

Position Paper

Key propositions for career development and pathways for the aged care workforce

Prepared by the
NACA Workforce Strategic Priority Group

About the National Aged Care Alliance

The Alliance is a unique and independent group of 44 national peak bodies who work within the aged care system. The Alliance's Membership collaborates within and across four key aged care constituencies: consumers, aged care providers, unions, and health professionals.

Further information about the Alliance is available at naca.asn.au

Introduction

Strategic objective

The Alliance's Workforce Strategic Priority Group has the strategic objective of ensuring the sector has a highly professional workforce with the right skill mix and staffing levels, and that is resourced, to deliver safe and high-quality care in diverse aged care environments, provided within a human rights framework now and sustainably into the future.

Meeting the needs of older people and the aged care workforce

The way aged care services are delivered must support and enhance older people's human rights as respected and valued members of the community. Older people value worker continuity and relationship-based care and should receive support and care in the location and setting most appropriate to their circumstances and preferences. Government funding and policy should move away from rationed services to a system of universal access based on support for the assessed needs of older people.

The delivery of high-quality and safe care that meets the needs of older people living in Australia as and when their needs change, requires attraction and retention of a workforce with the appropriate aptitude and skills. Providing the aged care workforce with clear career pathways that progress jobs into long-term careers actively demonstrates to workers that their skills are recognised and valued. The growth and development of a skilled and valued workforce in the aged care sector can address skills shortages and ensure a sustainable workforce for the future, ultimately improving care outcomes and quality of life for older people and securing sustainability of the sector for providers and the Government. Attention must be paid to designing a system that builds opportunities for labor mobility across the growing care and support sectors, where appropriate.

This is particularly important as the significant reform agenda progresses and regulatory requirements regarding care minutes and skills mix are put in place. With an ageing population and workforce, it is essential that a meaningful investment in long-term careers for aged care workers is made now and is accessible to all workers currently in or looking to join the sector. This must include consideration of the increasing number of migrants on temporary visas linked to aged care.

The Alliance recognises the Commonwealth, as the funder and regulator of the sector, must play a strong stewardship role in improving qualifications, skills, and training standards in aged care. This will require dedicated funding and support for providers to embed clear and progressive job structures, which are clearly linked to worker attainment of qualifications, relevant skills, and professional practice.

The Alliance recognises the myriad reviews undertaken into the aged care workforce and related workforces, such as disability and health, and the many arising recommendations of each. Many of the Alliance's discussions are informed by such reviews, namely the Royal Commission into Aged Care Quality and Safety. This paper reflects the key issues and recent discussions of Alliance members.

The Alliance acknowledges that the aged care sector is undergoing a major period of reform, which will be carried forward under the auspices of the new Aged Care Act. The new Act will define the rights of aged care recipients and that the system should meet the needs of older people. A well-skilled and empowered aged care workforce is integral to meet the objectives of the new Act.

A holistic approach to career pathways

The Alliance acknowledges that a holistic approach must be taken to build better career pathways in aged care. The propositions outlined in this paper provide a sector-wide view on the key policy levers for career pathways and workforce development available to the Government. The Alliance has looked at several policy levers available to Government and the sector that will assist in building strong aged care career pathways, including building care work into a professional career via registration and

other means, establishing a clear scope of practice and ensuring practitioners are working to their full scope, building stronger partnerships with the tertiary education sector, and ensuring all aged care workers, regardless of cultural background, have access to skills development and career pathways.

