advertised on government job boards would not be captured by Qualski's search engine.

Location	2016	2017	2018	2019	2020
Australian Capital Territory	1.9%	1.4%	1.8%	1.8%	1.5%
New South Wales	38.9%	35.4%	33.5%	33.4%	34.5%
Northern Territory	1.4%	1.0%	0.8%	0.6%	0.7%
Queensland	20.4%	22.1%	19.1%	23.9%	30.4%
South Australia	4.5%	5.1%	7.3%	7.7%	8.1%
Tasmania	1.0%	1.6%	1.8%	1.4%	1.1%
Victoria	24.9%	26.4%	28.7%	26.4%	18.4%
Western Australia	6.9%	7.1%	6.9%	4.8%	5.3%

Table 5: Distribution of job advertisements by location 2016-2019

Comparable demand for different employment types across aged care regions (or MMM)

While MMA was able to allocate job advertisements across all aged care regions, the volume was not sufficient to ensure statistical validity and therefore only an aggregate of jobs advertised outside of metropolitan areas (that is, in the aged care regions MMM 2 – 7) is presented in the table below.

However, we can say with a degree of confidence that small rural towns (MMM 5)[16] had the highest level of job advertisements outside capital cities, which is reflective of the growing ageing population and poor age-pension dependency ratio across this region.

MMM Distribution	Casual	Part-time	Part-time or Casual	Full-time	Full-time or Casual
MMM 1	74.1%	72.7%	80.0%	80.4%	73.3%
MMM 2 - 7	25.9%	27.3%	20.0%	19.6%	26.7%

Table 6: Advertised employment types by area classification (MMM)[15]

[15] See Appendix 1 for a full MMM classifications summary table. | [16] Small rural towns are classified as aged care region MMM 5.

3.6. Advertised aged care roles in 2019

Over 40% of aged care job advertisements in 2019 related to personal care worker and nursing roles.

Figure 9: Snapshot of aged care job advertisements in 2019

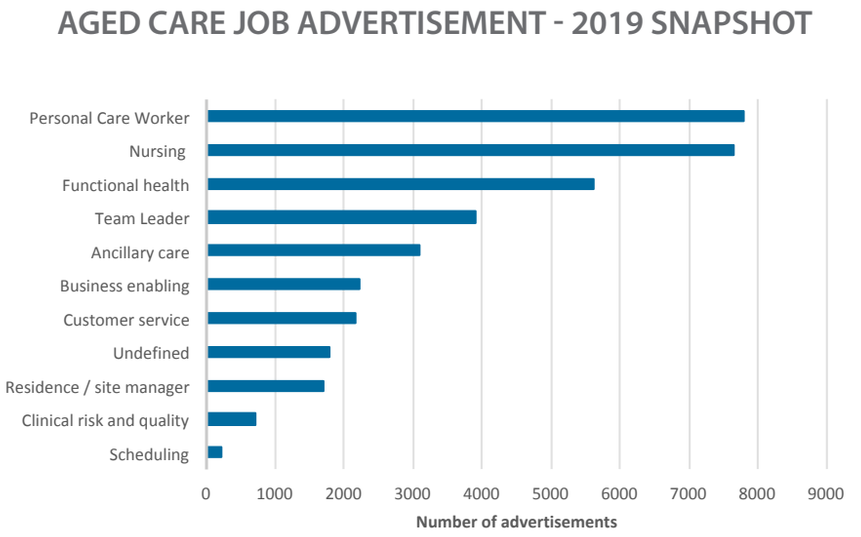
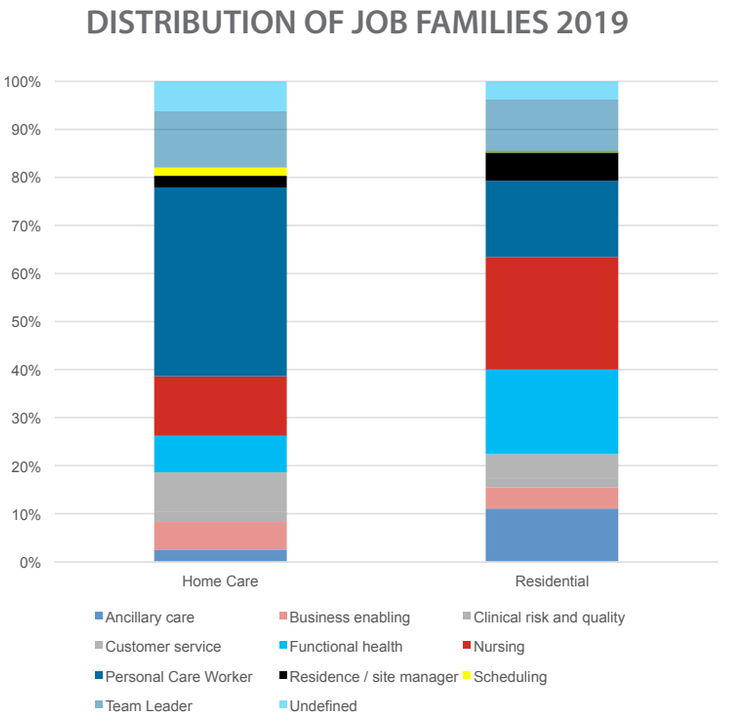


Figure 10 shows the proportional distribution of advertised roles by job families in home care compared to residential care settings.

Figure 10: Breakdown of 2019 job advertisements across job families



Personal care worker roles are the most commonly advertised role in the home care sector, accounting for 39.3% of advertisements in 2019.

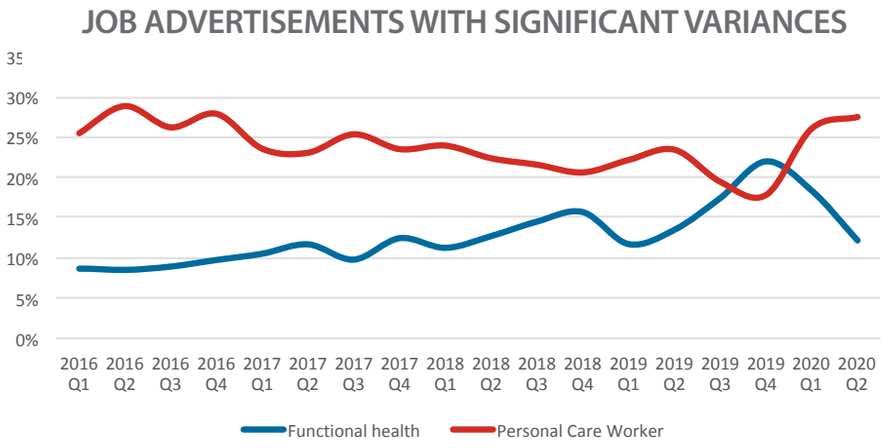
While still a significant role in residential settings, personal care workers only account for 15.6% of residential care job advertisements. In residential care, nursing roles (23.6%) and functional health roles (17.4%) comprise a larger proportion of advertised vacancies.

3. Workforce demand

3.7. Shifting aged care job market

Since 2016 there have been significant variations in the proportional representation of job advertisements for personal care worker and functional health roles. In the second half of 2019, functional health roles briefly became more prevalent than advertisements for personal care workers, although there was a sharp reversal in 2020.

Figure 11: Job families showing significant shifts in the level of job advertisements since 2016



3.7.1. Functional health

In the 2018-2019 Commonwealth Budget $29.2M was allocated to a 2-year reablement trial called "Better Ageing – Promoting Independent Living". The trial ceased on 30 June 2020. This trial is likely to be a driver in the spike of functional health advertised vacancies in 2019.

With people increasingly entering facilities at an older age and with more complex needs, the role of functional health is likely to increase. Investments in reablement have both social and economic benefits for individuals and government – such as delayed placement into residential aged care (Rostgaard & Graff, 2017; Social Care Institute for Excellence, 2013).

3.7.2. Personal Care workers

The spike in job advertisements for personal care workers in 2020 is likely due to employers wanting to engage experienced staff during this time of increased risk related to COVID-19. As outlined in Figures 14 to 18 below, in 2020 there have also been increased references to qualifications for personal care workers, which may also indicate a desire to hire experienced staff. References to Certificate III in job advertisements for personal care workers include references to employers supporting / enabling a successful applicant to work towards this qualification.

This data demonstrates the need to further investigate how personal care workers are traditionally engaged so as to validate perceptions that engagement happens through informal mechanisms outside times of crisis.

3.8. Peer-to-peer workforce platforms

Just as consumer directed care has been a central principle of aged care policies over the last decade, workers are responding to the needs of consumers by finding new ways of delivering aged care services.

The mutual choice between consumer and worker to use peer-to-peer platforms to meet the highly personalised service needs of older Australians in the home, indicates there is growing demand from both consumers and workers to do things differently.

As a result, there is a wealth of workforce information held by peer-to-peer platforms.

We asked Mable to provide near real-time insights into the increasing number of sole traders as small business owners providing fit-for-purpose services[17] to older Australians.

Platform usage increased 130% between 2018-19 and 2019-20.

Remarkably, there was a 71.3% increase in jobs advertised on the platform between January-August 2019 when compared with the same period in 2020, even when the 2020 period included the COVID-19 outbreak and associated lock-downs.

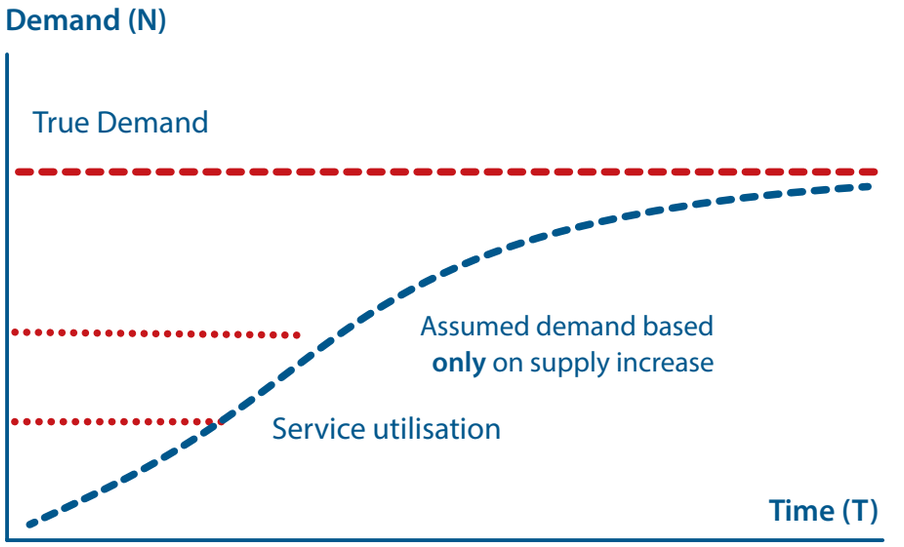
Under the principles of consumer directed care, older Australians should be able to express their own view about the type, quality and frequency of care they need – and should be able to make changes to care arrangements, including the specific involvement of individual workers in their lives.

This is why it can be argued that Mable more closely represents true consumer demand, as opposed to services provided through government-formed market, with analogous service providers and service offerings.

What is true demand?

The assumption that service utilisation is an accurate marker of service need does not reflect true demand.

Figure 12: Demand assumptions



[17] The Mable platform focusses on connecting people with people. As such, the independent workers on its platform are predominantly engaged to provide home care or disability support.

3. Workforce demand

Aged care service demand is presumed to be the available supply plus any known consumer needs (i.e. wait lists). The current demand assumptions are based on 'supply driven demand', which is limited by system-wide supply restrictions.

Because the market has been shown to be unsaturated (i.e. there is unmet demand, as indicated by waitlists to access aged care services), any increased supply will quickly be absorbed.

Any incremental increases in supply are diminished by the emergence of 'hidden demand'.

'True demand' is only visible when supply approaches market saturation, reducing 'spectating consumers' to a minimum. The more aged care services become available and affordable, the more likely the true number of consumers seeking services will be known.

Not knowing the true demand for aged care services poses significant challenges to developing informed workforce strategies and making the right type of workforce investments.

A new wave of aged care service delivery

Understanding the emerging market segment that Mable represents – as a true reflection of consumer-directed care – is critical to the success of any future workforce initiative.

In a 2019 survey, Mable workers engaged to support older Australians said the benefits of working independently included:

- Opportunity to earn more
- Flexibility
- Opportunity to work locally
- Feeling valued by working for people who choose you and being empowered to choose your clients
- Taking responsibility for your clients and your work
- Being able to respond to what your clients need and want
- The direct communication/ relationship with clients and making a difference to someone's life who you know.

Emerging workforce segments

NACWCS Home Care & Home Support Workforce Analysis	Mable Aged Care Workforce Analysis (2020)
89% are female	74% are female
The workforce is getting older, with a median age of 52 years	The workforce is getting younger, with an average age of 42 years (down from 44 in 2019)

Table 7: Variances between traditional and peer to peer workforce demographics

In 2018, only 9% of the Health Care and Social Assistance industry was self-employed (Department of Jobs and Small Business, 2019).

