



Quality Jobs Quality Care Toolkit

A step-by-step approach to improving job quality in aged care



© December 2017

Published by: Centre for Workplace Excellence, School of Management,
Business School, University of South Australia, www.unisa.edu.au

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Title: Quality Jobs Quality Care Toolkit

ISBN: 978-0-9925754-4-1

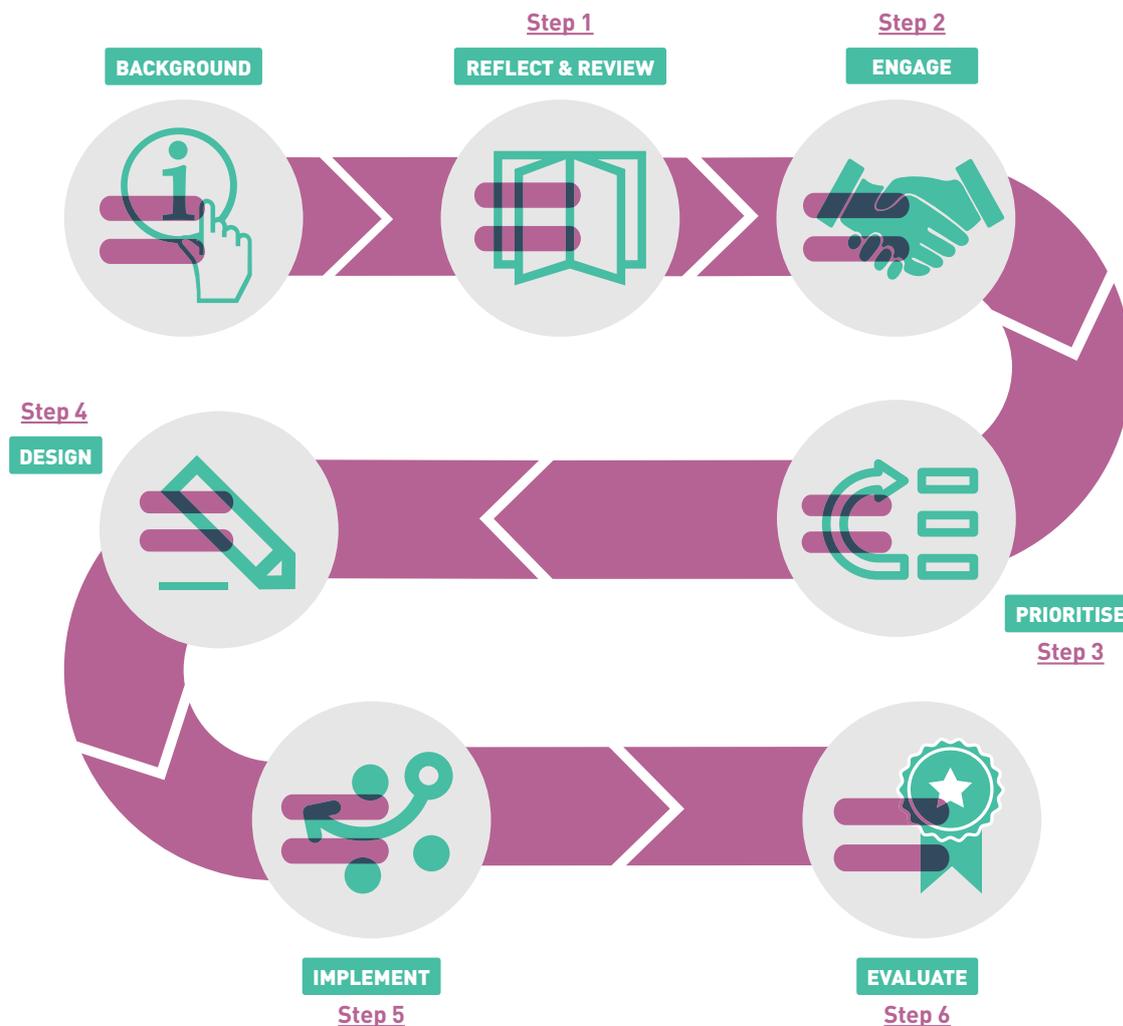
Suggested citation:
Skinner, N, Smith, J, Jarrad, S, Charlesworth, S & King, D 2016, Quality Jobs
Quality Care Toolkit, School of Management, University of South Australia,
Adelaide, Australia.

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Acknowledgements:
This toolkit was prepared as part of the research project 'Quality jobs and
quality care: Improving work practices to deliver quality aged care jobs and
aged care services for older Australians'. This three-year project is funded by
the Australian Government Department of Health under the Aged Care Service
Improvement and Healthy Ageing Grants Fund. The project is a collaboration
between the Centre for Workplace Excellence at University of South Australia,
RMIT University, Flinders University, and four aged care industry partners:
Brightwater, HammondCare, Helping Hand and United Voice.

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How to use this toolkit

The Quality Jobs Quality Care toolkit is designed to help aged care organisations make small changes in work practices to improve job quality and care quality. The aged care sector is rapidly changing and we've provided a snapshot of [aged care in Australia](#) to highlight the main characteristics and challenges relating to job quality. You can use this information to get a sense of where your organisation fits in the national context.

Ready for change?

Follow these six steps to improve job quality in your organisation. At the end of each step, you'll find real life examples of organisations that improved job quality and care quality by following this six step process.

- Step 1:** Reflect and review – learn about job quality, care quality and how they interact
- Step 2:** Engage – identify job quality issues and gain support for change
- Step 3:** Prioritise – agree on the job quality issue you'd like to change
- Step 4:** Design – plan how you'll achieve change
- Step 5:** Implement – put your plan into action
- Step 6:** Evaluate – measure your progress



Background

About the Quality Jobs Quality Care project

Direct care workers form the majority of the aged care workforce and are critical to the future of the aged care sector. The Quality Jobs Quality Care project was designed to support care workers working in community and residential care by helping aged care organisations make small changes to work practices that would improve both job quality for care workers and the care quality that older Australians receive.

The project had three main aims:

- investigate and demonstrate the links between improved job quality and improved care quality.
- support and guide industry partners to conduct six* innovative workplace interventions to improve job quality and care quality.
- develop innovative evidence-based workplace tools and resources to support aged care organisations to improve the job quality of community and residential care workers and the quality of care they deliver to older Australians.

The Quality Jobs Quality Care project achieved these goals by:

- analysing the key aspects of job quality for aged care workers based on the 2012 National Aged Care Workforce Census
- conducting a comprehensive literature review of client perspectives on quality care ([see How do clients view and experience quality care?](#))
- collaborating with project industry partners on five local-level, small-scale projects to improve job quality for care workers and increase care quality [[Specialist dementia care teams](#), [Regular scheduled hours](#), [Care worker mentoring](#), [Learning shifts](#) and [Collaborative person-centred care](#)] as well as undertaking two scoping studies with care workers [[Care worker autonomy](#) and [Care worker union members' perspectives](#)].
- developing a toolkit that provides evidence-based tools and resources to support small scale innovative workplace interventions to improve job quality for aged care workers, with positive impacts on care quality (this document). The information, tools and resources provided in this toolkit were informed by the research activities of the Quality Jobs Quality Care project, and also draw on Australian and international research evidence.

The Quality Jobs Quality Care project (2013–16) was funded under the aged care reform agenda of the Australian Government Department of Health.

Project team

The project was led by:

- Chief Investigators:
 - Professor Sara Charlesworth, University of South Australia / RMIT University
 - Associate Professor Deb King, Flinders University
- Dr Natalie Skinner, Senior Research Fellow, University of South Australia
- Ms Jacquie Smith, Senior Project Leader University of South Australia
- Dr Sue Jarrad, Research Fellow University of South Australia

Past members:

- Emeritus Professor Barbara Pocock
- Dr Valerie O'Keefe
- Dr Somayeh Parvazian
- Kateryna Kalysch



* Of the six interventions, or small scale changes as we refer to them in this toolkit, five were implemented and one did not proceed past the research and planning stages due to resource issues in the partner organisation.