Summary of Propositions

1. Aged care work must be an attractive, valued, and visible career to current and prospective aged care workers.
2. Quality aged care requires a workforce consisting of various diverse occupational groups, including personal care workers, nurses, allied health professionals and medical practitioners, as well as non-direct care staff. Specific workforce plans are required to enable quality service planning in aged care.
3. Registration is an important mechanism for professionalising the personal care workforce and developing clear career and training pathways.
4. Mandatory qualifications will help professionalise the personal care workforce and create stronger career development prospects and pathways.
5. Allied health assistants must work under nationally consistent, appropriate delegation and supervisory frameworks.
6. Workers in non-direct care roles, like hospitality and food services, must have visibility of career pathways and access to ongoing training to expand skills within their role.
7. Recognising advanced practice qualifications, micro-credentials and improved training pathways will identify and increase access to career pathways and skills development.
8. Strong partnerships with the Vocational and Tertiary Education sectors must be established to ensure students receive quality aged care training and are attracted to choose a career in the sector.
9. New models of training and funding are needed to enable nursing and allied health students to gain practical experience in aged care, including adequate access to and time with experienced practitioners.
10. Nursing, allied health professionals and medical practitioners in aged care must have better access to career pathways and wages or income equal to competing sectors.
11. Service planning in aged care requires establishment of a national allied health workforce dataset and associated workforce strategies that recognise the impact of other care and support sectors on allied health worker demand.
12. Nursing, allied health professionals and medical practitioners in aged care must be enabled to work to their full scope of practice. This contributes to establishing aged care as an attractive, viable career pathway. Career pathway and qualification recognition opportunities must be equally available and inclusive of people from culturally, ethnically and linguistically diverse backgrounds and people with diverse sexual orientations, genders and variations of sex characteristics. Growth and recognition of the Aboriginal and Torres Strait Islander aged care workforce is vital to meet the needs of older First Nations people and to support ageing on and return to country.
13. The Government must invest in ongoing training and development of the aged care workforce, including both professional development and attaining qualifications that lead to career progression.
14. Older people must be engaged in co-design and co-production of aged care training, education and service delivery.

Care work as a career

The Alliance supports a range of career pathways being readily visible and accessible to all workers in aged care. Clear career pathways linked to decent wages and conditions are especially important in addressing skills shortages by making the sector more attractive to both prospective employees and those already working in aged care. The Alliance acknowledges that the sector continues to be disproportionately impacted by COVID-19. In combination with other pressures on the aged care workforce, including an ageing population, increasing demand for and complexity within aged care services, and an ageing care workforce, workforce supply and skills development is one of the greatest pressures facing the sector.

Clear career pathways can help to attract and retain a highly skilled and competent workforce by providing meaningful, well-recognised work with opportunities for growth and development. Career pathways can also contribute to improved working conditions for workers, such as increased pay, improved training and support, greater job security and job satisfaction. Career pathways help to professionalise the aged care workforce by providing a structured approach to workforce development. Clear and well-defined career pathways ensure that workers can have a sense of direction and purpose in their aged care career and can see a clear path for development and/or advancement.

Personal care workers are the largest cohort of direct care workers in the sector. The Alliance recognises and values them as essential to the effective and sustainable operation of aged care services and the delivery of holistic and high-quality care. It is essential to provide career progression opportunities that encourage care workers to progress within their roles and take on additional responsibilities. This requires a link to the attainment of additional skills sets available to care workers, such as dementia support, palliative care, spiritual care, emotional wellbeing care, culturally inclusive care and mental health support. Ensuring additional training is connected to a progressive wage and classification structure would provide motivation for care workers to diversify, specialise and ultimately stay working in the sector.

Career pathways in aged care are not limited to direct care and clinical roles, but also include essential non-direct care pathways such as hospitality and food services. These roles are equally important in ensuring that residents in aged care facilities receive high-quality care. The Alliance recognises that there is a need to develop a diverse range of workers, including volunteer workers, to support the holistic needs of aged care consumers and services in both residential care and community care. Workers in non-direct care roles must have visibility of career pathways and access to ongoing training to expand their skills within their role, or to move into direct care work. In addition, volunteer workers and family carers, who must be valued, should be provided with career information, support and opportunities to transition to paid roles in aged care.

ACTION: The Workforce Strategic Priority Group will develop a career pathway flowchart that shows multiple entry points into the workforce and different pathways of career development.

Registration

The Alliance recognises the important role of personal care worker¹ registration in professionalising care work and enhancing career pathways and workforce retention. The Alliance supports the introduction of a registration scheme for personal care workers, in line with Royal Commission recommendation 77, and the commitment by the Government to introduce such a registration scheme.

The Alliance supports a registration scheme applying to personal care workers. The Alliance supports registration in defining the shared professional body of knowledge for personal care workers and the scope of this role, confining it to personal care as opposed to domestic assistance activities outside of care, such as gardening and maintenance. Despite comprising most of the workforce, personal care

¹ The Alliance recognises that personal care workers may be titled differently across states and territories and uses the personal care worker to cover this and all interchangeable job titles.

workers are not subject to formal quality oversight by way of a regulation scheme. Introduction of personal care worker registration will provide quality assurance to older people, their families and carers, service providers and the wider Australian community provided there is funding to meet costs involved for this or any other registration scheme.