If the trend towards increasingly younger and male workers in home care holds true, there would be value in exploring targeted strategies that directly appeal to these emerging workforce segments.

Without a focus on consumer-driven demand, credentials, standards and safeguards will not be sufficiently clear – making it difficult for workers and platforms to uphold them.

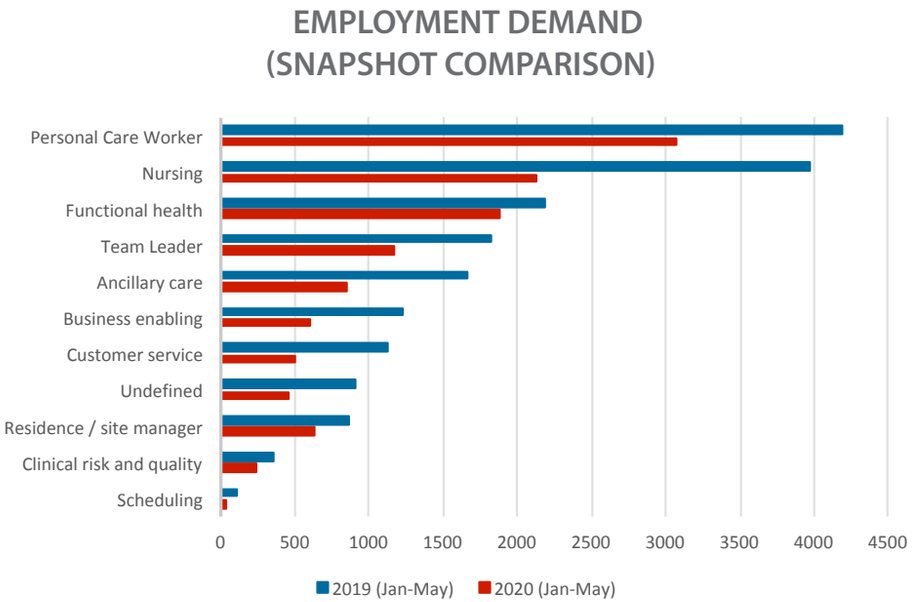
3. Workforce demand

3.9. The influence of COVID-19: changes between 2019 and 2020

The reduction in job advertisements to May 2020 is most likely due to COVID-19.

Employment in the Health Care and Social Assistance industry decreased by 28,600 (or 1.6%) over the 6 months to August 2020, with employment in the Other Social Assistance Services sector decreasing by 34,700 (or 10.0%) and employment in Residential Care Services down by 5,000 (or 1.9%) (National Skills Commission, 2020).

Figure 13: Comparison of job advertisements between January and May of both 2019 and 2020



The impact of COVID-19 in 2020 is reflected in the data – both the volume of job advertisements and the composition of advertisements across all categories (Figure 13). However, while 2020 has seen a reduced number of advertised vacancies, this does not necessarily equate to a reduced demand.

Further investigation would be required to determine whether the general economic outlook has impacted regular retention patterns in the sector. For instance, are there less opportunities available for existing workers to transition into, therefore impacting the need of employers to replace exiting employees?

3.10. Shifts in employment priorities during COVID-19

The next series of graphs (Figures 14 to 18) all relate to how job advertisement criteria have changed in 2020 when compared to the average of all activity between 2016 and 2019.

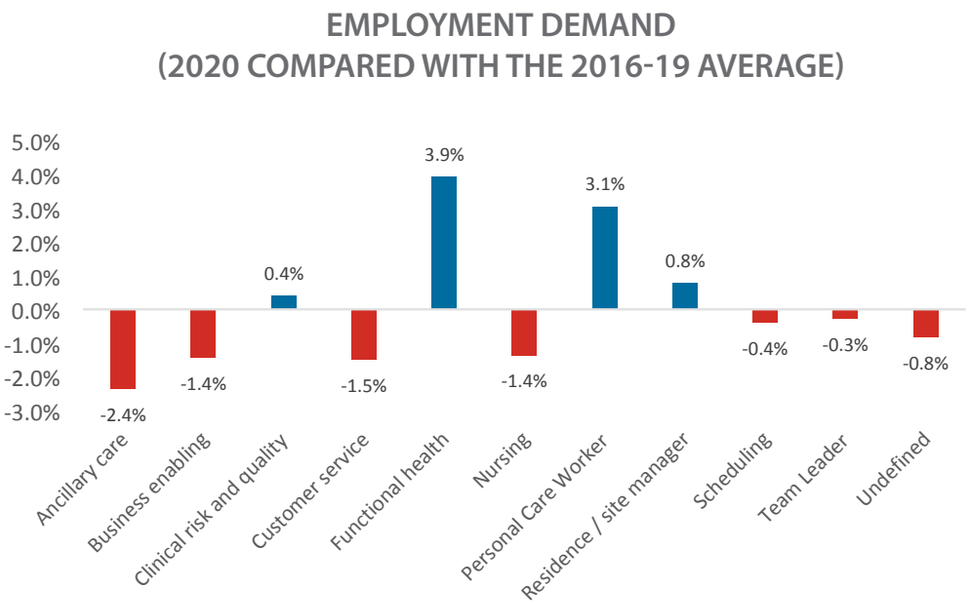
While 2020 may be considered an outlier in future years, some of the more significant changes in job advertisement criteria provide an insight into what employers are looking for in a time of crisis.

While some may argue that underlying employment conditions or key employment criteria are more likely to manifest in a crisis, future research should seek to determine whether these are, in fact, systemic issues.

The data in Figures 14 to 18 are 'within job family' comparisons – that is, even when the denominator is small the change is proportional.

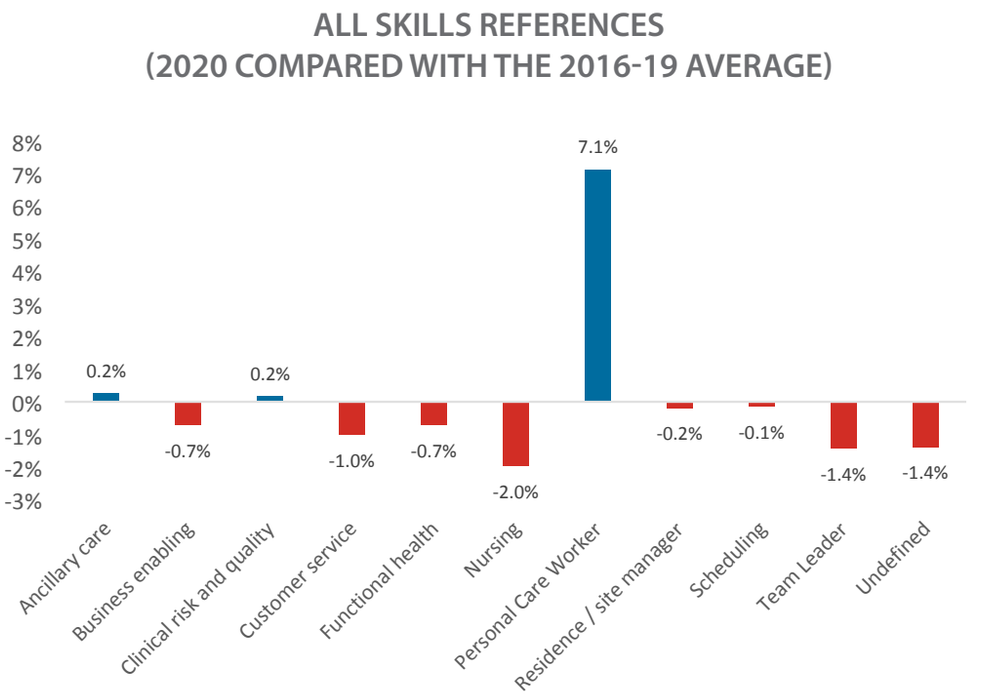
3. Workforce demand

Figure 14: Changes in workforce demand, comparing 2020 with 2016-19 averages



Additional demand for functional health workers in 2020 is likely to due to more complex needs during COVID-19.

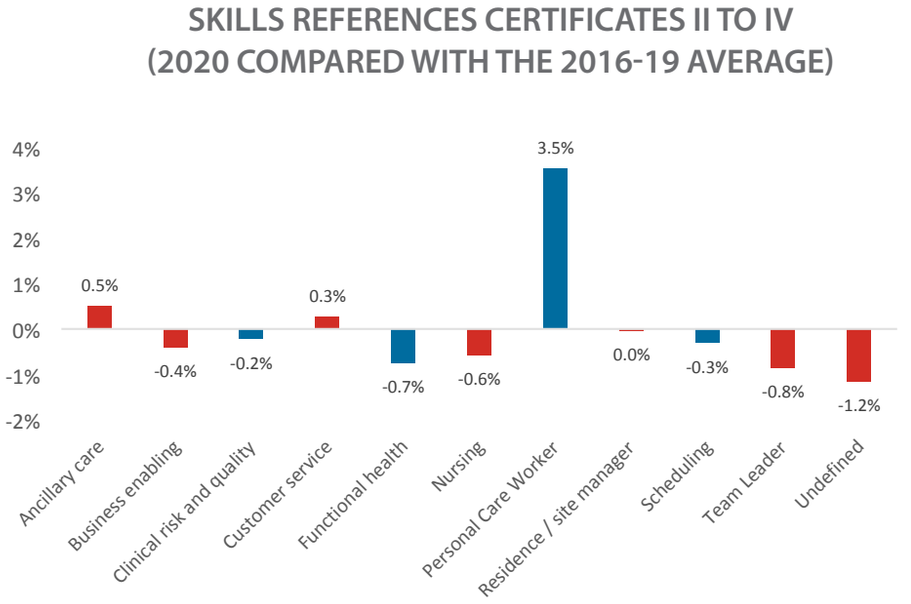
Figure 15: Changes in advertised qualification requirements, all skill levels, comparing 2020 with 2016 - 2019 averages



It appears that formal qualifications became a more overt requirement during 2020. This is likely to be due to operational requirements not allowing for time to be spent on onboarding or upskilling during a pandemic.

3. Workforce demand

Figure 16: Changes in advertised certificate-level qualification requirements, comparing 2020 with 2016 - 2019 averages

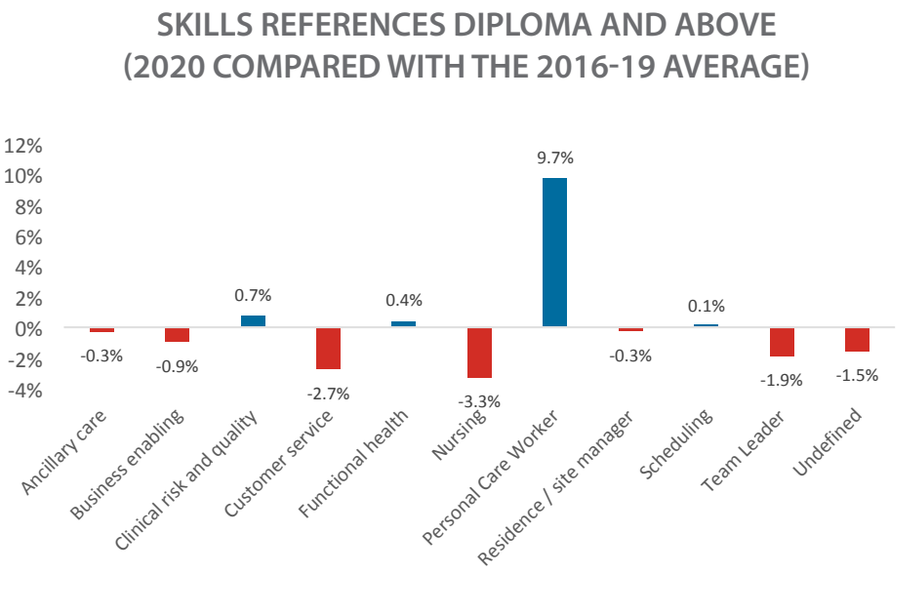


The proportional increase in job advertisement references to certificate level skills requirements (all certificates) only increased 3.5% for personal care workers in 2020 compared with the 2016-2019 average. This was a marked difference to the increased references in job criteria for diplomas when advertising for personal care workers.

References to Certificate III increased 1.9% for personal care workers, with minimal change for all other job families. This is likely to be due to the exceptionally high references to Certificate III in all job advertisements for personal care workers since 2016.

There were also minimal changes in references to certificate level skill requirements for other job families.