Partners

Four aged care industry partners Brightwater, HammondCare, Helping Hand and United Voice actively contributed to the research activities, and participated with the chief investigators and the research team on the Project Working Group (PWG) and Project Advisory Committee (PAC). The partners were represented by the key contacts, throughout the project.

- Ms Pippa Cebis, Manager, Brightwater Centre, Brightwater
- Mr Jeff Wright, Senior People Services Manager, HammondCare
- Ms Megan Corlis, Director, Research & Development, Helping Hand
- Ms Melissa Coad, National Office Development and Industry Coordinator, United Voice

The following staff of our industry partners also contributed to the research and/or participated in PWG and PAC activities.

- Ms Karla Seaman, Brightwater
- Ms Toni Jackson, Brightwater
- Ms Wendy Hudson, Brightwater
- Dr Caroline Bulsara, Brightwater
- Ms Marcela Carrasco, Region West, HammondCare
- Ms Jessica Michailow, HammondCare
- Ms Natalie Molloy, HammondCare
- Ms Sally Yule, HammondCare
- Mr David Martin, HammondCare
- Ms Julie Goods, Helping Hand
- Ms Chris Anderson, Helping Hand

The following representatives from three peak aged care bodies, and the grant funding department, participated on the Project Advisory Committee (PAC).

- Mr Luke Westenberg, HACC Service Support & Development, Aged and Community Services SA & NT
- Ms Carol Mohan, HACC Service Support & Development, Aged and Community Services SA & NT
- Ms Marilyn Crabtree, Executive Officer, Aged Rights Advocacy Service
- Ms Tanya Southworth, Workforce Development Partner, Community Services and Health Industry Skills Council
- Dr Jen Hamer, Manager, Workforce Development, Community Services and Health Industry Skills Council
- Mr David Bale, Project Contract Manager, Department of Social Services
- Mr Don White, Project Contract Manager, Department of Social Services
- Ms Gina Rocks, Director, Department of Social Services



HammondCare

An independent Christian charity



Helping Hand



Aged care in Australia

How does aged care policy influence quality jobs and quality care?

The aged care sector in Australia is rapidly transforming. Much of the change has focused on reforms to service funding and delivery but there have also been calls for a national workforce strategy. It is important to understand current aged care policy and the reform agenda so we can identify its potential impact on job quality for care workers and the quality of the care they can provide within your organisation.

The Australian aged care reform agenda has many implications for job quality and care quality.

The 10 National Employment Standards and two modern awards¹ regulate the minimum employment standards for aged care workers.

While providing a 'safety net' of pay and conditions, this regulation has a number of gaps that impact on aged care workers (and hence their job and care quality) in a number of ways:

- no protection for the growing number of 'self-employed' aged care workers.
- The 'flexibility' of part-time provisions can undercut the regularity and predictability of scheduled working time.
- Limited detail in skill classifications can impact on a worker's entitlement to higher pay rates.
- There are no entitlements to payment for travel time.
- Differences between awards (e.g. pay rates and minimum hours of engagement) could be exploited by employers, as seen in the disability sector.
- It is difficult to effectively enforce minimum labour standards, particularly for community care workers.²

Increasing demand for aged care services and workforce with an ageing population.

Demand expectations may change with preventative health care and advances in medicines and technology. Organisations need to be consistently reflecting on changes to the needs of older people and what this means for the capability of the workforce.³

Moving to a competitive consumer choice industry with individualised funding arrangements.

This could benefit job quality and care, depending on clients' access to meaningful choices, their capacity to make choices and the adequacy of their personal networks and resources. Any benefits would also be influenced by the complexity of individual care needs and adequacy of funding to meet those needs.⁴

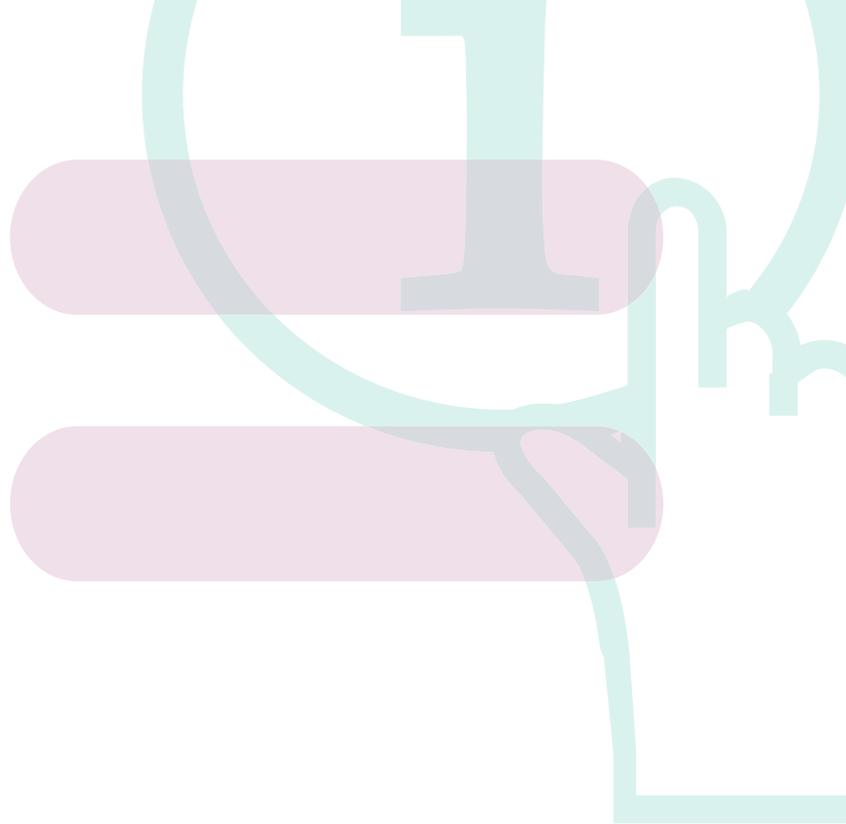
The workforce response to consumer choice has focused on the responsibilities of aged care organisations to manage the formal workforce in ways that increases the flexibility and responsiveness of services for individual service users.

The industry struggles to attract and retain workers because of low wages, deficits in education and training, and limited career pathways.⁵ Workers are already experiencing working irregular hours, low levels of autonomy, and pressure at work with insufficient time to care.⁶

Workforce flexibility to meet fluctuating consumer demand requires strategies that do not further disadvantage the working conditions of care workers.⁷

Increased access to and use of information and communication technology (ICT).

ICT capability varies across the industry. Improved access to information systems, mobile use of technology and greater support for remote workforces are all ICT opportunities for the workforce.⁸ Challenges include making sure that both workers and clients have ICT capability. Electronic surveillance of care delivery could increase pressure on the time taken to care as well as reduce the relational aspect of care and care worker autonomy.⁹



What can we learn from reform in the disability sector?

Reform is taking place in the disability sector as well as the aged care sector, and both sectors are competing for workers. Within the disability sector there may be more diversity and less predictability in hours, in the type of work, and when and where work is delivered than within community aged care. Current concerns about the impact on workers relate to low pay, fragmented work hours, reduced access to training and supervision, and the potential for a work-around of existing employment conditions as self-employed or independent contracting arrangements are promoted.¹⁰

What can we learn from international experience?

In many countries there are shifts to marketised approaches to aged care services. This means that government funding for services is decreasing and 'user-pays' services are increasing, shifting the mix of not-for-profit and/or government run services to more private companies delivering services. This leads to changes in working conditions, greater demands on care workers and reduced opportunity to provide quality care.