The Alliance is of the view that other workers, such as those working in hospitality and food services, administration, and therapy assistance, should not be excluded from having registration applied to them in the future and once the scheme is fully established for personal care workers. This would ensure that the benefits of registration in professionalising the workforce and establishing career pathways would be extended to other occupational groups that are not currently subject to formal registration. The starting point should be the uniform application of workforce regulation, such as has occurred with the introduction of the Code of Conduct and is expected with a more robust worker screening system.

The Alliance cautions that any registration scheme for aged care personal care workers should not increase barriers to professionals working in aged care, who are already subject to occupational registration, such as AHPRA regulated professionals. Duplication of registration should be minimised and avoided. The Alliance supports the use of existing regulatory mechanisms via AHPRA registration and NASRHP (National Alliance of Self-Regulating Health Professionals) membership for self-regulating professions scheme, such as registered nurses and allied health professionals. Duplication of registration schemes and professional oversight should be minimised and avoided.

As the sector looks to temporary and skilled migration to address chronic labor shortages, consideration must be given to how registration requirements may impact migrant workers already working in Australia, or seeking to work in Australia, in currently unregistered personal care roles. The Alliance considers rigorous labor market testing, skills assessment, and provisional registration as reasonable mechanisms which would support migrant workers to enter the sector and meet any new personal care worker registration standards. The Alliance acknowledges that the infrastructure exists under regulatory and immigration agencies to recognise and register overseas qualified health professionals in Australia, indicating that similar arrangements could be mirrored as appropriate in a personal care worker scheme. Migrant workers on temporary visas who want to stay in Australia and continue a career in aged care should have a visa pathway to permanency available to them. The Alliance supports the use of existing regulatory mechanisms via AHPRA registration for registered professions and NASRHP (National Alliance of Self-Regulating Health Professionals) membership for self-regulating professions.

The Alliance is mindful that registration requirements should not inhibit volunteers from continuing to provide essential support to the paid workforce, and volunteers should not be required to meet registration requirements.

Benefits of a 'positive' registration scheme

A full and 'positive' registration scheme for personal care workers would establish minimum mandatory qualification standards, ongoing professional development requirements, and accreditation of specialist skills and additional qualifications. A positive scheme can build professional identity, and worker voices should be heard in establishing the scheme and ongoing.

The benefits of registration include improving job readiness and minimum education qualifications, enhancing career pathways, safeguarding the safety and wellbeing of workers and older people receiving care, and assuring the Australian community of the safety and quality of aged care services.

Registration will also enable labor mobility across like-professions by establishing industry-wide standards and having mechanisms in place for employers to access and verify appropriately skilled and qualified workers. For aged care, the greatest labor mobility opportunity is with the disability support and veteran care sectors. Future work to mutually align with State and Territory working with vulnerable people/children checks should also be considered. The administration of a registration

scheme requires a well-resourced and experienced statutory authority, with the capacity to co-ordinate across care sectors.

The scheme should develop a clear registration approach including mutual recognition of registration administered by any other relevant regulator. Ongoing professional development and supervision elements of a scheme must also accommodate the non-static nature of workers and workplaces, i.e., work in people's homes rather than a residential facility. Supervision and effective reporting mechanisms are important aspects of a well-functioning registration system and professionalisation of the care workforce. Workers and providers must be resourced to ensure they can fulfil supervision and ongoing support functions.

While the Alliance posits that registration should apply to aged care personal care workers in the first instance, we take the opportunity to highlight the importance of delegation and supervisions frameworks for other unregulated care workers, namely allied health assistants with delegation and supervision by allied health professionals. Such frameworks currently exist in jurisdictions such as Victoria. There should be a nationally consistent framework.

The implementation of any registration scheme must be designed to support workers from culturally and linguistically diverse backgrounds and ensure that registration and all its benefits are evenly available regardless of visa status, including the provision of targeted information. The cost of any registration requirements must be proportionate to the average wages of personal care workers.