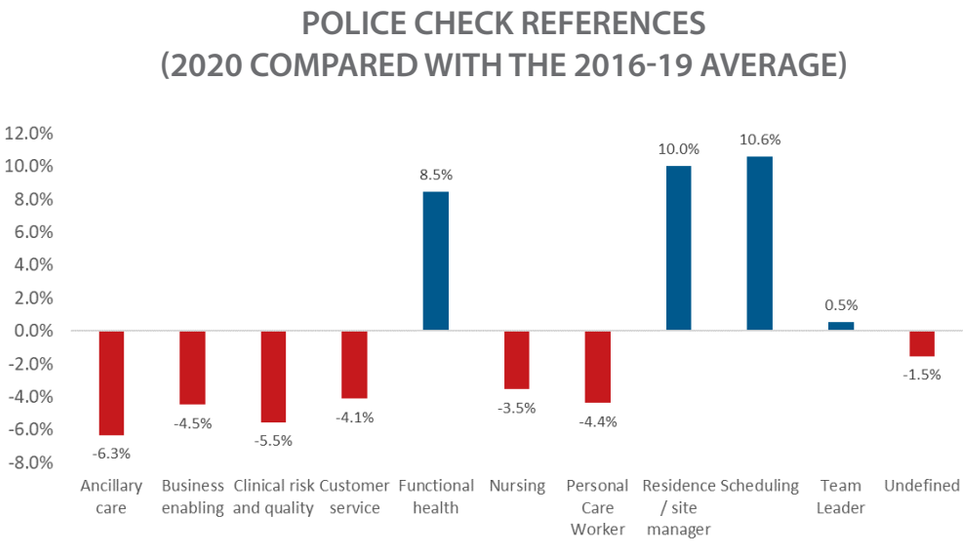
Figure 17: Changes in advertised Diploma and above qualification requirements, comparing 2020 with 2016-2019 averages



The most significant proportional increase in qualification requirements for personal care workers occurred in references to diploma and above.

3. Workforce demand

Figure 18: Changes in advertised requirements for police checks, comparing 2020 with 2016-2019 averages



In 2020, for some job families there has been a marked change in the reference to police checks in job advertisements. Given the nature of the roles where this occurred – functional health, residence / site manager and scheduling – this data may reflect attempts to recruit staff from outside the aged care sector.

Failing to reference police checks in online job advertisements does not mean that police check requirements were not satisfied prior to employment commencing. However, the data does demonstrate a changing focus on the information being relayed to prospective employees in 2020. Better practice would suggest that where police checks are required, this information should be captured in the job advertisement[18].

Of note, across the entire job advertisement dataset, police checks were identified in 36.5% of vacancies, making it the most common role requirement. Between 2016 - 2020 the highest reference to police checks was for ancillary care positions (50.5%).

[18] This is supported by the Australian Human Rights Commission who advises employers to clearly state any requirement for a police check when advertising

4. Research insights into the aged care workforce

MMA has developed four research insights that focus on contemporary issues currently facing Australia's aged care workforce.

We believe these issues are not only of interest to industry, but also support a whole of government dialogue across health, aged care, education and employment portfolios:

- **Insight 1: Casualisation**
- **Insight 2: Migration**
- **Insight 3: Retention**
- **Insight 4: Competency**

All research insights are somewhat interrelated and we would recommend reading them as a whole.

Research insight 1: Casualisation

The issue of workforce casualisation in aged care is complex and needs to be considered in the context of marketisation, funding arrangements, and the principles of consumer directed care.

The premise underpinning the marketisation of human services over the last quarter century has been a belief that greater contestability benefits consumers (Productivity Commission, 2016).

Yet, for many of these services, there is no real economic market, or even a quasi-market. Rather, the government pays for the supply of services and, directly or indirectly, determines what services will be supplied, the amount of service supplied, and the quality of service offered (Smith & Merrett, 2018)[19].

International research has shown that 'choice of care' impacts both the viability and long-term stability of some organisations – and that these risks are often transferred to the workforce, who are required to demonstrate infinite flexibility in order to sustain either a struggling organisation or a failing system (Cristiano et al., 2016; Dalrymple et al., 2017; Fine & Davidson, 2018; Macdonald et al., 2018).

Over the past 15 years, as part-time employment in Australia has become more common, concerns have been raised about the casualisation of Australia's workforce.

For the aged care sector, the issues with insecure work have been brought to the fore by COVID-19.

Casual employment is not the main issue

Workforce casualisation refers to the process whereby employment shifts from permanent full-time positions to part-time, casual, contract and other forms of engagement.

References to casual employment within the free text of the job advertisements between 2016 and 2019 have been consistent at between 29.7% to 32.6% of total online vacancies. Further, 30.9% of all aged care job advertisements in this period made references to 'casual'.

Within the aged care job families, personal care had the highest proportion of job advertisements with a textual reference to 'casual' (59.9%), followed by ancillary care (46.4%) and nursing (34.3%)[20].

The traditional management, business and administrative roles record low references to casualisation in job advertisements.

For example:

- Residence / site manager (0.4%)
- Team leader (2.9%)
- Clinical risk and quality (5.6%)
- Business enabling (7.4%).

Home care had a higher proportion of advertisements with text identifiers for casual employment (29.5%) when compared to residential care (22.2%).

Given the level of discussion around the casualisation of the aged care workforce, alternate datapoints were triangulated to validate these findings.

ABS data shows the rate of casual work across the entire labour market has remained steady at 20-25% since the mid-1990s after having increased significantly from the early 1980s to the mid-1990s from 13 to 24% (Gilfillan, 2018).

[19] Often referred to in this Report as a government-formed market | [20] Based on analysis of the data from 2016 – 2020.

Research insight 1: Casualisation

For a contemporary view, at the time of writing, of all aged care roles advertised on SEEK 22.2% were identified as casual employment.

While these observations may seem contrary to the perception that casual work is significantly increasing year on year, if we overlay the casual job advertisements identified by Qualski software with job advertisements identified by the employer as being part-time, then there is close to an even split between full-time roles and part-time/casual roles across personal care, ancillary care and nursing.

It is the growth in part-time work that requires continued investigation.

Growth in part-time work

Part-time/ casual workers will, in all likelihood, be working with two or three other employers, perhaps even in other sectors of the economy, in order to bring home a sustainable wage.

'Multiple job holding' is often greater for recent recruits, and especially for workers in home care. The reasons for holding more than one job was typically due to holding two different roles within the same organisation (e.g. administration and kitchen assistant) or two care roles with different organisations in order to supplement hours and income (Isherwood et al., 2018).

The 2016 NACWCS found that over 30% of aged care workers wanted more hours.

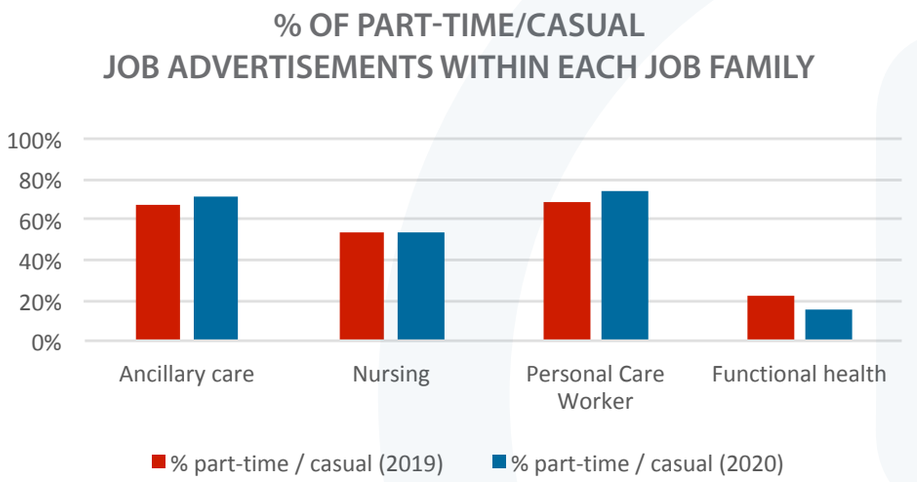
While the 2016 NACWCS reported approximately 10% of aged care workers worked more than one job (Mavromaras et al., 2017), this appears to be an underestimation. For example, the ABS has reported the most common industry of first concurrent job[21] was Health care and social assistance (14.4%), and almost four out of every five of these workers were female (Australian Bureau of Statistics, 2019).

Job advertisements highlight the prevalence of part-time/casual work, representing over 70% of the advertisements for ancillary care and personal care workers in 2020.

[21] A multiple job holders' first concurrent job is the one in which they earn the most income.

Research insight 1: Casualisation

Figure 19: Proportion of part-time and casual job advertisements by job family, 2019 compared to 2020



References to both 'full-time' and 'casual' in the text of the job advertisement were excluded from this analysis, only vacancies that referenced 'casual and full time', 'part-time' or 'casual and part-time' are captured in Figure 19 above.

Given the importance of frontline aged care workers[22] limiting the number of sites they work at during a pandemic, the fact that personal care, ancillary care and nursing have such elevated levels of part-time/casual workers indicates the magnitude of the management task for providers in locations where COVID-19 outbreaks occur in future.

Further research should be undertaken to clarify whether the replacement of casual by part-time work in the sector is masking the use of part-time provisions to produce an effectively casualised workforce at ordinary time rates by changing scheduled working hours at short notice and increasing hours at ordinary time rather than overtime rates.

Similarly, research should be undertaken as to the tax advantages and work life balance attractions for aged care workers in preferring part-time work.

The Department of Health will have current insights into the prevalence of multi-site workers through the administrative data collected under the single-site policy. This data should be made available to researchers, the industry and the public.

[22] In this Report references to 'frontline workers' include the ancillary care, nursing, personal care worker, and functional health job families. Some direct care roles within these job families were not able to be mapped.

Research insight 1: Casualisation

The hidden aged care workforce

There is also a need to establish a comprehensive view of the broader workforce relied upon by the aged care sector. For example:

- The number of people engaged through the agency work model has also increased with agency workers becoming increasingly critical to daily operations
- There are over 68,000 volunteers estimated to work in aged care services nationally (Mavromaras et al., 2017)
- Family and friend carers (often referred to as unpaid carers) should also be acknowledged for contributing to the care of older Australians as they play a significant role in supporting the aged care industry (Duckett & Swerissen, 2020).

Further work is required to either identify suitable data sources, or establish suitable data capture arrangements, to build a true picture of the role of agency staff, volunteers and unpaid carers in aged care. This data is vital to the success of future workforce initiatives.

The wellbeing of older people and the wellbeing of the people that care for them is intrinsically connected. By acknowledging and respecting the rights of workers, the aged care workforce will be better able to protect the rights of older people in their care (Schulmann et al., 2017).

Future settings

Future workforce settings will need to be based on the principles of flexibility and the ability to deliver personalised support.

In this scenario, the current framing of the role of home care providers will need to be reimagined, given that, in some circumstances, they will provide little more than an additional overhead for both the client and the government.

Research shows not only do system structures impact worker's wages and conditions, but poorly designed funding arrangements can mean that staff lose their professional autonomy, and relationship-building is crowded out by unrealistic workloads (Kerasidou, 2019).

As people choose to work in what might be described as a 'new wave' of service delivery (and early indications suggest they will be younger, with higher proportions of male workers), program settings will need to adapt to meet the preferences of this critical workforce cohort. That is, services that are not restricted to time-tabled support but are treated with respect and empowered to make decisions to support the individual.

Research insight 2: Migration

Research suggests that Australia's reliance on migration to fill frontline care[23] roles will drive one of two outcomes, both of which limit the ability of care workers (either local or migrant) to remain in the sector.

One possibility is that a poor recruitment culture will embed migrant workers in aged care jobs designated as low-skilled – reducing the need for employers to address the root causes of poor attraction and retention of local workers (Howe et al., 2019).

The other possibility is that an over-reliance on temporary migrant worker programs will produce permanent labour shortages because of the impact that increasing labour supply has on decreasing wages and conditions for a particular job (ibid).

An increasingly global workforce

In 2016, 37.1% of Australia's 295,324 direct care workers were born overseas, up from 31.2% in 2011[24], which was higher than the proportion of overseas-born workers in the general workforce (30.6%) (Eastman et al., 2016).

During this same period, the proportion of overseas-born personal care workers were also reported to increase from 43.7% to 50.2% (ibid).

Current labour market intelligence on migrant demand

Using Qualski's search engine, 17.6% of aged care job advertisements between 2016 and 2020 included phrases relating to migration[25]:

Advertisements for nursing roles were more likely to including migration related phrases, when compared to all other job families, reflecting the high levels of skilled migrant in this profession.

[23] In this Report references to 'frontline workers' include the ancillary care, nursing, personal care worker, and functional health job families. | [24] As of November 2019, 32.8% of Australia's total workforce was born overseas. However, the ABS's Characteristics of Recent Migrants dataset released in November 2019 does not provide a detailed breakdown of occupations. Therefore it is not possible to determine the proportion of the direct care workforce born overseas. | [25] Search phrases included migration, migrant, visa, working rights and residency.