In the UK, there are frequent reports that significant funding cuts in social care have led to poorer employment conditions for care workers (e.g. zero based contracts and unpaid travel time) and work intensification (e.g. 15 minute care).¹¹ Inadequate funding is also reported to adversely impact workers' hourly rates and access to training when employed through direct care arrangements.¹²

The welfare state models in Nordic countries have also been changing, as financial constraints limit services supplied from public funds and increase pressure for improved productivity and competitiveness with private providers.¹³ As a result, care work in these countries is becoming more standardised and regulated, reducing worker autonomy and shifting the emphasis in job design from the interpersonal relationship dimension of care to a more impersonal focus on tasks to be completed.¹⁴

In a range of international settings, promising practices have been reported that challenge the assumed effectiveness of marketised innovations and new care models. These practices include measures that determine the extent to which 'viable, desirable and equitable' options for care are created and consumers' needs met but balanced against quality work organisation and practices.¹⁵

What does policy reform mean for aged care organisations?

The research and policy literature, combined with observations from international experience, indicates that:

- job quality and care quality are interdependent – workers in good quality jobs are in the best position to deliver high quality care
- organisations can plan for the medium to long term by positioning job quality as a key workforce goal within their organisational strategy
- organisations that are outward focused will be better placed to understand the policy drivers likely to impact on job quality in aged care
- organisations that actively seek out information about what other providers are doing, and are prepared to share expertise, information and resources will have greater capacity to support job quality in aged care.

Who is the average aged care worker in Australia¹⁶

HAVE MORE THAN 5 YEARS OF EXPERIENCE IN AGED CARE

WORK 16-34 HOURS PER WEEK

ARE ON A PERMANENT PART TIME CONTRACT

HAVE AN AVERAGE WEEKLY PAY OF \$600 PER WEEK

HAVE ONLY ONE JOB

PARTICIPATE IN MANDATORY TRAINING

HAVE A CERTIFICATE III IN AGED CARE

Aged care workers in Australia work in two main occupational categories¹⁶

PERSONAL CARE ATTENDANTS (residential)

68%
OF DIRECT CARE EMPLOYEES

89%
WOMEN

47
YEARS OLD ON
AVERAGE

65.4%
BORN IN AUSTRALIA

COMMUNITY CARE WORKERS

81%
OF DIRECT CARE EMPLOYEES

90%
WOMEN

50
YEARS OLD ON
AVERAGE

72.2%
BORN IN AUSTRALIA

Who is the 'ideal' care worker?

Throughout the Quality Jobs Quality Care project, we asked care workers and managers for their views on the care worker role, and the attributes of an 'ideal' care worker. We've collated their responses so you can:

- better understand and appreciate workers' and managers' perspectives on care work – and where they agree or disagree
- create interview questions or discussion points when consulting with staff or focus groups about job quality issues in your organisation.

What is a care worker's role?

CARE WORKERS' PERSPECTIVES

Functional

- Be alert and cope with unexpected
- Seek feedback/follow up on recommended changes to care plan
- Have skills and abilities to do the job

Relational

- Improve and/or maintain quality of life
- Keep clients in touch with community
- Provide emotional support and counselling
- Encourage choice/participation
- Advocate for clients

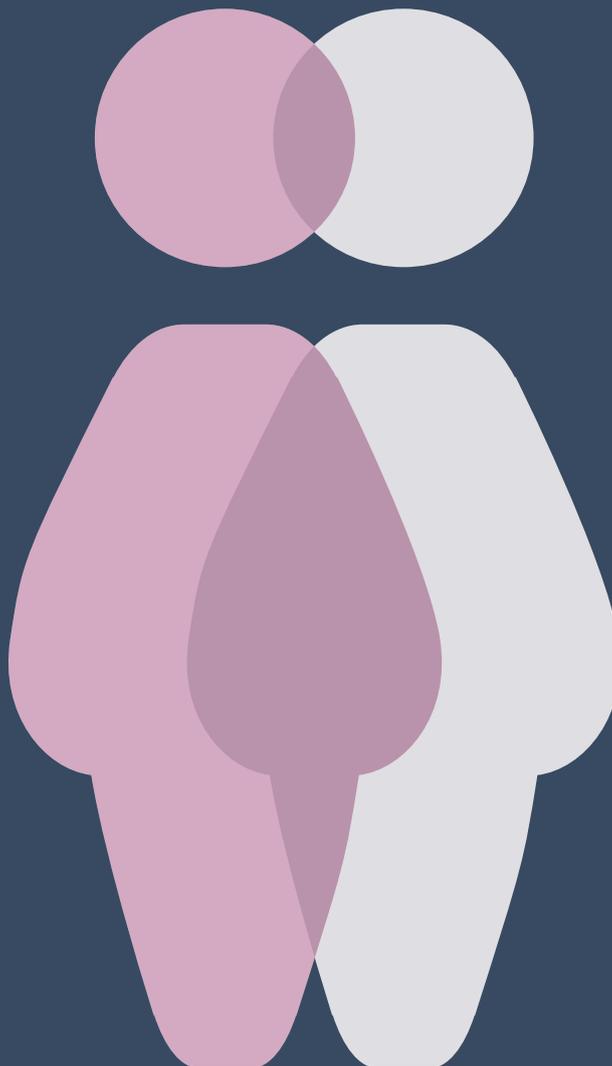
MANAGERS' PERSPECTIVES

Functional

- Provide quality care
- Self-manage paperwork, visits and rosters
- Identify training needs
- Participate in ongoing training
- Convert learning into practice

Relational

- Be professional in their approach to clients: maintain professional boundaries; identify and report any unmet needs



SHARED VIEWS

Functional

- Provide care in a holistic and respectful way
 - Follow the care plan
- Monitor and report changes in clients' conditions
 - Take action on issues
- Provide assistance, physical support and safety

Relational

- Develop professional relationships
- Build rapport, gain trust and confidence with clients
 - Provide individualised care
- Maintain clients' independence and dignity

What are the attributes of an ideal care worker?

CARE WORKERS' PERSPECTIVES

Work-related

- Knows all aspects of the job
- Physically fit
- Manages and negotiates clients' expectations

Social/emotional

- Empathetic and compassionate
- Patient
- Genuine
- Good sense of humour
- Promotes clients' well-being
- Ability to recognise the clients' non-verbal cues

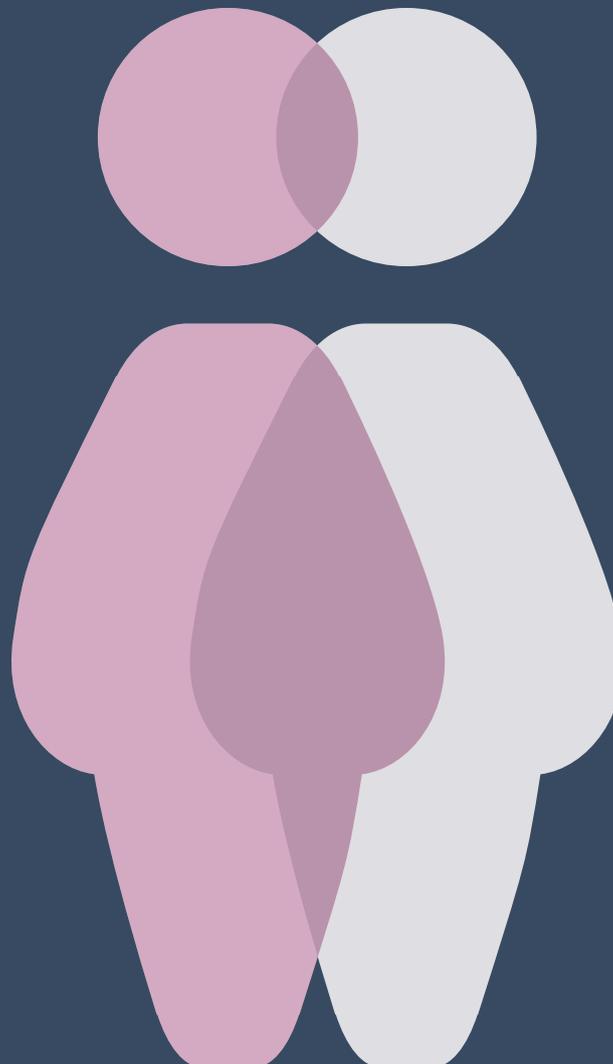
MANAGERS' PERSPECTIVES

Work-related

- Professional 'face' of an organisation
- Practical/follows directions
- Clear about what can be done/not done
- Reports and provides feedback
- Reliable/honest/punctual
- Respects/supports co-workers
- Avoids gossiping

Social/emotional

- Does not panic
- Understands others' mistakes
- Friendly
- Knows the clients



SHARED VIEWS

Work-related

- Demonstrates technical skills
- Very organised and takes initiative
- Maintains professional boundaries
 - Good at time management
 - Competent and confident
 - Efficient
 - Flexible and adaptable
- Participates in team work

Social/emotional

- Passionate about the work
 - Caring
- Uses common sense
- Respectful of clients
- Demonstrates social skills (e.g. listening and communicating)

Care workers and managers agree that care work involves developing professional relationships with clients – building rapport, gaining trust and confidence, and providing individualised care in a holistic and respectful way.