Mandatory qualifications

The relationship between a mandatory minimum qualification for aged care personal care workers and career pathways and workforce professionalisation is important and interdependent. A mandatory minimum qualification for aged care personal care workers ensures that they have the necessary knowledge and skills to provide high-quality care to older people.

The Alliance supports a minimum mandatory qualification for aged care personal care workers at a Certificate III level, while valuing and recognising the skills and expertise that many long-serving workers have developed through practical experience, despite not having formal qualifications. For existing workers in these circumstances, provisional arrangements (including 'grandparenting arrangements'), and the Recognition of Prior Learning (RPL) must be designed to be accessible and supportive. Ensuring that individuals who may find academic environments challenging are not deterred from completing their qualifications or made to feel disenfranchised. Qualification standards can be achieved through accredited training programs that cover relevant practice areas such as communication skills, person-centred care, clinical skills, palliative care and dementia care. By mandating a minimum qualification, the aged care sector can establish a baseline level of competency for its personal care workforce.

Once workers have obtained a minimum qualification, they need opportunities for career pathways and professional development to advance their skills and expertise. This can include continued professional development, undertaking accredited skills and training opportunities, mentoring less experienced workers and advancement to more senior roles.

Upskilling and professionalisation of the aged care workforce are critical for the ongoing sustainability and success of the sector. By establishing a mandatory minimum qualification and providing opportunities for career pathways and continuous professional development, we can ensure that the aged care workforce is skilled, competent, and motivated to provide high-quality care to older people. This will improve the quality of life and wellbeing of older people living in Australia and will also enhance the value of a career in aged care and the reputation and sustainability of the aged care sector.

Micro-credentialing and training

The Alliance acknowledges that career pathways must be built through measures beyond minimum qualifications and registration of personal care workers. We support workers in a range of aged care

occupations having greater means by which to identify and access career pathways and skills development. The Alliance recognises that micro-credentialing can offer enhanced employability, flexibility, and opportunities for affordable and specialised continuous professional development.

Micro-credentialing can help recognise informal learning and skills acquisition, such as through informal care, work experience, recognised prior learning and volunteer work. This can help aged care workers gain recognition for their skills and competencies and contribute to more diverse and inclusive career building pathways.

The Alliance supports micro-credentialing as one mechanism, among others, which supports career pathways for aged care workers and recognises that micro-credentialing can offer a flexible, accessible, and cost-effective way to upskill workers. However, the Alliance does not support micro-credentialing alone and without clear connection to the attainment of a full qualification, particularly where mandatory minimum standards are in place, and links to a clear and progressive career and wage structure.

Micro-credentialing should provide the opportunity to bundle skills that lead to and are linked to a full and recognised qualification and identified career progression, while also being recognised as valued skills as they are being acquired. Skills acquired should be transferable and recognised across the aged care and disability support sectors, where appropriate.

Training to support the acquisition of skills can occur via on-the-job training, registered training organisations, or a combination of both. Such training must be of high quality, subject to review and appraisal by users, consumers and where appropriate, external accreditation bodies.

Training should not be limited only to the clinical and operational aspects of aged care and needs to consider the diversity of both the workforce and consumers. Training in providing inclusive care to CALD, LGBTI and First Nations aged care consumers is paramount if the aged care sector is to provide high quality services to people of all diverse backgrounds recognised in the Aged Care Diversity Framework.

Partnerships with the Tertiary Education Sector

Partnerships with the tertiary education sector in aged care must involve better and more clearly communicated collaboration between aged care providers and educational institutions such as universities and vocational education and training (VET) providers. These partnerships will improve the quality of care provided to older people living in Australia by enhancing the skills and knowledge of aged care workers and providing students with positive experiences in the sector early in their career.

The Alliance supports developing these partnerships through initiatives such as work-integrated learning programs, which provide students with opportunities to gain practical experience in aged care settings. For example, universities and VET providers may partner with aged care providers to offer student placements, internships, or on-the-job training programs. This allows students to gain hands-on experience and provides them with relevant workplace skills and knowledge.

Given the current and projected workforce shortages in aged care, it is essential students view aged care as a desirable career option and are provided opportunities to undertake work-based study.

However, to ensure that students go on to choose aged care as a career, more must be done to give them a positive experience during student practice and to offer wages equal to other sectors.