Research insight 2: Migration

Job family	Migration reference	English language requirement
Ancillary care	13.1%	0.9%
Business enabling	16.0%	2.0%
Clinical risk and quality	16.5%	0.8%
Customer service	15.0%	2.5%
Functional health	20.2%	0.3%
Nursing - individual contributor	25.9%	1.3%
Personal care worker	17.9%	3.1%
Residence / site manager	6.0%	0.1%
Scheduling	8.5%	1.8%
Team leader	11.2%	0.6%
Not defined	16.9%	2.1%
Average	17.6%	1.6%

Table 8: Proxy indicators for migrant worker demand in aged care advertisements 2016 to 2020 by job families

There appears to be a low emphasis on English language requirements[26] in aged care job advertisements, with only 1.6% of all job ads 2016 to 2020. However, it does appear that frontline workers have higher references to English language requirements on average, with the highest being for personal care workers, in line with the communication skills required for this role.

References to migration requirements were highest in advertisements for jobs located in the Australian Capital Territory, Queensland and Tasmania, suggesting strong demand for migrant workers in these states (see Table 9).

[26] Search phrases included English, English skills, English language, IELTS, OET, Occupational English Test, English skills and like terms.

Research insight 2: Migration

State	Migration reference	English language requirement
ACT	23.1%	0.5%
NSW	19.0%	2.1%
NT	13.5%	0.2%
QLD	23.8%	0.9%
SA	10.5%	1.1%
TAS	21.6%	0.2%
VIC	14.5%	1.7%
WA	10.4%	2.1%
Not specified	13.4%	1.2%
Average	17.6%	1.6%

Table 9: Proxy indicators for migrant worker demand in aged care advertisements 2016 to 2020 by location

In 2016, migrants made up almost one-third of Australia's direct care workforce, including nurses, allied health workers, and personal and community care workers (Mavromaras et al., 2017).

The majority of these employees were already Australian residents, as workers in aged care are rarely recruited directly from overseas (Askola et al., 2021).

Care is constructed as 'low skilled' within Australia's migration settings, meaning many aged care workers do not qualify for skilled migration. As a result, migrant employees in the aged care sector are a mixed group, and include long-standing migrants, New Zealanders, partners of skilled migrants (whose skills were not assessed upon entry to Australia), international students, as well as migrants holding working holiday maker visas and humanitarian visas (Howe et al., 2019).

Migrant age care workers from non-English-speaking background countries are the most likely to be employed on a casual basis and to report underemployment (Askola et al., 2021).

Migrant workers are more willing to accept current wages and conditions – and researchers suggest this is because their right to remain in the country of destination is contingent upon them being employed, whereas local workers have no such inducement (Costello, 2015).

Given the likely ongoing impact (i.e. subsequent waves) of COVID-19 on migration it is even more important that the industry address systemic issues around retention and attraction especially for entry level and/ or low-skilled roles – for both migrant and non-migrant workers.

While some migrant workers may use aged care as a pathway to permanent residency, once residency is secured, if the conditions and wages in the sector are not sufficient to hold workers in the sector, migrant workers are likely to seek jobs elsewhere.

It would be worthwhile actively investing in the retention of existing migrant workers in the sector. While little research can be found in Australia, from one survey sample 60% of migrant care workers interviewed had experienced racism from residents both with and without cognitive impairment in Australian aged care facilities. Workers from African backgrounds experienced the most, with those from European backgrounds suffering the least (NSW Nurses and Midwives Association, 2016).

Clearly defined and attainable career pathways and fit-for-purpose retention strategies for the benefit of both migrant and local workers – particularly given, from 2020 onwards, migration patterns will be uncertain for the foreseeable future.

Research insight 3: Retention

Workforce retention is a multifaceted topic and requires a variety of strategies to manage it.

At present, aged care is not considered a highly attractive industry to work in, especially for young Australians, because the work is seen as low paid and low status characterised by underemployment and fragmented hours (Senate Community Affairs References Committee, 2017).

This insight highlights the importance of localised approaches to key workforce leavers. We also investigate the advent of new employment models and their ability to better connect independent workers with informed consumers.

There has been considerable public discussion about the challenges faced by the aged care industry in attracting and retaining local workers in lower-skilled jobs in the aged care sector.

On the one hand, this could be explained by the fact that care work is inherently difficult – physically demanding, repetitive, low status and often involving the performance of what are often viewed as dirty or demeaning tasks (Austen et al., 2016; Organisation for Economic Cooperation and Development, 2019b).

On the other hand, high turnover could be attributed to poor management practices in the sector, limited career pathways and opportunities for development and training, underemployment, as well as depressed wages (Senate Community Affairs References Committee, 2017).

Employers should seek to understand the reasons for turnover within their workforce, workplace conditions, geography and work context (Sears et al., 2017).

Data held by employers can inform targeted attraction, retention and utilisation initiatives – not just for their own organisation, but for the sector as a whole.

Local solutions

Empowering communities to grow their own aged care workforce is an issue of structural reform.

Proactively engaging with local communities will encourage a full examination of the support required to activate key supply levers (attraction, training, retention).

Devolution of these discussions to the local level will also help address the perpetual contest between Commonwealth, State and Territory Governments about their competing roles in orchestrating care systems using top-down approaches (Productivity Commission, 2017).

For example, when pay parity does not exist across sectors (i.e. health, aged and disability care), or funding sources (i.e. Commonwealth, State and local government) then market forces will mean particular employers will be under perpetual workforce pressures, diminishing their ability to provide adequate care services (Future Social Service Institute, 2018).

The persistent pressures facing providers of health and human services – such as increased competition, changing community demands, and problems in securing a sufficient supply of workers – might be ameliorated through greater innovation in how the care workforce is utilised, across jurisdiction, policy and sector divides.

Rather than imposing 'solutions' from above, policy makers have an opportunity to work collaboratively, across portfolios and across jurisdictions, to create a new, dynamic operational scaffolding for workforce development – removing impediments[27] to local innovation.

An opportunity exists to reform how labour-market programs are designed and delivered to better support communities wanting to take the initiative and build a local care workforce.

[27] MMA interviewed 37 frontline aged care managers working outside of metropolitan areas between June-December 2019, who noted primary impediments to workforce innovation were inconsistent wage rates, training requirements and employment conditions across different jurisdictions or funding sources for similar roles in the same community or region. Challenges navigating a multitude of fragmented labour-market programs – both employment services and vocational and tertiary education – was also raised as a key issue.

Research insight 3: Retention

Policy makers, working with local leaders and the community, should be better positioned to consider how barriers to innovation can be reduced (Productivity Commission, 2017), noting what works in one location may be ineffective – or, indeed, counterproductive – for another, given differences in circumstances.

Once these structural barriers have been removed – or at least reduced, greater emphasis can be place on sector, provider and community-level innovation.

The complexity of the service delivery environment outside of metropolitan areas in particular highlights the need for cross-portfolio and multi-jurisdictional policy settings to be streamlined – or at a minimum aligned – across employment and training initiatives, with more control being ceded to community-based governing bodies.

Lowering turnover costs associated with poor attraction and retention strategies will reduce operating expenses, making aged care programs more efficient and effective.

New employment models

Organisations must be creative and strategic if they are to attract, develop and retain the skills, capabilities and talent needed to deliver quality aged care services.

This includes looking beyond traditional sourcing and employment models.

By optimising their reach into the available pool of workers, employers who enable people to work with clients more broadly across the continuum of care will be better positioned to attract and retain critical skills.

Workforce attraction and retention strategies that account for the employment model preferences of workers will be particularly important given the growing competition between aged, disability and health care sectors.

A number of market 'disruptors' have already established themselves by tapping into a workforce that wants greater control over what services they provide, when and to whom.

Allowing individual staff to work across health, disability or aged care on terms and conditions that best meet their needs is just as complex and challenging as having (on average) over 50% of the workforce as part-time/casual. If employers are going to preference insecure work as part of their business model, there are fewer reasons to deny workers their preferred model of engagement.

Mable surveyed workers on its platform in August 2019 and in its submission to the Royal Commission on Aged Care Quality and Safety reported that 73% said their experience as a worker on the Mable platform was very good. Only 38% of workers said their experience of being employed by a home care provider was very good.

When considering issues of attraction and retention of workers within the industry, it is important to note how aged care compares with its closest competitor – the disability sector. Over the course of 2019 and 2020, based on data from the Mable platform, the average hourly rates were higher in disability than in aged care for two out of three key roles.

Research insight 3: Retention

From the snapshot of hourly rates in Table 10, it appears that even when consumers and workers are operating under new models of engagement, the playing field is not always equal. However, the difference in hourly rates for personal and ancillary care between disability and aged care workers is approximately $4.30 per hour [29].

Nevertheless, the best predictor of pay satisfaction is hourly earnings: carers with the lowest hourly wages are substantially more likely to be dissatisfied with pay, and the rate of dissatisfaction subsides as hourly earnings increase (Healy & Moskos, 2005). Compared to the Australian labour force as a whole, jobs in aged care are less likely to offer a living wage (Stewart et al., 2018).

Role	Sector	2019 Average Hourly Rate	2020 Average Hourly Rate
Nursing	Aged care	$47.83	$54.35
	Disability care	$41.33	$47.53
Personal Care	Aged care	$33.56	$36.21
	Disability care	$37.56	$40.52
Ancillary Care	Aged care	$31.75	$34.24
	Disability care	$36.13	$38.50

Table 10: Comparison of average hourly rates[28] between sectors

Industry comparison

Using real-time data from PayScale.com[30] as presented in Figure 20, the median hourly rate for roles within each aged care job family could be mapped (where data was available). A bandwidth was created using the top and bottom 10% of all hourly rates for that role.

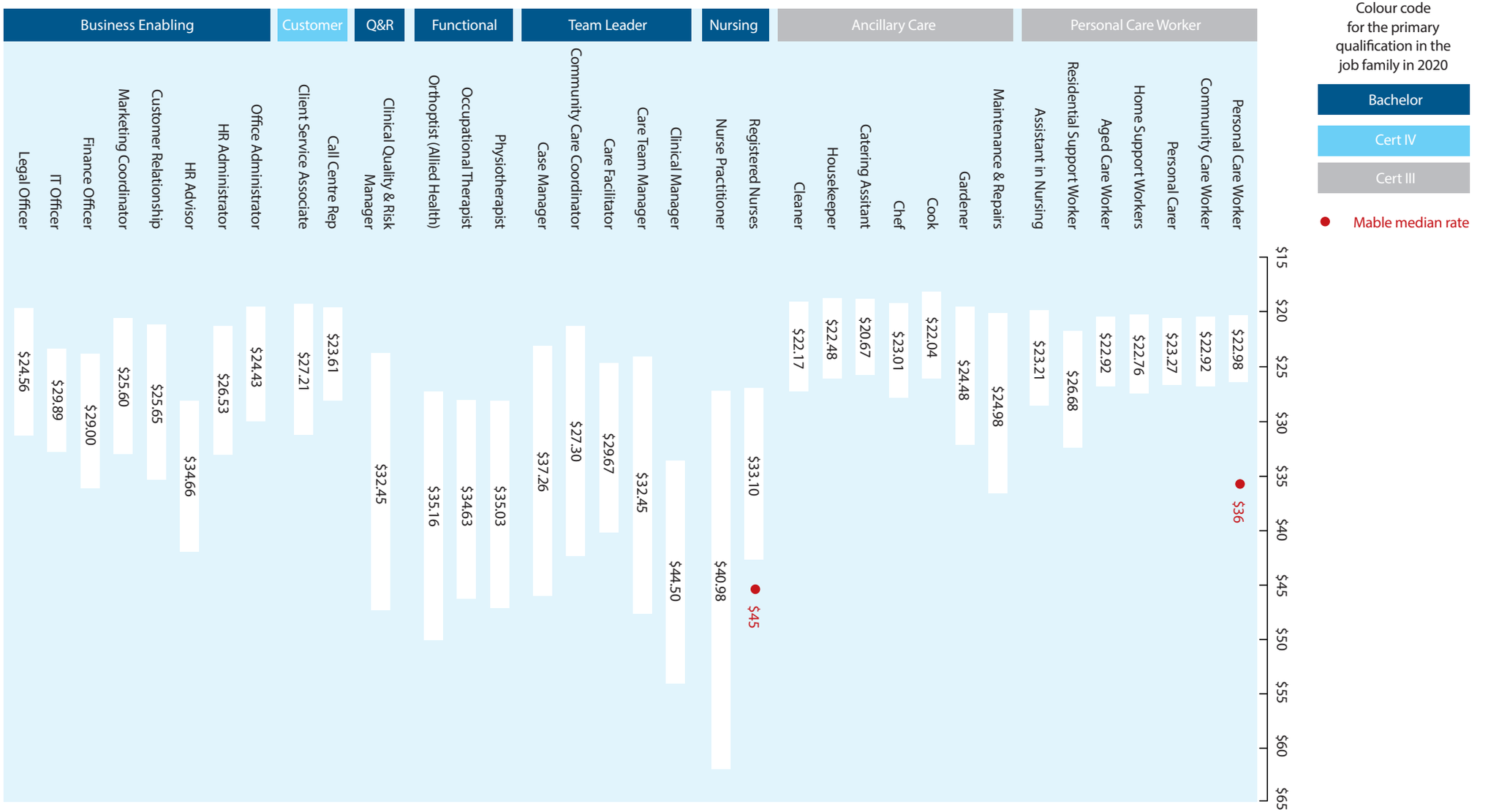
To provide a comparison with actual administrative data from the age care sector, we have mapped into our PayScale.com analysis the median hourly rate for personal care workers and registered nurses on the Mable platform. We have also identified the highest-ranking qualification in the job advertisement dataset for each job family.