Care workers follow care plans, monitor and report on changes in a client’s condition and take action as required. In this way, care workers help their clients with personal care and everyday living activities so they can maintain a safe, independent and dignified life. Care workers and managers portrayed an ideal care worker as passionate, caring, respectful of clients, and acts with common sense. Good care workers maintain professional boundaries with the client. They are competent and confident; willing to work in a team environment; flexible and efficient; and have good organisational, technical and social skills.

Care workers viewed their job as more than just undertaking set tasks to provide care.

Care workers who were interviewed focused on the quality of their interactions with the client: giving emotional and social support, advocating for them, and improving their quality of life. They identified empathy; compassion; good communication and listening skills; patience; and a sense of humour as important qualities in care worker. These results are similar to the themes that emerged from the *National Aged Care Census and Survey 2012*¹⁷, where care workers identified interpersonal skills (social and emotional) as qualities of a good worker, with less emphasis on formal skills and qualifications.

Care workers were more likely than managers to have a relational perspective. They identified that their relationship with the client was the foundation for high quality, individualised personal care. They use their interpersonal skills to provide high quality care.

Managers emphasised work-related qualities in their view of the ideal care worker

In contrast to care workers, managers gave particular emphasis to work-related qualities in their ideal care worker, such as: reliability, honesty, punctuality, ability to follow directions, responsiveness in reporting and providing feedback, and the ability to apply training to practice. Managers also wanted a worker who is good team player that respects and supports co-workers.

Managers tend to have more of an operational focus. Their priorities centre on matching care worker demand and supply efficiently. They are looking for care workers who can meet the care contract and work effectively within set administrative requirements.

A focus on operational issues may lead to work cultures and practices that overlook the interpersonal dimension of aged care work.

As care workers perceive their role as largely relational, a one-sided focus on operations may mean care workers’ feel less valued and supported as team members. Care workers could experience organisational demands, particularly those that cause time pressure or detract from the relational focus, as barriers to providing quality care and therefore job satisfaction.

Job quality benchmarks

As part of the Quality Jobs Quality Care program, we analysed data from the *National Aged Care Workforce Census and Survey 2012*¹⁸ to give us an overall picture of job quality around Australia. Careworkers reported on a wide range of their job characteristics including the ‘fit’ between the hours they worked and their preferred hours, their experiences of the work itself and their workplace, work-life interference, different aspects of job satisfaction and their career intentions.

Many job quality strengths and weaknesses were common to both the community care worker (CCW) and personal care attendant (PCA) workforces.

| | Strengths | Weaknesses |
|---|---|--|
| Work hours | <ul style="list-style-type: none"> • Good fit between actual and preferred work hours | <ul style="list-style-type: none"> • Too few hours is a common issue for casuals • Limited time within scheduled hours to perform care work |
| Doing the work itself | <ul style="list-style-type: none"> • High satisfaction with the work itself • Strong positive perceptions of skills and abilities | <ul style="list-style-type: none"> • Low ratings of time to care and freedom to decide how to work (CCW) • Feelings of pressure and stress at work are common (PCA) |
| Work life interference | <ul style="list-style-type: none"> • Good overall satisfaction with work-life balance | <ul style="list-style-type: none"> • Feelings of time pressure in daily life are common |
| Satisfaction with aspects of job | <ul style="list-style-type: none"> • High satisfaction with different aspects of job | <ul style="list-style-type: none"> • Low satisfaction with financial remuneration • Financial reasons most common reason for anticipated turnover |
| Intention to quit (%) | <ul style="list-style-type: none"> • Very low rates of intention to quit | <ul style="list-style-type: none"> • Financial considerations most common reason for intention to quit (CCW) • Employment conditions and stress/burnout most common reason for intention to quit (PCA) |

Community care workers - work-related injuries/illnesses¹⁶

MAIN WORK-RELATED INJURIES/ILLNESSES OVER THE LAST 12 MONTHS (EMPLOYEE REPORTS)

Main injuries/illnesses

- Sprains/strains
- Chronic joint or muscle conditions

Main causes

- Lifting, pushing, pulling, and bending
- Falls
- Repetitive movements

Most likely to report

Casual community care workers and workers in not-for-profit agencies are most likely to report lifting, pushing, pulling, and bending injuries.

Community care workers in government agencies and workers with more than one year of tenure were most likely to report repetitive movement injuries.

Personal care attendants - work-related injuries/illnesses

MAIN WORK-RELATED INJURIES/ILLNESSES OVER THE LAST 12 MONTHS (EMPLOYEE REPORTS)

Main injuries/illnesses

- Sprains/strains
- Chronic joint or muscle conditions
- Stress or other mental conditions

Main causes

- Lifting, pushing, pulling, and bending
- Hitting, being hit or being cut by a person, object or vehicle

Most likely to report

Permanent/fixed term personal care attendants and those with more than one year of tenure are most likely to report injuries/illnesses overall.

Personal care attendants with more than one year of tenure were most likely to report stress or other mental conditions.

Personal care attendants in not-for-profit agencies were most likely to report hitting, being hit or being cut.

Case study: Care worker union members' perspectives

A scoping study was developed with [United Voice](#) to capture the perspectives of members who represent a diverse care worker group employed in not-for-profit, for profit, and government aged care organisations. Members of aged care workforce committees and expert reference groups were recruited from United Voice to provide a broad perspective.



Who was consulted and how?

Fifteen residential and community care workers who were members of United Voice in NSW, WA and SA participated in individual or focus group interviews. The interviews covered three key areas relating to job and care quality: assumptions, beliefs and experiences of care work; perceptions of job quality; and perceptions of care quality and the links with job quality.



What did we learn?

Care workers were asked their views on their role and their 'real work'. The [job quality benchmarks](#) were used to facilitate care workers' perspectives and reflections on their job quality and information was also presented on clients' views and experience of quality care.

Care workers' role and real work

Care workers described their tasks as varying, depending on whether they are caring for clients with high or low care needs. They largely agreed that a care worker's role is to help clients maintain an independent and dignified life. Their role in supporting quality of life is to monitor their client's condition; help identify strategies to improve care and life quality; and report any change or decline.

In some cases, care workers work with a client until the end of the client's life. In this challenging circumstance, workers spoke of their value in providing advice and support to clients and families dealing with the grief of managing terminal conditions such as dementia.

Most care workers said they are doing a 'rewarding job' because they are helping people. In their view, interacting with clients on a daily basis ensures that clients 'feel more wanted' and their lives are more fulfilled. Care workers are

aware that they are often the only regular personal contact that many clients have 'especially when they don't have family left anymore.'

Job quality

All care workers linked the quality of their jobs to the quality of care they can provide.

A lack of time to care is a consistent issue for residential care workers. These workers observed a 'new normal' emerging in aged care, where care workers were hurried, did not have enough time to care and were delivering 'watered down' care. Unrealistic time demands were seen to compromise care quality for residents and create pressure and stress for care workers. Community care workers also reported that having sufficient time to care was often a challenge in their work. Time to care was dependent on an accurate assessment of a clients' needs and there was some flexibility to adjust care as these needs changed. Some care workers reported that they had felt a responsibility to take more time to provide care than their employer was prepared to pay for, so they can provide good quality care.