Funding for training and development

Workforce shortages, pressures relating to Covid-19 and a lack of additional funding for training have reduced workers' access to training and career development. Lack of funding has made it difficult for providers to invest in career development for their employees. This is particularly problematic when

staff members require backfill while they attend training, which places additional pressure on an already stretched workforce.

In addition, training can be difficult for workers to access, and the quality and relevance of training material must be considered carefully. Training is often offered online and at times workers are asked to complete these modules in their own time. Many workers are not funded to participate in external training or reimbursed for training undertaken for their own career development.

The Alliance supports dedicated investment in training and development for aged care workers. Workers must be supported to access training, including paid time to engage in training, and coverage of training costs, including backfill. Government funding to support the provision of training, including staff costs, must be provided. Students in vocational education and training (VET) courses should be given paid, on-the-job placements early on in their course, in partnership with their training provider and an aged care provider (home or residential). Service providers should be subsidised by the Government to assist them to partner with VET providers and students. This would encourage more people to complete VET aged care qualifications and go on to have a career in the sector. It would optimise other important Government initiatives, such as fee-free TAFE, in aged care.

The Government has a role as the primary funder and regulator of aged care to improve career pathways in the sector and support workforce attraction and retention. This is essential to a sustainable workforce that can deliver quality care. By providing funding for training and development, the Government can help to address the skills gap in the sector and support career advancement opportunities for workers.

Clinical career pathways

Clinical career pathways, including nursing, allied health and medical, need to be supported through a range of intersecting measures. Education specific to aged care in conjunction with quality student placements can promote aged care as both a course of study and a career. In addition, enhancing and expanding existing career structures will make aged care more attractive and retain highly skilled workers. All this must be supported by ensuring wages and conditions in the sector are comparable to other sectors and that long-term job security is offered.

Aged care specific education

The Alliance recognises that greater clarity and opportunities are needed for health professionals to enter and remain in the aged care sector. The Alliance recognises the importance of enhancing career pathways for nursing and allied health, including ensuring students have experience in the sector during their studies and are attracted to choose the aged care sector for an ongoing career. This will require investment in education and training programs for nurses and allied health professionals, to develop specific interest and expertise in aged care. The Alliance supports specific ageing and aged care courses as core units in university degrees, for example aged care units in nursing to cover dementia and palliative care. Equally, medical degrees need to include aged care specific curricula and placements for medical students that are attractive and viable. The role of general practitioners in aged care must be supported and developed.

Tertiary placements

Trainees in Geriatric Medicine Specialties should have a compulsory core rotation in Community and/or Residential Aged Care to gain Specialist qualifications. GPs could also have certifications in aged care medicine that allow them to access extra Medicare fees and therefore make it attractive to GPs who are rapidly withdrawing from the aged care sector.

The Alliance is concerned that student placements, particularly for registered nurses, do not occur at the appropriate time in the delivery of a nursing degree. Placements often occur in the first year of study, before the student nurse has acquired sufficient skills to deliver health care in aged care settings, and therefore the true scope of nursing practice is not visible at the time of placement. This creates a negative view of nursing in aged care. The Alliance recommends that there be a co-ordinated approach

across all tertiary institutions to ensure placements occur in the second or third year of the degree to allow students to learn about the full scope of practice for registered nurses in aged care.

Expanding senior roles in aged care

Often in aged care, health professionals are only able to progress in their work by moving into management roles. This diminishes their ability to develop additional skills and training, meet continued professional development requirements and work to their full scope of practice. Expansion of senior clinical roles specialising in aged care that recognise advanced skills and qualifications, thus providing alternative paths to career progression, is vitally important.

Clinical pathways need to consider specialist areas of both residential and community care in aged care, noting these are separate nursing pathways. The ability to utilise these nursing specialties in both settings for aged care will be enhanced by flexibility in funding that allows for innovative practice. Expanding care minute funding for dedicated enrolled nurses, nurse practitioners, and allied health practitioner time would allow for greater scope to meet the needs of older people and assist in developing sustainable career pathways.

Clinical career pathways need to be supported both by offering wages and conditions that are comparable to other sectors and by tertiary pathways that promote and prioritise aged care as both a course of study and as a student placement.