This analysis highlights the attractiveness of the Mable peer-to-peer platform – validating the premise that both consumers and workers have higher levels of satisfaction when they can control their own terms of engagement.

[28] Hourly rates for independent workers are all exclusive of Mable platform fees. | [29] The different in hourly rates between aged and disability care workers on Mable is less than the difference often reported in the media in relation to traditional employment models. | [30] PayScale collects data through customer surveys. The survey specifically asks about base salary. This data was extracted in August 2020. Data sourced from Payscale.com is not aged care industry specific.

Research insight 3: Retention

Figure 20: Correlation between primary qualification and hourly rates (by job family)



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Research insight 4: Competency

Competencies are the knowledge, skills and behaviours needed to get a job done.

As new service and workforce models evolve and care is provided through multidisciplinary networks, with people who have varying skills and experience, there is a need for robust mechanisms to ensure safe and effective high-quality care is provided.

If the aged care industry is to move away from its current transactional model, towards person-centred care, employers will need to embrace a different approach to workforce skills development to enable carers to work with clients more broadly across the continuum of care.

In the future, the workforce will need to be capable of operating in environments that are more responsive to individual consumer needs.

This insight highlights that by adopting a standardised and consistent approach to basic competencies, both industry and individuals will be better equipped to develop the necessary capabilities to advance the quality of care for our rapidly increasing ageing population.

Every workforce and every workplace culture has both universal and unique characteristics and requirements. However, there is a case to be made that the fundamental competencies older Australians seek in an aged care worker, are the same.

The need to establish an employer-directed competency framework for the aged care industry is clear – without this foundational step, the training market will never be in a position to respond to the competencies employers – and consumers – need.

Without a competency framework, training content will remain disconnected from employer needs. It is this disconnection that results in an immense waste of resources, or to reflect what aged care human resource managers have told us[31], misdirected effort and duplication. To some degree, it is the vast amount of training repetition in the aged care sector that prevents people from progressing in their careers.

Failed training systems and the fear of compliance means aged care providers would rather put, for example a personal care worker, through the same basic training for a second or third time. In interviews with aged care staff and managers, it was reported that training duplication can happen irrespective of whether workers are new to the business, to the site location or even just to the service line. This is because no one can verify whether the previous training (commissioned by a different employer or delivered by a different training provider) met an agreed standard for basic competencies.

[31] Between September and October 2019, MMA surveyed 18 human resource managers from a relative sample of aged care providers. This research insight is based on the information provided.

Research insight 4: Competency

Context

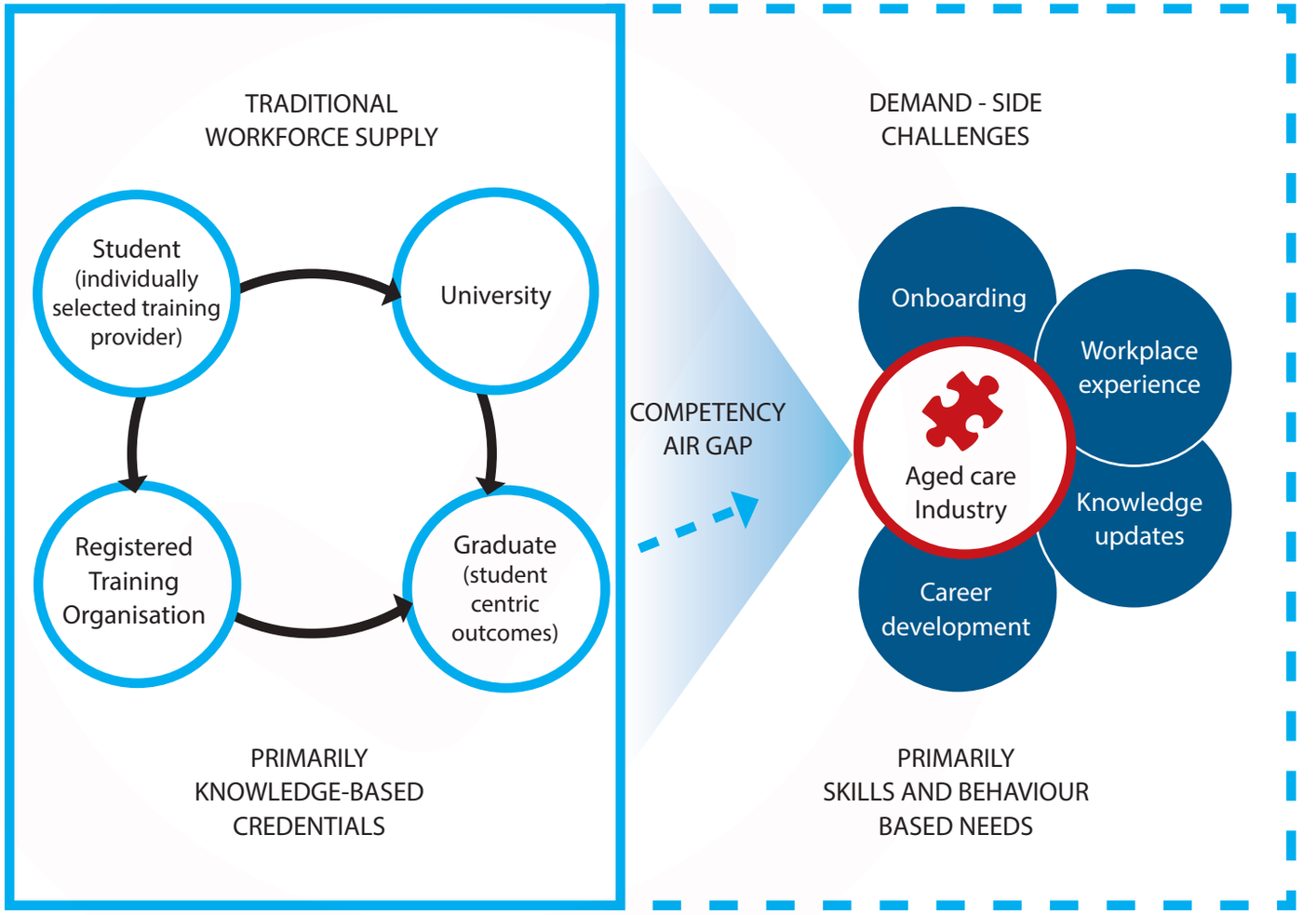
While there are any number of path-ways into aged care, the majority of aged care workers complete a formal training course relating directly to their current or prospective employment.

Traditionally, our tertiary education system has sought to build knowl-edge-based workforces – and to do this they have focussed on the student.

Having supply-led rather than demand-led training responses has resulted in an inefficient training continuum where too much effort is spent by employees repeating the same basic courses.

Training challenges are compounded by the absence of industry-wide competency standards, as well as an inability to verify competencies from training providers, between employers, and in some instances, between worksites.

Figure 21: Competency air gap



Research insight 4: Competency

Understanding service imperatives

At the heart of any workforce initiative is the consumer.

Consumer needs are becoming increasingly complex. Consumer expectations of the services they receive will also continue to evolve at a rapid pace. Combined, these pressures create the need for dynamic workforce planning and utilisation practices.

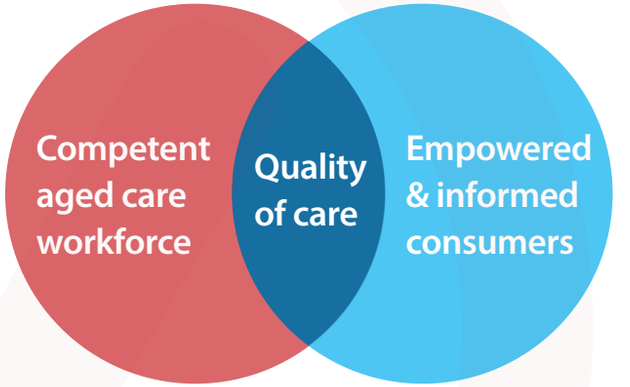
Understanding client needs and the services they expect from aged care providers today – and tomorrow – is an effective way to determine the nature and scope of workforce investment and drive the system changes required.

On the Mable platform certain services such as personal care and nursing require evidence of qualifications that are verified. However, Mable has found that what consumers value varies from person to person. Some consumers value qualifications, others value experience, while others value interests, compatibility and personal connection, trustworthiness, support workers living nearby, flexibility, life experience and general competency, language and cultural understanding.

While consumers may consider qualifications as part of the overall selection process – it is rarely reported as their first or only consideration. For a service provider, or sole trader, this means while knowledge provides a basis for competency, knowledge alone is not enough.

In an era of personalisation, consumer-directed care, choice and control, the core competencies of the workforce need to take account of the views of older Australians. That is, to deliver the best care and support to improve the lives and well-being of those who use aged care services.

Figure 22: Key contributors to the quality of care



Research insight 4: Competency

Deriving value

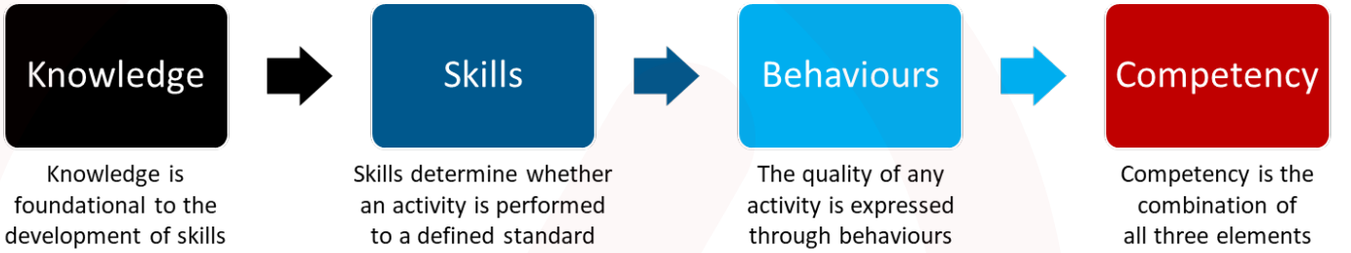
Some people think formal education is the only reliable measure of competency. Others believe in on-the-job training, and years of experience. Others again argue that personal characteristics hold the key to a competent workforce.

All of these are important, but none seems sufficient to describe an optimal set of behaviours and traits needed for any particular role. Nor do they guarantee that individuals will perform to the standards and levels required by industry, community, or government.

Competency is not binary – it must adapt and evolve as the needs of consumers, employers and government evolves.

The ability to perform well, or to be competent, builds on the basis of technical learning with practical experience and draws on personal attributes to successfully apply knowledge and skills to any task.

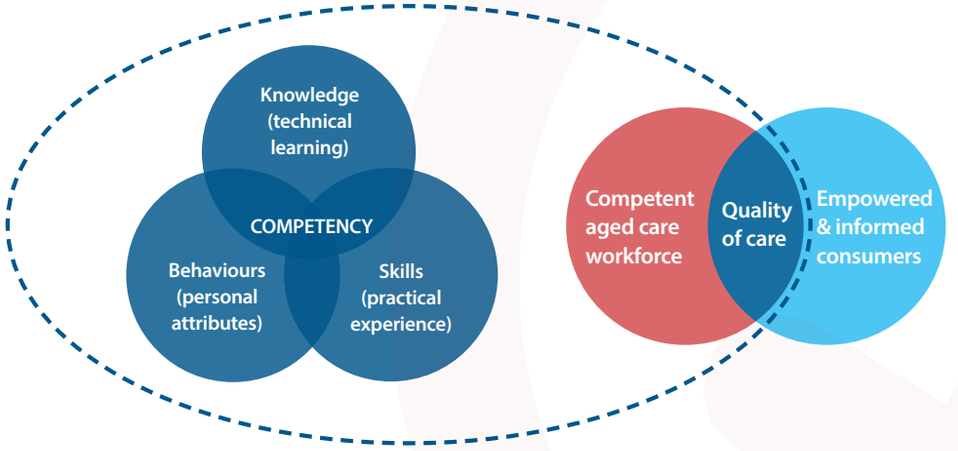
Figure 23: Key components of competency



Every competency should have a clear value – to the consumer (quality services) – to the employer (market differentiation) – to the worker (wage rates, career path).

Research insight 4: Competency

Figure 24: An agreed industry-wide approach to competencies should positively impact the quality of care



Employers need to be clear about the services they are providing and the outcomes they are seeking for their clients as the primary driver of who, how and when they invest in human capital.

There are many operational benefits to be realised from linking personal performance with organisational goals and values, such as:

Improving the value proposition to the consumer

- Demonstrate the level of expertise across the workforce.
- Demonstrate the link between workforce competency and service quality.