All care workers agreed that their salary was unsatisfactory and their pay did not provide them with a living wage. They suggested modest improvements involving regular increases to pay. Care workers also reported limited control over their working hours and most wanted additional hours. One care worker said:

...I've been after a 70 hour contract (per fortnight) for about four years...to me a full time job is a 70 hour contract, where I can make a decent wage out of it.

Care workers believed that variations in work hours and pay created a significant amount of job insecurity. The casualisation of the care workforce was also a significant concern. Most care workers believed they need to feel safe and secure in their job to deliver good quality care.

In terms of autonomy in their work role, most care workers interviewed believed there was room for improvement to progress both job and care quality.

A common view was that if management '**simply release the straps a little bit and gave care workers a little bit more credibility and credence**' then this would benefit workers, management and clients. Care workers would '**have less sickies, be less stressed, they'll show up for work more often, they'll answer their phone when managers call to offer relief work**' and would provide better quality and more efficient care.

Most care workers reported that the amount of training they received had decreased over time. Care workers observed that training by peers is now more common. Some care workers viewed this peer education as primarily a cost-saving measure, and raised concerns about trainers who may not have the right experience and are not training others properly. Others emphasised the need for mentoring programs, particularly to help new care workers learn the job properly.

The limitations of e-learning were also discussed – people needed to be IT literate for this approach to be effective.

Care workers also spoke of circumstances when work negatively impacted their capacity to manage their responsibilities and activities outside of work. Community care workers in particular described structuring their week according to their roster. Unexpected roster changes, which frequently occur, caused significant disruption to their lives outside of work, including their family responsibilities and commitments.

Quality care

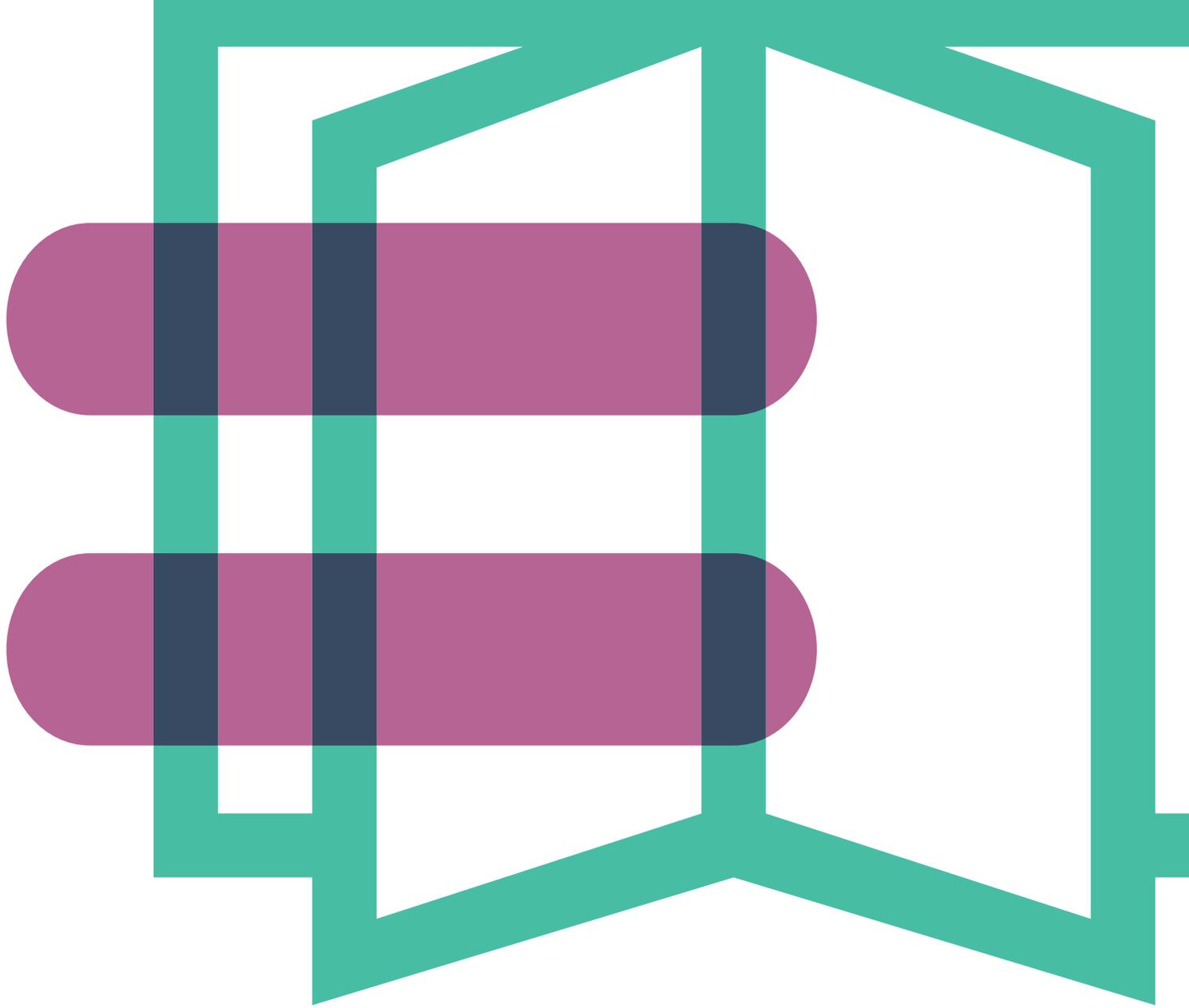
Care workers agreed that care quality involves maintaining clients' dignity and individuality, and treating clients the way they would like to be treated themselves – 'put yourself in the other person's shoes'.

The majority of care workers reported that social interaction with clients is an important aspect of good quality care. They explained that building close relationships, within professional boundaries, promoted a better understanding of client's needs; supported continuity of care; and enhanced the clients' feelings of safety and security.

Care workers understood the need for clients to be autonomous and make their own care decisions. However, they emphasised that often information from providers needed to be better communicated to better support their clients' capacity to interpret and act on information about services.

The impact of consumer directed care (CDC) was a 'hot topic' for community care workers. In general, care workers believed they could contribute to the choice of care provided under the CDC model and that their role was to advocate for their clients' needs.

In summary, care workers believed they provided a valuable service to clients, and this often involved working under high pressure with clients who may have complex needs. They were highly motivated to provide care that was respectful, individually tailored and of high quality. Care workers also identified significant demands and constraints that challenged their job quality and care quality. They placed a particular emphasis on issues related to poor remuneration, ongoing time pressure and a lack of formal and informal support, and development to enhance their capability.



Step 1

Reflect and Review

Step 1

Reflect and review

Before we can begin improving job and care quality, it's important to understand what these terms mean within the aged care industry. In this section you'll learn:

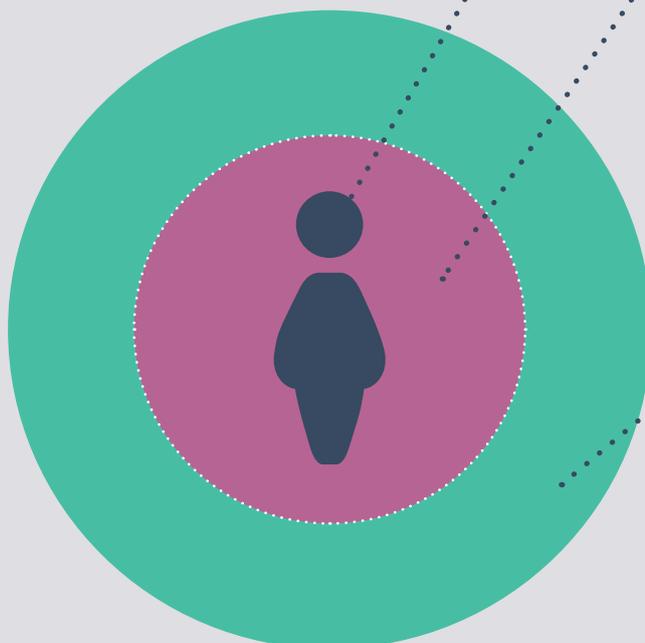
- more about [job quality](#) and [quality care](#)
- how [clients and care workers](#) experience quality care
- to measure quality care from a client's perspective
- more about the [links](#) between job quality and quality care
- what [care workers have to say](#) about job quality and quality care.