Allied Health

There are some specific workforce challenges that are particularly pertinent to allied health workers. The Alliance considers allied health an integral part of team-based, multidisciplinary provision of high-quality care to older people in residential aged care. The Alliance recognises that older people need increased access to the broad scope of practice of allied health professions and their critical services. This includes access to multidisciplinary teams reflecting the diversity of occupations within the allied health professions, including but not limited to, podiatrists, physiotherapists, occupational therapists, and dietitians.

As part of multi-disciplinary teams, allied health professionals play an important role in preventative, restorative and reablement care. Attracting and retaining an appropriate mix of allied health professionals to aged care improves quality of life, prevents deterioration and serious events, and reduces hospital admissions. A diverse allied health workforce must therefore be available and accessible to all Australians who need these services as a key component of their aged care.

However, despite the Royal Commission noting the clear benefits of allied health for older people, there has been no clear commitment to supporting the growth and sustainability of the allied health workforce in aged care. There are no minimum benchmarks for allied health service provision and funding, and it will not be possible to accurately set these until aged care consumers' allied health needs are guaranteed to be clinically assessed on a nationally consistent basis.

These factors make it difficult to encourage allied health recruitment and retention in aged care. Planning to meet allied health needs in the aged care system also requires establishment of a national allied health workforce dataset and associated workforce strategies that recognise the impact of other care and support sectors on allied health worker demand. At present, despite allied health being the second largest health workforce in Australia, there is no national allied health workforce strategy and no comprehensive accurate picture of all the settings, sectors, and locations in which allied health professionals work.

Employment should be arranged in ways that support allied health professionals to specialise in aged care, rather than only being funded and employed to provide predominantly episodic and acute care. Students undertaking allied health courses in tertiary education should receive aged care specific courses and be encouraged and supported to undertake aged care placements early in their studies.

Allied health assistants work closely under the delegation of allied health professionals. In aged care, they play a crucial role in supporting the delivery of allied health care plans and allowing allied health professionals to focus their efforts on clinical care. Allied health assistants, despite being commonly employed in aged care, are often underutilised in this role, and do not have access to the supervision and support needed to transition to higher studies and professional status.

Regulating and monitoring the work of practitioners is important to ensure that allied health assistants are working within their scope of practice and delivering coordinated care in teams with diverse skills mix, including allied health assistants. An Allied Health Assistant Delegation and Supervisory Framework should be developed and implemented for the aged care sector. The Alliance believes that by increasing the visibility and access to career pathways for allied health assistants would not only attract and retain more people to these roles but would also help to build the wider allied health workforce.

Pay parity and job security

The Alliance recognises the issue of pay parity between aged care and the public health sector as a critical concern. Nurses and health professionals in aged care must be equally and fairly compensated for their skills and expertise, regardless of the sector they are working in. The Alliance is concerned by the significant pay gaps that continue to exist between aged care and other like sectors, despite care professionals performing similar roles and having the same qualifications and experience. We recognise the difficulties this creates for providers in making aged care attractive to the professional workforce and the diminishing effect it has on being able to offer clear and rewarding career pathways to these individuals.

General Practitioners working in aged care, particularly in residential aged care, could have certifications in aged care medicine that allow them to access extra Medicare fees and therefore make it attractive for GPs to remain in the aged care sector.

The way in which aged care workers are employed is also critical to building a strong workforce with career longevity. For instance, allied health professionals are often engaged on a contractor basis, making them vulnerable to fluctuations in funding, creating employment uncertainty and reducing continuity of care. In addition, this model of employment makes it difficult to embed quality student placements. Issues such as connecting students with experienced mentors and supervisors becomes infeasible when delivered at scale.

The use of indirect employment more generally increases both employment vulnerability, but also decreases opportunities for investment from both workers and providers in career development. The Alliance supports ongoing and secure employment in aged care as a primary means of enhancing and embedding meaningful career pathways, while acknowledging that employees have a right to choose contract employment and have access to the same career pathways as direct employees.

Health Professionals Work to Their Full Scope

Health professionals working to their full scope in aged care is essential for increasing access to quality, consistent, cost-effective care. When health professionals consistently work to full scope, they can deliver timely, high-quality restorative and reablement-focused care. This produces measurable improvements in consumer outcomes and fosters strong professional development and career growth. Enabling health professionals to work to the full scope in aged care requires a commitment to interprofessional training and education, coupled with a shift away from funding models that encourage episodic care to funding that supports comprehensive, needs-based care.