Improving the value proposition to the workforce (current and future)

- More efficient recruitment and onboarding.
- Customised training and professional development.
- Customised career pathways, with easier transitions from one role to another, to different parts of the business, to other employers, or to go out on your own.

Improving the value proposition within the organisation

- Evaluate performance more effectively.
- Identify skill and competency gaps more efficiently.
- Better inform workforce planning and utilisation.
- Ensure change management processes work more efficiently and effectively.

By openly specifying what people need to do to be effective in their roles, a standardised competency framework will help managers make informed decisions about attraction, retention, and succession strategies.

Research insight 4: Competency

Figure 25: Competency at the core of attraction, retention and succession strategies

Throughout September and October 2020, MMA surveyed staff responsible for learning and development across a representative sample of aged care providers, to learn about the sorts of human resource and learning management systems and practices currently in place in the sector.

One of the findings from this survey was that in many cases, aged care providers lacked the digital infrastructure necessary to easily facilitate the adoption of a competency framework, in many cases relying on frontline managers to identify potential candidates for progression, or in need of additional support, during annual review or performance management meetings.

MMA continues to work with aged care providers, micro and tertiary education providers to test innovative solutions to test whether a conceptual bridge could be built between workplace capability needs and existing training constructs in a way that respects each employer's unique requirements.

Research insight 4: Competency

Current state demand for knowledge (technical learning)

Taking a closer look at the Qualski job advertisement data, as a proxy for the level of demand for technical knowledge from employers, we can see that 77.3% of personal care worker advertisements mentioned Certificate III. This data includes references to employers supporting/ enabling a successful applicant to work towards this qualification.

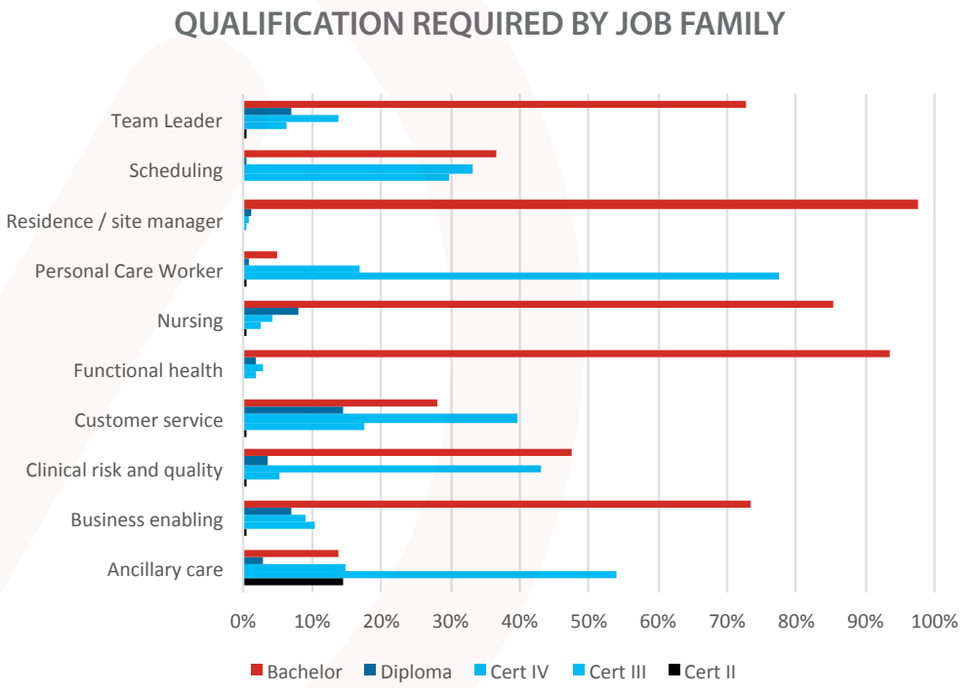
Certificate II is not common across the industry, and when it is referenced it most often relates to ancillary care advertisements.

Certificate IV is most commonly referenced in relation to clinical risk & quality, customer service, and scheduling advertisements. However, the primary qualification for both the clinical risk & quality, and scheduling job families was at the bachelor level.

References to one or more certificate level qualifications were identified in 24.5% of the Qualski job advertisement dataset.

Bachelor level qualifications were most commonly referenced in residence / site manager and functional health job advertisements.

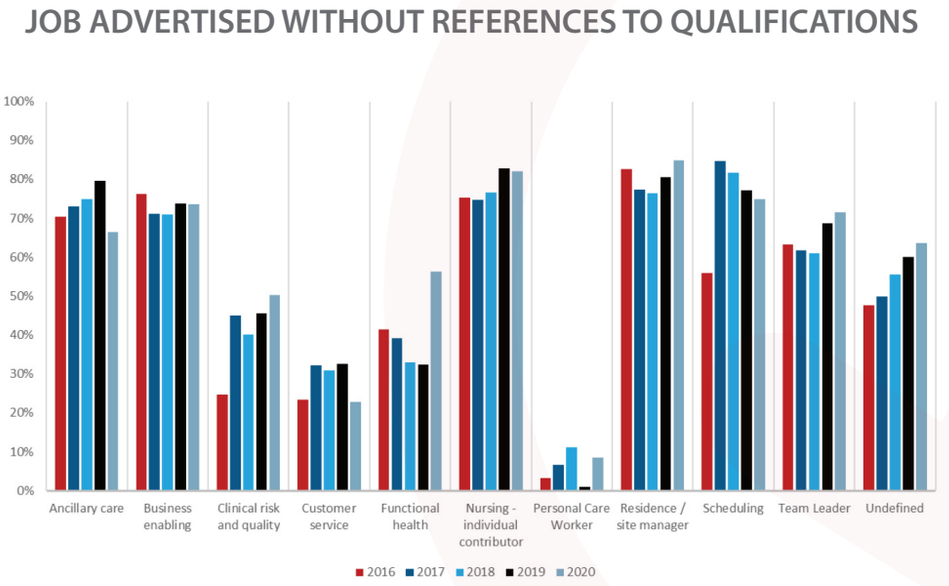
Figure 26: Qualifications referenced in job advertisements by job family, between 2016 and 2020



Research insight 4: Competency

Figure 27: Overall trend in specifying qualifications requirements in job advertisements, 2016 – 2019

A number of aged care roles are advertised without mentioning any formal qualifications.



[32] As shown in Figure 20, those job families associated with bachelor level qualifications tend to have higher median wages, as well as a larger bandwidth. The larger bandwidth of hourly rates suggests that these job families may have higher potentials for career advancement or development, with the potential for earning to increase with experience. | [33] NCVER data viewed at https://www.ncver.edu.au/research-and-statistics/data on 21 September 2020. | [34] This data does not account for workers only intending to complete one subject to improve knowledge and skills on a specific topic.

Figure 27 serves to demonstrate that, from the perspective of employers, knowledge (technical learning) alone is not a suitable benchmark for attracting a high-quality workforce.

The absence of a standardised industry endorsed competency framework for aged care may create unnecessary barriers to prospective workers.

It is difficult to match out-of-industry technical knowledge and experience to aged care roles without public facing skill requirements, including in job advertisements.

Additionally, technical knowledge that might be sought as part of recruitment activities needs to be applied and measured in a range of work contexts to validate competency. Primarily, the responsibility for competency validation falls to frontline managers, after the engagement processes are finalised – often leading to repetitious basic training.

Current state assessment of skills (practical experience)

The hourly rates of pay for personal care workers are not substantially improved by the achievement of aged care qualifications (Hodgkin et al., 2017; Martin, 2007)[32].

While survey results will often show that employees are satisfied with how employers are addressing training and skills issues, according to the National Centre for Vocational Education Research[33] (NCVER) the average course completion rate for community and personal service workers was 33.3% between 2016 and 2019[34].

The vast majority of aged care workers consider themselves to be working in jobs that make good use of their skills. Although educational attainment appears to matter little in shaping this perception, it is clear that the least skilled workers (those without any post-school qualification) have more favourable perceptions about skill utilisation (Healy & Moskos, 2005).

Research insight 4: Competency

A mismatch of personal attributes

Based on surveys of aged care workers over several years, there were 7 attributes workers believed their managers were seeking (in order):

Honesty: Honesty, openness, truthfulness, transparency, sincerity, frankness, being up-front or straight forward.

Respect: Respect for the manager and respect for others.

Quality Work: Good quality or high standard of work, the job done well or properly, or excellent practice.

Work Ethic: Hard work ethic, diligence, productivity, conscientiousness, 100% effort, application, extra work or a fair day's work for a fair day's pay.

Teamwork: Teamwork, cooperation, sharing, contributing, participating, collaborating, working together or getting along with others.

Reliability: Reliability, consistency, dependability, regularity or 'no surprises'.

Communication: Clear communication, information, reporting, feedback, advice discussion, notification, meetings, asking questions, asking for help, raising issues or keeping others informed.

Matching personal attributes identified by the workforce with those described in aged care job advertisements (as a proxy for managerial preference for the personal attributes of their workforce) highlighted a clear misalignment between how these attributes are valued.

In summary:

- Communication was the most referenced attribute across all aged care job advertisements (45.4% of all core attribute references)
- Teamwork and work ethic were the next most referenced core attributes at 25.1% and 22.5% of all job advertisements
  - Teamwork and work ethic references were highest in the customer service job family at 30.6% and 28.1% respectively
- The only anomaly to this pattern is that job advertisements for personal care workers prioritised reliability (29.5%) over work ethic (20.5%) and teamwork (18.5%)
  - Communication was still the highest priority attribute for personal care workers at 34.4%
- Honesty was the least mentioned attribute across all job families, included in only 4.1% of job advertisements.
  - Advertisements for personal care workers scored the highest number of references at 8.5% followed by scheduling at 7.6%
- References to respect were highest in the job advertisements for scheduling at 9.1%
- Quality work was most referenced for clinical risk and safety vacancies at 13.2%.

While there is some overlap between what staff and mangers believe the core personal attributes to be for each job family, there are stark differences in how management prioritises these behaviours – meaning attraction polices and recruitment practices may not reflect the lived experience of staff.

For a sector with one of the highest growth rates in the whole economy, good alignment between employer-employee expectations are critical, for the retention of existing workers, the attraction of new ones and the productive utilisation of the present workforce (Isherwood et al., 2018).

To this end, the creation of an industry-driven competency framework appears to be a critical next step – incorporating behaviours alongside knowledge and skills.

Research insight 4: Competency

Structural impediments

Not only does the fastest growing workforce, one of the largest in the nation, not have mandated minimum qualification for critical roles such as personal care workers, there is also no requirement for continuous professional development and poor perceptions of career pathways.

Most importantly, from a consumer perspective, there is not a clear set of personal attributes or behavioural standards that address the fundamental need for social care in additional to fundamental care tasks.

For a competency-based approach to be successful, technology infrastructure issues across the sector need to be addressed. All older Australians deserve access to a competent aged care workforce, meaning leaving smaller providers behind is not an option.

Like all infrastructure investments, there is a clear role for government, as system stewards, to support the development of independently sustainable learning infrastructure.

Developing a competency framework is resource intensive and complex, but it cannot be developed in isolation of enabling (preferably open source) infrastructure.

5. Why data infrastructure is important

Currently, aged care workforce data are predominantly collected from periodic surveys undertaken by the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW) and the National Institute of Labour Studies (NILS).

The usefulness of the available data is limited for a variety of reasons. First, the survey methodology used by the ABS to collect data has not been designed to clearly distinguish the aged care workforce from the wider health and community services workforce[35]. Similarly, data relating to informal carers and volunteers do not distinguish between services provided to older Australians and/ or people with disability[36].

An often relied on source of data on the size and composition of the aged care workforce is the National Aged Care Workforce Census and Survey (NACWCS), undertaken by NILS, and commissioned by the Department of Health and published periodically since 2003.

The most recent NACWCS data is from the survey undertaken in 2016, publicly available in aggregated form in a report published in 2017 (Mavromaras et al., 2017).

In the three years since the last NACWCS report was published, there has been a paucity of comprehensive datasets commissioned or released on the aged care workforce.

Changes to survey methodologies make it difficult to identify changes in the number, composition and characteristics of workers. Most commonly, changes in data definitions and survey coverage make it difficult to compare data over time.

Moreover, there are several problems with existing workforce datasets including incompleteness, incomparability over time and a high level of aggregation.

[35] For example, while the Australian and New Zealand Standard Industry Classification (ANZSIC) does have a classification for Aged Care Residential Services, there is no equivalent classification for home care services. Conversely, the Australian and New Zealand Standard Classification of Occupations (ANZSCO) defines Aged or Disabled Carers as providing support for "aged or disabled people in their own homes", with no equivalent occupation for residential aged care workers. | [36] See the Explanatory Notes for the ABS's 2018 Survey of Disability, Ageing and Carers, Australia.