What is job quality?

People talk about 'good jobs' and 'bad jobs' or 'having a decent job'. But while job quality can mean [different things to different people](#), everyone agrees that good quality jobs lead to better outcomes for workers, clients and their organisation. Good quality jobs support workers' mental and physical health, a good work-life balance and job satisfaction. Organisations that create high quality jobs also benefit in many ways, including reduced staff turnover. As discussed below, good job quality is the foundation for high quality care: high quality care requires high quality care relationships between workers and clients.

There are many different ways of looking at job quality. Job quality can be considered from the perspective of the individual performing the job (e.g. age, family care responsibilities); the characteristics of a particular job (e.g. autonomy, time to care); the workplace where the job is located (e.g. mix and number of staff); and the organisation as a whole (e.g. organisational policies and culture). Here we reflect on job quality at the organisational level to help you identify possible areas for support and improvement in your workplace.

Factors contributing to job quality at the individual, organisational and sector levels



Individual

There are many aspects of job quality that will apply to most workers, but some people might have different needs, priorities and preferences:

- flexible work, predictable scheduling or more hours may be a high priority for different people with caring responsibilities
- older workers may prefer part-time work as they transition to retirement

Organisational

The characteristics of an organisation can impact on job quality. These can include policies and procedures, management and supervision, organisational culture, model of care and the design of specific jobs:

- good supervision, management practices and culture will provide practical, social and emotional support for workers
- policies and practices on paying allowances or reimbursements for work-related travel expenses (e.g. community care workers using personal vehicles)

Sector

Organisations operate within a specific industry, with particular regulations and funding models, and in particular geographic locations. This can influence:

- employment law and regulations that define minimum wages or set rules around work hours or shift scheduling
- labour market conditions. A workforce shortage may motivate employers to create high quality jobs to attract workers.

A good quality job is one that has decent employment conditions and is well designed so that workers have a positive experience when they do their job.

Key employment conditions for job quality:

- fair levels of pay for the work undertaken (payment for overtime hours, allowances and reimbursements for work-related travel time)
- employment security (fixed term, permanent contracts)
- regular and predictable work hours that meet workers' needs and preferences
- access to education and training
- good management–employee relations
- healthy and safe work culture and environment.

Key aspects of work organisation and job design for job quality:

- having enough time to provide care
- opportunity for some autonomy/input/control over how work is done
- manageable work demands (not having to work too quickly or handle an excessive workload)
- supportive co-workers, managers and organisation
- access to flexible work arrangements, if required
- opportunities to develop and use skills and abilities
- respect and acknowledgement from clients, co-workers and management
- regular 'joined up' hours of work per shift.

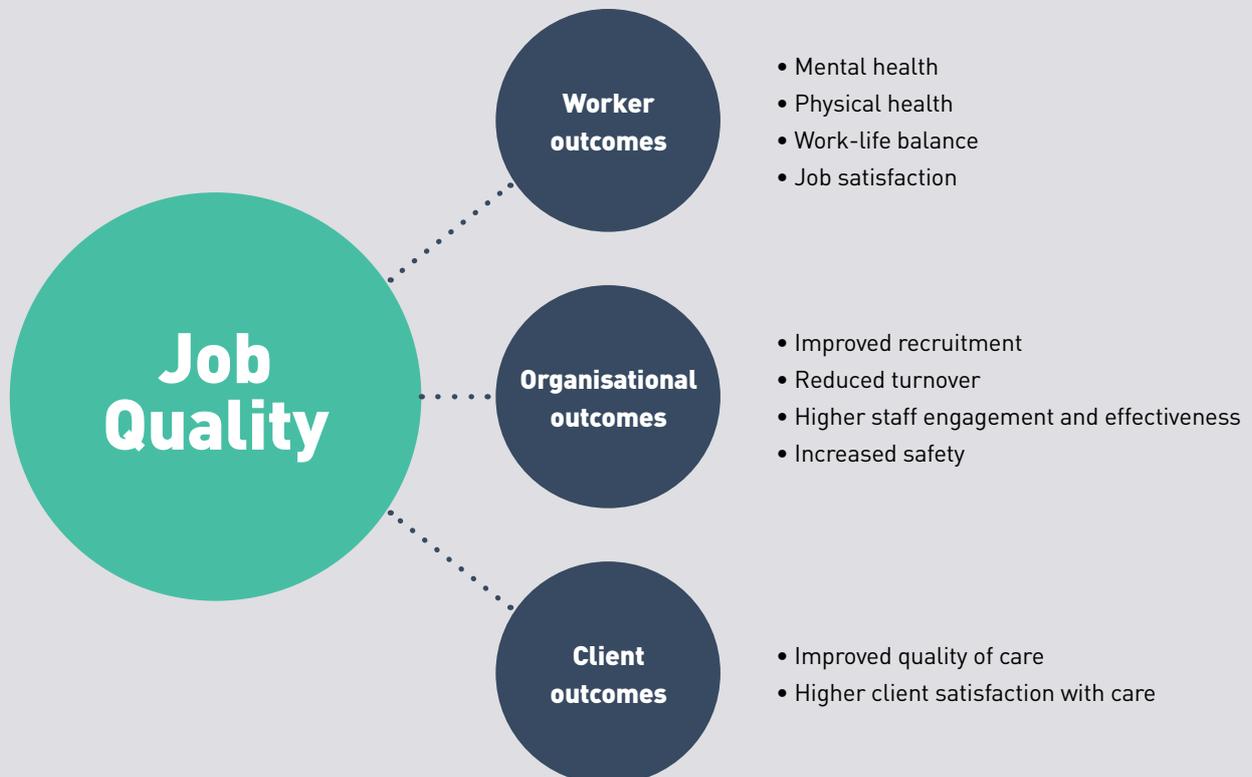
Why is job quality important?

Good quality jobs lead to better outcomes for workers, clients and their organisation. Good quality jobs support workers' mental and physical health, a good work-life balance and job satisfaction. Organisations that create high quality jobs also benefit in many ways, including reduced staff turnover.

Key outcomes from a good quality job:

- higher levels of worker job satisfaction
- lower levels of work-life interference (a good work-life balance)
- lower levels of worker stress
- higher worker commitment to stay with the organisation (low turnover intention)
- higher quality care and client satisfaction.

Relationships between job quality and outcomes for workers, the organisation and clients



What is quality care?

As with quality jobs, quality care can mean different things to different people. Clients, care workers, health professionals, managers and funders can all have different perspectives based on their experiences, circumstances and role. Quality care is often described as care and support that is effective, efficient, safe, comfortable and dignified.

Quality care can be understood, measured and changed at three major levels:

- structures – number of staff, staff-patient ratios and the level of staff training and expertise
- processes – treatments, interventions, care processes such as the organisation of care work, physical assistance, medications, and staff-client interactions
- outcomes – technical measures such as rates of pressure sores, restraint use, and infections as well as dependency measures such as client reports of satisfaction and quality of life.

In the past, clinical outcomes (e.g. rates of falls or infections) were given more attention and this reflected the traditional medical focus in aged care. Today, clients' perspectives on wellbeing and quality of life are becoming more important as the aged care environment moves toward consumer-directed care.

Quality care incorporates quality of life. Quality of life (QOL) is a concept that recognises each individuals' experience as important.

Quality of life in general refers to an individual's experience of well-being and overall enjoyment of their lifestyle.¹⁹

...QOL in old age is a multidimensional construct that is useful in evaluating "adding life to years".²⁰

What does quality care mean for clients?

As we develop new and innovative consumer-directed models of care, it is important to understand what quality care means for clients.