It is important to clarify the roles and responsibilities of different practitioners in aged care to ensure that the full scope of practice is clearly and consistently understood. This should include developing clear job descriptions, outlining the scope of practice for different professions, and providing guidance to older people living in Australia on the types of services that can be provided by different practitioners. Clear understanding of scope of practice for different health professional groups will help others to understand their place and responsibilities in multidisciplinary care teams.

Funding must better support practitioners to work to their full scope of practice, as older people will receive better care and support when services are provided according to assessed need. When there are clear definitions of roles, responsibilities and scope, individual care plans and funding can be tailored. This allows the practitioner to provide high-quality and outcome-oriented care. It also mitigates the quality and safety risk of other workers undertaking additional or duplicated tasks which are not within their scope, for example recreational and lifestyle workers and others being directed to undertake massage and physiotherapy work.

Ensuring practitioners are authorised to work to their full scope will help to address the workforce shortages in aged care. The Alliance is concerned that care planning and delivery is not always occurring to its maximum capacity because health professionals, particularly those working in senior and management roles, are required to carry out duties which should otherwise be delegated to care staff or other workers. This is compounded, for example, by personal care work not having a discrete scope of practice like Registered and Enrolled Nurses. Registered Nurses are often required to assess care needs, develop care plans and evaluate care delivery and outcomes, while also delegating to and supervising personal care workers.

The Alliance supports registration in defining the shared professional body of knowledge for personal care workers and the scope of this role. The Alliance acknowledges that without appropriate funding for multidisciplinary care, clearly defined roles and responsibilities and care planning, registration alone will not be the solution to scope of practice issues.

Diversity, Equity, and Inclusion in the Aged Care Workforce

Diversity, equity and inclusion are essential components of a sustainable, safe and high-quality and effective aged care workforce. First Nations people, migrant workers, LGBTIQ+ people and women from culturally and linguistically diverse (CALD) backgrounds make up a significant portion of the aged care workforce. It is essential to address the unique workforce development needs of these groups and ensure that they have equal and fair access to career opportunities. A diverse workforce is required to provide culturally safe care to diverse older people including a workforce that is representative of: First Nations, lesbian, gay, bisexual, transgender, intersex (LGBTI) peoples, cultural and linguistic diversity and older workers. It is equally important that workers themselves feel safe and supported in the workplace and that safety is actively promoted as a means of retaining and valuing the workforce.

The health and wellbeing of the aged care workforce needs to be seen holistically (i.e. as a worker and a human) and workers facing a higher likelihood of social isolation and immigration stressors will require additional support. Providing meaningful career pathways is recognising and supporting the invaluable skills of these groups of workers, including recognising, and valuing their specialist skills and expertise.

Migrant Workers

The Alliance acknowledges the crucial contribution of migrant workers to the country's growth and development. Particularly, we acknowledge the valuable skills and knowledge of temporary migrant workers and the role they have in filling aged care labor shortages. The significant policy shifts towards increasing the number of temporary migrant workers in the aged care sector must be amended to address the significant challenges temporary migrant workers face in their career development in Australia.

Temporary migrant workers in aged care are often tied to their employers through their visas, making it difficult for them to switch jobs or pursue career opportunities outside their current workplace. This restriction makes it challenging for them to progress in their careers or even acquire new skills and discourages labor mobility across and between care and support sectors. The Alliance supports reform to temporary visas that would allow greater employment mobility and skills development. The Government must also provide pathways to permanency for temporary visa holders and ensure that all aged care workers have access to training and career development opportunities. Employers can also offer culturally appropriate employee support services that help retain the workforce.

The Alliance acknowledges the discrimination that can be faced by migrant workers due to their visa status or ethnicity. For example, preliminary findings of a workforce survey carried out by the Multicultural Communities Council of the Illawarra showed that 12% of respondents stated they face racism or discrimination daily.

Direct and indirect discrimination can limit the career progression opportunities provided to these workers and prevent them from accessing upskilling and further education. Additionally, qualifications and experience obtained from overseas may not be recognised in Australia and transferring qualifications can be prohibitively expensive. More must be done to make skills and qualifications attained overseas recognised in Australia. Qualification transfers must be affordable and accessible. There is also a need for cultural safety, competency and responsiveness training for those in leadership roles in aged care and for measures to reduce the impact of racism in the workplace.