5. Why data infrastructure is important

Not much has changed since 2008 when the Productivity Commission found workforce data relating to aged care services and covering the three main categories of workers – formal paid staff, informal carers and volunteers – are limited (Productivity Commission, 2008).

Important data is not captured, available data is not utilised and the data that is captured, is not reliable enough to authoritatively inform decision making. As reflected in Senior Counsel Assisting, Peter Rozen QC's closing address to the Royal Commission on 18 October 2019 '… we don't think this is sufficient for a workforce that is experiencing significant change' (The Royal Commission into Aged Care Quality and Safety, 2019b).

Continued shortcuts on data collection and reporting will continue to place considerable, additional administrative burden on the industry. The current approach denies both government and industry the ability to quickly and appropriately respond to existing and emerging workforce issues.

However, improved access, especially to proprietary data, by government should be on the basis of contributing to the public knowledge base so as to improve the capability, capacity and confidence of the workforce and the people they support.

Like all infrastructure investments, there is a clear role for government in building sustainable data architecture. As with all innovations, translating concepts into practice will only be achieved with strong and bold leadership.

Standardising and streamlining workforce data collection will lead to more sophisticated analysis and more responsive policy design – and it will deliver faster results than any other approach.

6. A modern data and research environment

Government policy settings are heavily reliant on available data. Currently, there is a lack of timely and comprehensive workforce data.

6.1. Background

"Looking to the future, the aged care industry requires a coherent strategy and key enabling infrastructure to support the strategic investment, translation and uptake of innovations designed to improve workforce capability, care quality and effectiveness" (Aged Care Workforce Strategy Taskforce, 2018).

Since the 2016 NACWCS, requests from the Department of Health for workforce data have been manual, and in more recent times provided in the form of Microsoft Word document templates. In addition to the burdensome nature of repeated and duplicative information requests – the unrepresentative, inconsistent and incomplete nature of this data brings into question the validity of decisions based on such information.

Only providers with the systems capability and resources can respond to manual requests. Without an agreed data dictionary, or data standards there is no way of knowing whether data points are comparable.

As with other outsourced government services, the government has a clear role in providing key data infrastructure. The opportunity currently exists to better manage aged care data, with appropriate investments in data infrastructure that will enable streamlined data sharing through secure data access arrangements – taking advantage of new technologies and making the best use of existing data and scarce resources.

A coherent strategic approach to data infrastructure is a prerequisite to realise a data-driven transformation of the aged care workforce.

6. A modern data and research environment

6.2. A new perspective

For many in government, modernising the collection, sharing and reuse of data are an uncomfortable deviation from existing processes and methods. In cases where governments have a financial overhead for providing the technical and organisational infrastructure to gather and then process data, that data is understandably seen as an asset.

However, information derived from workers, employers and consumers should not be restricted only to governments or a limited few. This is not about making sensitive data open. This is about providing safe access, through strong and clear governance, and requiring transparency of analysis and publication of outputs.

While some may cite the loss of control as an objection to investing in independent data infrastructure – this is quite possibly the only prudent way to overcome concerns of data owners that their datawill be misinterpreted, compromise confidentiality, or increase their own workload.

It is particularly important that, as a priority, workforce insights are put back into the hands of those who can best use it – employers.

6.3. Investing in infrastructure

A strategic approach to data infrastructure, inclusive of enabling data management frameworks, is essential for governments to move beyond the volatility of incidental, ad-hoc and narrow data-based decisions, towards more robust and impactful data-driven policies (Organisation for Economic Cooperation and Development, 2019a).

Such an approach is needed to recognise data as an essential ingredient when seeking to improve the performance of the aged care industry. For example, in the context of the workforce, data infrastructure is needed to provide human resource managers with the necessary inputs for insight and oversight to address safety (competencies), organisational health (satisfaction), service quality (performance), costs (attraction and retention) and other issues.

Sufficient resources are required to develop and sustain data infrastructure: data is not a free endeavour; knowledge takes time and money to build.

Data infrastructure needs continued funding, especially to support new capabilities. Data initiatives are long-term propositions, and resources must be maintained on an ongoing basis.

Aged care providers across the sectors vary in terms of their external and internal environments such as geographical location, demography, funding sources, infrastructure and workforce.

Given the diversity of the sector, with many different parties involved in service provision, there are several factors working against the industry in orchestrating sufficient data infrastructure without government support:

- Budget constraints: with the focus on delivering quality services to older Australians, providers would prefer to invest in direct care.
- Disparate systems and data silos: established providers often have legacy systems in place, which often results in disconnected systems, tools and apps – and inconsistent or bad data.
- Scarcity of technical resources: with the exception of large enterprises, businesses do not typically have large IT or technical teams to devote to digital transformation initiatives.
- Risk aversion: many provider organisations are 'single site' operators. Investing in new technology would be considered a high-risk that, if unsuccessful, could impact the organisation's ability to continue to operate.

6. A modern data and research environment

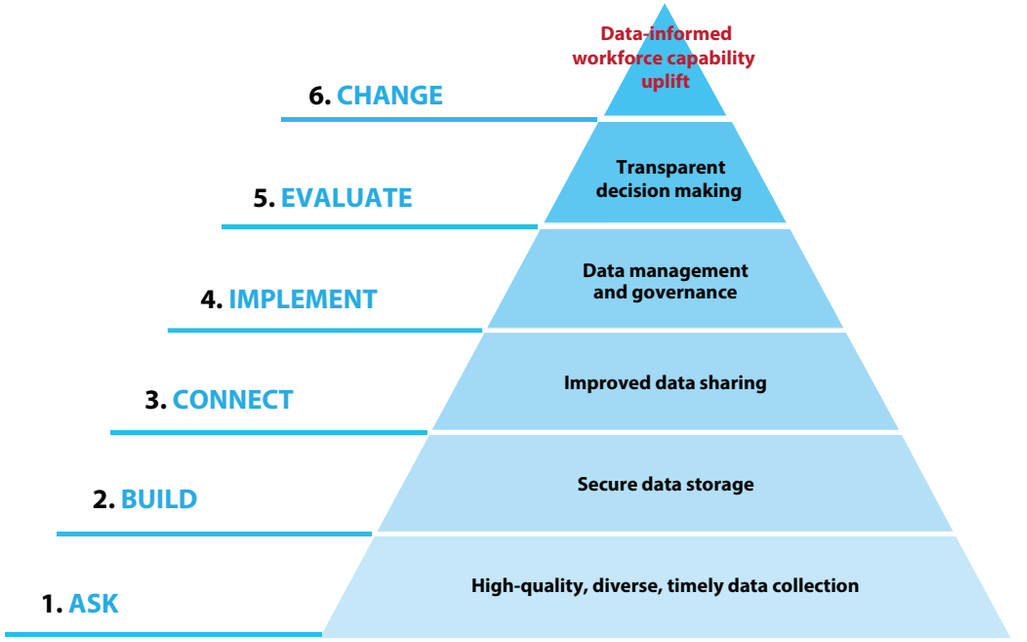
6.4. Building the foundations for success

The objective of any future data strategy for the aged care sector should be to fast-track granular levels of data into the hands of:

- **Employers** – who can make an immediate difference to workforce capability, capacity and quality
- **Decision makers** – who can adjust policy and program settings to improve workforce impacts on quality of care
- **Researchers** – who can unpack system complexities and propose targeted and innovative practice and capability improvements.

The building blocks outlined in Figure 28 and below are designed to reflect the hierarchy of data needs for industry-wide workforce capability uplift.

Figure 28: Hierarchy of data needs for workforce capability uplift



6. A modern data and research environment

6.5. The backbone of good policy

Foundations need to be built from the ground up. But the critical component, above everything else, is leadership.

1 ASK

Invest in data collection mechanisms that will assist managers, policy makers and the industry as a whole to better understand the workforce challenges and the opportunities to formulate strategies to deliver high quality care.

Future investments in qualitative and quantitative data collections should incorporate robust feedback loops to deliver actionable insights to workers, managers, executives, policy owners and decision makers.

2 BUILD

Improve the volume, velocity, veracity and validity of workforce data by investing in an independent and secure data storage capability.

Future analytics capability is dependent on the ability to securely store de-identified information for analytical purposes. Without data infrastructure investments future workforce analytics will not be able to draw correlations and causation to formulate deeper insights into the aged care workforce.

3 CONNECT

Once investments in data infrastructure are known, industry can then commit to a program of work that develops Application Program Interfaces (APIs) to allow for the sharing of information in standardised ways across platforms, service systems and end users – enabling safe and secure data interrogation at a granular level.

Continued requests from multiple government departments for manual reporting, especially during times of crisis is not sustainable. Waiting over four years for an update on the current state of the aged care workforce is untenable.

4 IMPLEMENT

Any future investment in data capture should incorporate both funding to build the necessary technology and funding to govern the range of challenges concerning information security.

To this end, an independent body should be identified or established to assume the role of data custodian, establishing data protocols, which sets out the principles, rules and procedures governing data access, use and dissemination of data, including the release to external stakeholders, government departments and researchers. The role of this independent body would include the governance and application of data standards.

The independent body would also be responsible for the commissioning of qualitative surveys, and at a minimum ensuring ISO standards for market research are upheld.

The governing body will need adequate capability and funding to undertake these critical governance roles.

5 EVALUATE

The result of funding and establishing an industry-driven data, analytics and research capability will be increased transparency and accountability.

While some feedback and reporting will necessarily remain internal (i.e. personal details relating to individual workers or particular circumstances), workplaces, employers and the industry will soon be able to benchmark performance on a regular basis.

Once satisfactory feedback loops are in place, public reporting against key measurements known to improve care quality and workforce health and wellbeing should follow.

6 CHANGE

Employers, workers, consumers and their representatives all have a pivotal role to play in change management.

With the right investments, structures, roles and responsibilities in place, the data custodian also becomes a key point of communication – a thought-leader to drive of real, sustainable change across the aged care industry – something that government departments, at arm's length from the workforce, have struggled to achieve.

With the right levels of transparency and communications reach, the data custodian would be well placed to pursue systemic improvements for the workforce, employers, clients and communities alike.

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Appendix 1: Methodology

Overview

Miles Morgan Australia (MMA) works with complex data to derive insights through advanced analytics methods, such as:

- Data enrichment and linkage across multiple datasets
- Processing and analysis using tools from Excel through to R and Python
- Visualisation through Tableau, Adobe suites and GIS packages
- Statistical analysis including various regression and logit models, as well as more advanced methods such as machine learning and natural language processing if required.

This Report utilised statistical methodologies to derive insights and conclusions through the application of multiple data sources.

Appendix 1: Methodology

What we examined

Aged care workforce qualitative surveys

We examined an extensive array of workforce survey results, which we have not included in this Report. Proprietary surveys of the aged care workforce we reviewed for this report did not appear to meet ISO standards. Specifically they did not have documented methodology, including survey quality control and standards, taxonomic processes (coding qualitative survey responses), the method for categorisation of responses if generalisation or de-aggregation was performed, and records on metadata or the creation of a data dictionary for users.

MMA has included interviews with aged care staff, frontline managers and human resource personnel. While the selection of interview participants was broadly reflective of the composition of the industry, the number of interviews conducted mean the results cannot be considered to be representative of the aged care sector.

Aged care labour market demand data

MMA has sourced labour market job advertisement data from Qualski, an Australian labour market intelligence company. The Qualski job advertisement dataset includes 171,694 aged care job advertisements posted on the internet from March 2016 to May 2020. This dataset enabled MMA to synthesise the demand of the aged care workforce, including selection criteria that the employers have been seeking.

Aged care service platform data

Mable has provide MMA with aggregated information derived from their platform based on detailed questions provided by MMA for inclusion in this Report.

Publicly available datasets

Data in the public domain has also been used in this analysis for enrichment, cross-reference and comparison. These public datasets include the Australian Bureau of Statistics (ABS) Population Census and Characteristics of Recent Migrants Survey (CoRMS), and the Aged Care Service List prepared by the Australian Institute of Health and Welfare. Some publicly available data collected by private businesses were also used, for example, PayScale[37] data for salary analysis.

[37] See payscale.com for further information.

Appendix 1: Methodology

What we did

Aged care labour market demand data

Qualski are able to draw on over 7.3 million unique Australian job advertisements published since 2016, applying their technology according to create a unique dataset aligned with the specific needs of a project or client. For the 2020 Aged Care Report the demand dataset included 171,694 job advertisements distributed, over five calendar years, 2016-2020[38].

Qualski cleaned this data, categorising the job advertisements into agreed job and skill families, providing MMA with prepared dataset ready for analysis.

The Qualski dataset was primarily analysed through cross-tabulation of variables (time, job family, qualification, etc.) to examine the statistical picture of the aged care labour market demand with segmentations. This enabled MMA to examine demand-side workforce issues more closely. The time series provided an opportunity to identify and evaluate labour market trends and changes over time.

The analysis below has been presented using proportions as opposed to absolute values. Once again, this approach minimises the impact of inconsistencies in data sources, and allows for comparisons across years.