The Australian Government²¹ sees clients' views as crucial:

In health and aged care services – quality has been traditionally decided by experts and measured and 'certified' by a government authority... Consumers are now more empowered to determine for themselves what constitutes quality... We are seeing a shift from the authority of experts to the authority of experience ...

Australian and international research shows that quality care in residential settings involves:

- a feeling of connectedness to others
- independence and autonomy
- recognition of individuality and life stories
- access to professional help and support when needed
- individualised care imparted with kindness, empathy and goodwill.

Research on quality care provided in a person's own home also highlights that it is important for clients to:

- have a good relationship with their care provider
- have resources and support to maintain their independence
- maintain control over their life.

While there are differences between living at home and living in residential care, older people receiving care have similar views. The caring relationship and the way that care is organised and provided is essential.

In the Quality Jobs Quality Care project, we took a closer look at the research and found that clients identified five key issues relating to quality care.²²

**POSITIVE INTERPERSONAL
RELATIONSHIPS**

Care givers and clients take a partnership approach.
Clients are valued and contribute to care decisions.

**FEELINGS OF SAFETY, SECURITY
AND CONTROL**

Clients are in charge of their life when receiving care at home.
They have the same care giver who is able to focus on needs as well as tasks, and respects their privacy.
Clients maintain involvement with their family, friends and community.

**AUTONOMY, CONTROL AND
DECISION-MAKING**

Clients can choose and make decisions about how they live and receive care, including around personal risk and end-of-life care.

**WHAT IS QUALITY CARE
FOR THE CLIENT?**

INDIVIDUALITY AND DIGNITY

Clients maintain a sense of their individuality through life activities.
Their care relationships contribute to a sense of well-being and meaning, through empathy, respect and dignity.

INDEPENDENCE

Clients have a sense of privacy and personal space. Their independence is respected and supported.
Clients have active control over their life and activities. They are not overly restricted to organisational routines.

POSITIVE STIMULATION AND ENJOYMENT

Clients maintain relationships with family and old friends and create new relationships. They have space for reflection and relaxation.
Clients participate in activities that are meaningful and continue to connect with the outside world.

How do we measure our clients' view of quality care?

Care quality is often rated from the perspective of those providing the care or family members. These perspectives are valuable, but it's important to also find out the client's view of quality care as this is often overlooked.

Client experiences of quality care are commonly measured using client satisfaction surveys and quality of life tools. Quality of life tools can provide feedback from the person receiving services in the community care or for those with dementia. Some tools measure the extent to which a residential care environment enables person-centred care, respecting residents' values, preferences and dignity. A number of tools also help family or care providers assess the client's quality of life. Clinical indicators of quality care can also be considered alongside client perspectives for a systemic view of care practices.

Here are some examples and tools to help you measure care quality from your clients' perspective.

Community care measure

ASCOT²³– Adult Social Care Outcomes Toolkit

Aim: To obtain client feedback about quality of life in relation to their social care.

The toolkit helps you measure quality of life in a range of domains: comfort; control over daily life; personal safety; accommodation; social participation and involvement; occupation; and dignity.

You can use it to measure and compare quality of life outcomes over time for individuals and/or identify opportunities to improve quality of life in any of the domains.

Access: www.pssru.ac.uk/ascot

The Australian Community Care Outcomes Measure (ACCOM) which is based on ASCOT is currently being tested in community services by Macquarie University (www.agedcareoutcomes.net)

Residential care measures

PCQ-S²⁴– Person-centred Climate Questionnaire

Aim: To measure the extent to which a residential care environment enables person-centred care, such as respecting residents' values, preferences and dignity, aspects of quality care rated highly by clients.

The questionnaire can be completed by residents in aged care to provide their perspective on person-centred care. There is also a version available for health professionals.

Access: <http://onlinelibrary.wiley.com/doi/10.1111/jonm.12132/full>

TOPAS²⁵– Thriving of Older People Assessment Scale

Aim: To measure the extent that a client views themselves as thriving in a long term residential setting.

This scale has been designed for the client or their proxy to complete.

Access: <http://onlinelibrary.wiley.com/doi/10.1111/jan.12593/epdf>

P-CAT²⁶– Person-centred Care Assessment Tool

Aim: To rate care settings on the degree of person-centred care.

This tool is designed to be used by nursing staff.

Access: <http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35130>

Measures for people with dementia

QoL-AD²⁷– Quality of Life in Alzheimer's disease tool

Aim: To measure quality of life in domains such as physical health, energy, mood, living situation, relationships, self, and life as a whole.

This tool can be completed by the person with dementia and their care-giver. It can be used by people with dementia over a wide range of severity.

Access: www.dementia-assessment.com.au/quality/qol_handout_guidelines_scale.pdf

CARES²⁸Observational Tool

Aim: To assess person-centred care provided by care workers.

This tool needs an independent person to make observations.

Access: <http://www.hcinteractive.com/caresobservationaltool>

DCM²⁹– Dementia Care Mapping

Aim: To provide information about the wellbeing for clients who are often unable to communicate their views due to the severity of cognitive changes. This is an observational tool.

This tool is designed to indicate where care practices can be modified to improve person-centred care. Those using the tool undergo training to become accredited.

Access: <http://www.bradford.ac.uk/health/dementia/dementia-care-mapping/>

HOW DO CARE WORKERS SEE QUALITY CARE?

Care workers are 'frontline' experts and have valuable perspectives and insights into their clients' needs and how these can be met through quality care.

We asked care workers what they thought about the five key quality care issues identified from the literature as part of the Quality Jobs Quality Care project. They shared their clients' view that quality care is holistic and tailored to each person –

it requires them to know the person and their care preferences. Care workers believe that the care and support they provide helps their clients to live with dignity and with as much independence as possible, improving their quality of life.

For care workers, the **responsive** nature of the care relationship between care worker and client is fundamental. **Continuity** of the care relationship is critical to achieve quality care.

When care workers were asked about the five key issues their views of quality care were very similar to client perspectives as follows.

Positive interpersonal relationships

Developing interpersonal relationships helps care workers understand and familiarise themselves with their clients, they learn their background, likes and dislikes, and routines.

Continuity of care is a significant aspect of quality care. When a client is seen by different care workers, changes in their health or social needs may be missed and clients can become frustrated: **you get the quality with continuity.**

Building rapport means you're not only providing care but... you are able to complete care in a holistic and respectful' way.

Independence

It is important to help clients be active participants in their own care and encourage them to keep doing things for themselves. Care workers think that helping clients to stay at home and be independent increases their client's quality of life.

I've watched people stay at home until the day before they died and they were really content and happy to have their families around them, familiar surroundings... and you can't put enough value on that.

Feelings of safety, security and control

Good quality care supports clients to feel safe and in control. For example, helping clients to follow their daily or nightly routine means clients feel safe and secure. Routines are particularly important for dementia clients who may not understand why someone is in their house doing tasks. Sensitivity and empathy are also required.

We are guests in their home at the end of the day. They feel like they are losing their control.

Autonomy, control and decision-making

Supporting clients' autonomy, control and decision-making is an important aspect of quality care. When clients are given control and care workers encourage client choice and participation, clients feel valued and respected.

...it's about us helping them ...to get them out, making their decisions, feeling like they're still an active member of society because a lot of them still have a lot to give.

Positive stimulation and enjoyment

Spending quality time with clients and interacting with them gives them a sense of importance and participation in life.

Care workers understand quality care to involve acknowledging and respecting the personhood, dignity and individuality of clients. Quality care enables their quality of life through the care relationship which supports their autonomy, independence, safety, and participation in meaningful activities.

If you have a bit of time to actually sit and have a cup of tea and just ask them what they want, they feel important and not just a job.

Individuality and dignity

Quality care involves creating an environment that helps clients live their best life and promote their happiness. Accepting, validating and listening to the client is crucial, which involves understanding the client's background and treating them with dignity and respect.

I think the best thing is you have to think of the client as yourself...you need to put yourself in the other person's shoes...