The Alliance acknowledges that, in line with the relevant Royal Commission recommendation, registration of personal care workers will involve an English language proficiency test. Workers with English as a second language must be supported to attain relevant English language skills and the threshold for proficiency must not restrict non-English speaking background workers from entering and working in the sector. Providers that offer specialist English language services must be funded to continue these services without risk of workers with specialist skills leaving the sector due to cumbersome language requirements.

Culturally and linguistically diverse aged care workers have additional skills and expertise, particularly bicultural and bilingual skills, which are currently not formally recognised and are undervalued. Currently, aged care organisations often seek to hire bilingual/bicultural care staff to better meet the needs and preferences of the increasing number of older people from culturally and linguistically diverse backgrounds using aged care services. The Alliance supports a government commissioned scoping study to explore bilingual/ bicultural aged care certificate courses with educational institutions with a view to better recognising the skills of the bilingual/bicultural aged care workforce.

Gender

Career pathways can also help to address the gendered undervaluing of care work by professionalising the workforce through education, training and career opportunities and challenging the perception that care work is unskilled. This increases the status and visibility of aged care work as a skilled profession and contributes to greater recognition of women workers in a female-dominated workforce.

The Alliance acknowledges that women from CALD backgrounds make up a large portion of the aged care workforce. Acknowledging the potential for exploitation of this vulnerable group, the Government must ensure that career paths are available to them, and as discussed above, cultural safety, competency and responsiveness training is provided for the whole workforce.

First Nations

First Nations people require appropriate training and support to ensure that they can provide culturally safe and appropriate care for ageing and older First Nations peoples. The National Aboriginal and Torres Strait Islander Aged Care Alliance (NATSIAACC) has highlighted the need for a dialogue around the unique workforce development needs of First Nations people.

The Alliance unanimously endorsed the NAGATSIAC plan, *Our Care, Our Way, Our Future - Transforming Care Pathways for Aboriginal and Torres Strait Islanders*. Under NAGATSIAC's plan, development of the Indigenous Direct Care Workforce is a key reform area, including training and developing Indigenous care workers, expanding the indigenous direct care workforce, and supporting these workers to attain any mandatory qualification requirement.

The Alliance supports NAGATSIAC's position that by training and developing the indigenous direct care workforce, not only will this attract and retain more First Nations people to work in the sector, but it will also benefit the sustainability of, and therefore accessibility to, First Nations providers and services.

ACTION: The Workforce Strategic Priority Group will seek to collaborate with the First Nations Strategic Priority Group to develop a First Nations workforce position paper.

A regional, rural and remote Aged Care Workforce

People living outside metropolitan and urban areas face greater challenges accessing health and care services and are more likely to experience poorer health and wellbeing as a result. The Alliance recognises that the workforce challenges faced by the aged care sector are exacerbated in regional, rural, and remote locations where it is difficult to attract and retain long-term workers. Issues that deter workers from choosing aged care as a career are compounded in regional, rural and remotes areas by reduced availability of other services and social infrastructure, such as medical, education, transport, and housing. The health and aged care workforces in these areas compete for labor, and labor shortages are often supplemented by transient workforces such as students on placements and migrant workers. These groups must have support available to stay or return to places where they have studied and/or worked and are likely to have built important connections in the workplace and community. Support could include permanent job offers, scholarships, mentoring programs, and subsidised housing.

Collaboration with older people

The Alliance recognises and supports older people being collaboratively involved and engaged in all stages of development, implementation and review of aged care workforce recruitment and retention strategies. High quality, highly valued aged care workers with the skills to deliver person-centred and relationship-based care will have the capabilities to uphold the rights of older people as well as provide care to them. No-one is better placed to understand the needs and wants of older people in relation to the workforce providing them with care and support, than older people themselves. Following the principle of “nothing about us, without us”, co-designing and co-producing aged care worker qualifications, training and job roles with older people will enhance career path development. It will help stimulate interest in working with older people and contribute to improved job satisfaction as well as providing more of the types of care and support older people want and need. Additionally, the Alliance recognises the immense opportunity that exists to engage older workers in aged care. As life expectancies grow and people work until later in life, there is great potential to encourage older workers to take up or rejoin a career in aged care.

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