Strengths and limitations of aged care labour market demand data

Strengths	Limitations
• Qualski pre-cleaned the data into an analysable format ready for cross-tabulation analysis. • MMA provided a comprehensive scope of our data requirements, including aged care service categories; detailed job family breakdowns; qualifications overview; key text searches (i.e. casual). • The dataset outlined various categories of labour market demand criteria, including: - Time (by year and month) - Location (by state and suburb) - Job family - Service type (homecare and residential) - Qualification - Police check requirement - Skills required - Employment type (full-time, part-time and casual) • The dataset is comprehensive and statistically representative.	• Job advertisement analysis provides valuable indicative insights about the labour market. However, some advertisements are not listed online and not all online advertisements are collected by Qualski's job advertisement partner Adzuna. The underlying job advertisement sources may also change over time. The information included in job advertisements is entered at the discretion of advertisers with varying degrees of quality and accuracy. Interpretation should focus on understanding key trends and relative differences between occupations, including identifying areas for subsequent deeper analysis. • The dataset did not contain salary information. Salary information was supplemented using PayScale.com data (Aug 2020). This data does not include a historical trend comparison.

Table 1: Characters of the aged care labour market demand data.

[38] 2016 data was limited to March to December, with 2020 data limited to January to May.

Appendix 1: Methodology

Breakdown of sample aged care labour market segments

Year	Total Count	Home Care	Residential	With Certificates	Police Check Required
2016*	34601	8615	18796	10214	11405
2017	46237	10831	26461	11767	17679
2018	42421	10061	24400	9401	16071
2019	36878	7161	23369	8011	13323
2020**	11557	2468	6887	2645	4110
YEAR	Casual	Part-Time	P/T or Casual	Full-Time	F/T or Casual
2016*	3921	6262	3094	12829	1620
2017	6023	7108	2753	13286	1073
2018	4758	5906	2164	15311	2030
2019	3869	5212	2317	14018	2120
2020**	1251	1591	798	4490	618

Table 2: Aged care labour market demand data job advertisement counts and segmentations

*2016 data only includes March to December
**2020 data only includes January to May

Year	Total Count	Home Care	Residential	With Certificates	Police Check Required
Year	Ancillary care	Business enabling	Clinical risk and quality	Customer service	Functional health
2016*	3393	2200	567	1732	3116
2017	4797	3306	712	2811	5126
2018	4331	2995	656	2606	5790
2019	3103	2223	705	2149	5627
2020**	854	607	237	499	1873
Year	Nursing – individual contributor	Personal care worker	Residence / site manager	Scheduling	Team Leader
2016*	6555	9472	1867	159	4140
2017	8971	11017	2118	312	4767
2018	8408	9357	1765	367	3930
2019	7648	7807	1711	223	3896
2020**	2122	3070	628	32	1175

*2016 data only includes March to December
**2020 data only includes January to May

Appendix 1: Methodology

Peer-to-peer platform data

MMA also sourced aggregated data from Mable, captured primarily for administrative purposes. Mable has a unique combination of job advertisements, employment outcomes and demographic information.

MMA engaged with Mable executives over three detailed conversations before MMA submitted a detailed data request (to Mable in writing). This request was refined based on data availability. Further refinements occurred once the initial data output was reviewed by MMA. Mable provided aggregated data only. All commentary surrounding the presentation of Mable data was provided by MMA.

Geographical structure

The Modified Monash Model (MMM) was developed by the Department of Health in 2015 to better target incentive payments for rural doctors, and is currently used as a proxy measure of access for a number of Commonwealth health and social services.

Where possible, geographical segmentations such as the Modified Monash Model (MMM) were created using State Suburbs (SSC) structure published by the Australian Bureau of Statistics.

Category	Definition
Metropolitan (MMM 1)	All areas categorised ASGS-RA1.
Regional Centre (MMM 2)	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with a population greater than 50,000.
Large Rural Town (MMM 3)	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MMM 2 and are in, or within 15km road distance, of a town with a population between 15,000 and 50,000.
Medium Rural Town (MMM 4)	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MMM 2 or MMM 3 and are in, or within 10km road distance of a town with a population between 5,000 and 15,000.
Small Rural Town (MMM 5)	All other areas in ASGS-RA 2 and 3.
Remote Community (MMM 6)	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the Australian Bureau of Statistics (ABS) geography and is more than 5km offshore. Islands that have an MMM 5 classification with a population of less than 1,000 (2019 Modified Monash Model classification only).
Very Remote Community (MMM 7)	All other areas, that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

Table 3: MMM classifications summary

Appendix 1: Methodology

What could not be included

At the time this Report was completed MMA was unable to access data covering:

- Industry remuneration – while salary ranges from Payscale.com were used to provide a high-level indication of pay rates, there were some limitations to this approach. For example, the Payscale.com data does not include historical data to identify trends. This data is also not unique to the aged care sector, and so there may be instances where workers in aged care are consistently earning lower or higher wages than workers in similar roles in different industries
- Geographical distributions – each dataset used different systems to collect and describe information about the geographic location of individual datum points. Typically, geographic breakdowns were limited to major city and a combined regional/remote category

Opportunities to improve

- While MMA has undertaken the task of manually aligning job roles with the job families put forward by Korn Ferry as part of work commissioned by the Aged Care Workforce Taskforce (Korn Ferry Hay Group, 2018) for the purposes of this Report:
  - It would be beneficial to establish an agreed job families taxonomy for aged care, which would allow for improved capability and confidence when analysing data across multiple sources.
  - Until a standard is agreed, we would recommend basing future aged care workforce research on job families on the classifications endorsed by the Aged Care Workforce Taskforce (as detailed in Appendix 2: Aged Care Job Families).
- While 2020 may be considered an outlier in future years, we believe some of the significant changes in job advertisement criteria provide insights in what employers seek during a time of crisis. Future studies should consider whether these are in fact systemic issues.
- Job advertisement trends show an increasing demand for workers in residential care and a decreasing demand in home care. However, since 2016 the aged care job advertisement composition seems misaligned with client service provision – instead showing greater alignment to how funding is distributed across the sector. Further exploration would assist in determining whether staff turn-over in residential care is driving this increased demand.
- Existing data can be linked with other public datasets such as the Australian Bureau of Statistics, Australian Institute of Health and Welfare and Department of Health to further explore the relationships between supply and demand.

Appendix 1: Methodology

Enhancing future analysis

- Further work is required to either identify suitable data sources, or establish suitable data capture arrangements, to build a true picture of the role agency staff, volunteers and unpaid carers in aged care.
- During the research period, MMA did analyse data from other care sectors – such as the disability, health and community sectors. Expanding the scope of future workforce analysis to compare aged care against these aligned sectors would be beneficial.
- It would be beneficial for future workforce surveys to include questions exploring recruitment and hiring practices. This would complement job advertisement data and help to build a more accurate evidence base about formal and informal means of engaging workers.
- A COVID-normal has not yet been established, meaning the true impact of the initial outbreak, and re-base lining of labour market activities will not be seen for another 6 months (approximately). We would recommend rerunning key parts of this analysis at that time.

Improve reporting frequency and transparency

Qualski technology identifies and categorises information from the text of online job ads, producing localised, customised labour market intelligence.

- Qualski can identify relevant advertised jobs within a specific industry and can produce detailed analysis of job requirements based on parameters set by you – delivering a rich dataset of highly targeted insights.
- Qualski can report and update the data on a periodic basis to keep you abreast of the latest trends. To keep ahead of the curve, we recommend updating quarterly at a minimum. Data feeds are also available.
- Qualski can provide a bespoke dataset for inhouse analysis on a one-time or regular basis, as required – or can work with MMA to present key findings or undertake detailed analytics on specific topics of interest.

Supplementing bespoke labour market analysis

Advertised roles are never expected to be commensurate with the existing workforce composition. However, by undertaking comparisons between the two, insights can be derived for a better understanding of the type of work, role, and the location of advertised positions.

The mechanisms through which some workers are engaged (i.e. recruitment agencies, personal referrals and local networks) may create an artificial disparity between what the job advertisement data is telling us, and other sources of information. That is, if positions are being filled without formal advertisements being publicly published, there will be elements of the workforce demand which are not picked up by analysis of job advertisements alone.

A project that investigates the yield ratios of various attraction channels for a representative sample of the aged care sector – and sharing these results with employers – would be worthwhile.

The investment employers make in formally advertising a role should not be discounted, and can be used as a proxy for roles that are more challenging to fill and/or roles where workers are in high demand.

Building on having a better understanding of attraction channels, there would be value in supplementing job advertisement data with tailored questions in targeted surveys about local hiring practices (application, screening, offer, acceptance and onboarding).

Appendix 2: Aged Care Job Families

Aged care job families

All information on aged care job families in this appendix is sourced from: ***Reimagining the Aged Care Workforce: Report prepared for the Aged Care Workforce Strategy Taskforce*** (Korn Ferry Hay Group, 2018).

In the traditional model of residential aged care, nursing staff are in charge of consumers congregated in hospital ward-like accommodation, and they direct and manage the delivery of care through a team of personal care workers with close supervision and monitoring.

- There are different models of residential care from a hospital type setting to some models where care assistants have full accountability for managing the smooth, efficient and effective delivery of services in a 'home' of eight to 10 consumers, with the help of other specialist and support staff.

- Home care (also referred to as home support) includes a scheduling job family, which recognises complexity of scheduling for the home care workforce that is taken up across various job families in the current state.

Appendix 2: Aged Care Job Families

Current-state workforce architecture: aged care job families

Current Job Families	Home Care	Residential Care	Current Job Families	Home Care	Residential Care
Personal care worker: Delivers domestic and personal care services to consumers. Job titles include: • Personal care worker • Community care worker • Personal carers • Home support workers • Aged care worker • Residential support worker • Assistant in nursing This is a direct care job family.	✓	✓	**Team leader (nursing background):** Manages a team of PCWs and nurses to deliver care services to consumers. These roles require nursing qualifications. Job titles include: • Clinical manager • Assistant manager • Care team manager This is a direct care job family.	✓	✓
Nursing: Delivers clinical nursing services to consumers. These roles operate as individual contributors working closely with other staff, but they are not responsible for managing a team. These roles require nursing qualifications. Job titles include: • Enrolled nurse • Registered nurse • Clinical nurse consultant • Nurse practitioner This is a direct care job family.	✓	✓	**Team leader (non-nursing background):** Manages a team of PCWs to deliver care services to consumers. These roles work in close collaboration with nursing staff to ensure appropriate care delivery. They do not require a nursing background. Job titles include: • Care facilitator • Community care coordinator • Case manager This is a direct care job family.	✓	✗

Appendix 2: Aged Care Job Families

Current-state workforce architecture: aged care job families

Current Job Families	Home Care	Residential Care	Current Job Families	Home Care	Residential Care
Clinical risk and quality: Responsible for developing and implementing policies and procedures to ensure optimal quality, safety, clinical governance and risk management in the delivery of care services in line with government regulations and organisational standards. Job titles include: • Clinical quality & risk manager • Education & quality coordinator	✓	✓	**Customer excellence:** Understands specific needs of consumers, guides them to the right service offerings, manages on-boarding and maintains relationships to ensure an overall effective experience for consumers and their families. Job titles include: • Client Advisor • Call-centre team member	✓	✓
Scheduling: Responsible for planning, managing and coordinating the scheduling and rostering of staff to ensure effective care service delivery to consumers and optimal levels of productivity for the care team. Given the current complexity of scheduling for the home care workforce, many organisations are moving towards creating dedicated scheduling roles rather than allocating scheduling as an additional activity to other roles such as business managers, team leaders or administrative support. Ensuring smooth functioning and optimal productivity in home care organisations, these roles should reflect the competencies around field force management present across many other industries with non-office-based workforces. Job titles include: • Scheduler • Allocator • Rosterer	✓	✗	**Functional health:** Delivers functional health services to consumers to meet their specific needs and to improve their quality of life and wellbeing. Critical role in delivering holistic care services that support positive ageing and reablement. Job titles include: • Allied Health professional • Diversional Therapist • Occupational Therapist • Physiotherapist This is a direct care job family.	✓	✓

Appendix 2: Aged Care Job Families

Current-state workforce architecture: aged care job families

Current Job Families	Home Care	Residential Care	Current Job Families	Home Care	Residential Care
Ancillary care: Delivers ancillary services to consumers to meet their specific needs and to provide their daily needs. Job titles include: • Maintenance officer • Residential repairs • Gardener • Cook • Chef • Catering assistant • Housekeeper • Cleaner • Property officer	✓	✓	**Residence/site manager:** Manages and runs a residential facility or a site (residences or programs for home-based care). Job titles include: • Residential manager • Facility manager • Home Care community manager • Area/Region manager	✓	✓
Business enabling: Provides business support services to the organisation to ensure it runs effectively and efficiently. Job titles include: • Administration team member • Human resources • HR advisor • Industrial relations • Marketing coordinator • Marketing and public relations • Administrative services • Finance officer • Information technology • Legal officer	✓	✓			