How are quality jobs and quality care linked within aged care organisations?

How does job quality lead to quality care and *vice versa* within an aged care organisation? Job quality and quality care are linked – they influence each other. Job quality underpins optimal working conditions and practices; supports workers' health and wellbeing; and ensures a stable and committed workforce. When jobs have these three characteristics, then the best conditions for high quality care are created.

The conditions of work are the conditions of care.³⁰

Worker health and wellbeing supports good care

Workers who feel supported and encouraged report higher wellbeing – these benefits flow on to improve client-worker relationships.

Higher job satisfaction is associated with higher client satisfaction. When staff satisfaction is low, client satisfaction also declines.

When workers are satisfied with their workload and team support their capacity to achieve quality person-centred care improves.

Care workers are more satisfied with their jobs when they have opportunities to use their skills, have a sense of autonomy and feel valued.

Optimal work practices enable quality care practices

Good job design and work organisation that supports team communication, problem-solving and responsiveness to clients' needs produces more effective care and better client outcomes.

If workloads and work pressures are too high, care workers can't respond to clients in a timely manner and this reduces their clinical outcomes and quality of life.

Client outcomes improve when staff levels are appropriate and they have time to care, consistency of care, and good coordination.

Relevant training increases workers' confidence and their ability to appropriately respond to clients. This improves the care relationship and underpins personalised care.

Retaining staff (low turnover) maintains quality care

High retention rates ensure experienced workers and good team relationships can be maintained: this means that clients receive consistent care.

Low job satisfaction is a key predictor of staff turnover; satisfied workers are more likely to stay in a job.

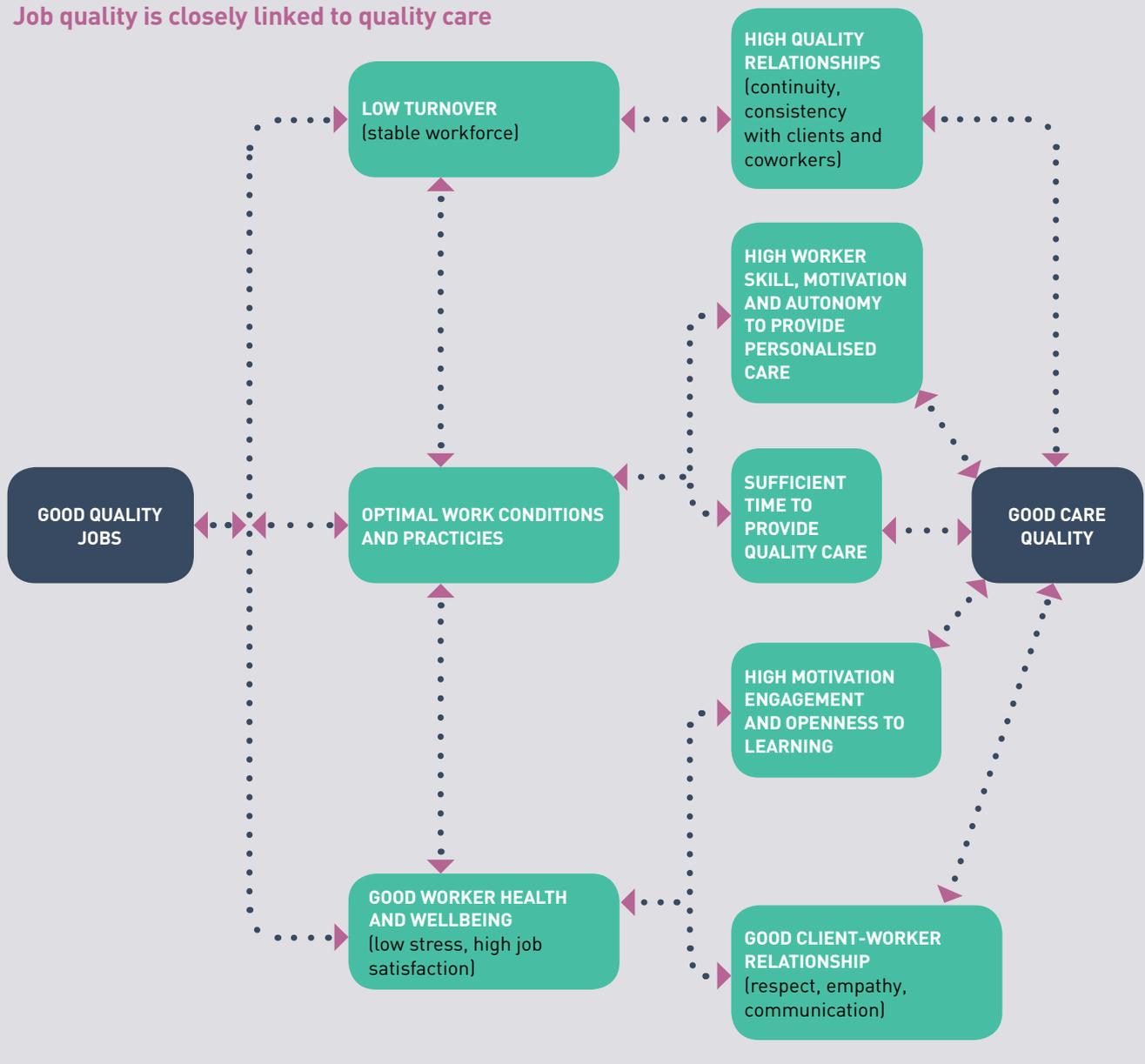
Care workers are more likely to stay in an organisation with a supportive culture, and where they have good relationships with managers and co-workers.

Care workers commonly leave jobs when there is insufficient time to provide quality care; a lack of flexibility, challenge and/or autonomy; and unsupportive supervisors.

High quality care is achieved through high quality care relationships that are affected [by job quality factors](#). High quality care relationships require:

- a sufficient number and mix of workers
- a stable workforce
- realistic time allocations for care tasks, including time for social interaction
- access to timely and appropriate education and training
- decent working conditions.³¹

Job quality is closely linked to quality care



Job quality leads to enhanced quality care

Case study: Care worker mentoring

A comprehensive mentoring program was developed by an aged care provider to help improve the confidence, consistency and capability of community care workers, especially those caring for clients with complex needs. Dedicated Specialised Care mentors supported new care workers at orientation; provided ongoing advice and support by phone and email; and attended joint home visits to give hands-on support and training. The mentors also facilitated small group or individual education and training sessions to address challenges and knowledge gaps.

The mentoring program had a positive impact on job quality and quality care.

- **Community care workers** reported greater confidence and capability in their work and felt supported by the specialist mentors.
- **Client care** improved because care workers were more competent and consistent. Clients experienced smoother transitions when new workers were assigned to them.

Read the full case study – [Care worker mentoring](#) – to find out more about the program.

Improved quality care supports better job quality

Case study: Collaborative person-centred care

Client wellbeing mapping was introduced as a person-centred assessment and team problem-solving approach to care planning and case conferencing for people living in residential care. Care workers joined with clinical staff, residents and/or their family members to map client wellbeing in a residential care setting. Mapping sessions were designed to increase carers' knowledge of the client, and how they could use this knowledge to personalise and improve care practices and care relationships.

The wellbeing mapping initiative led to better outcomes for job quality and quality care.

- **Care workers** felt valued when they had the opportunity to share their knowledge of the client with the team and they gained new knowledge about the client.
- **Client care** improved as staff could better understand and respond to an individual's personal history and needs. Family members felt supported, with increased confidence in care quality.

Read the full case study – [Collaborative person-centred care](#) – to find out more about the program.

WHAT LINKS DO CARE WORKERS SEE BETWEEN QUALITY JOBS AND QUALITY CARE?

Care workers have valuable perspectives and insights into the daily reality of providing care and support, including how their working conditions, demands and supports influence their capacity to deliver high quality care.

We asked care workers to reflect on the interconnections between quality jobs and care quality.

Overall, care workers told us that the key aspects of job quality affecting care quality for their clients included:

- continuity of the care relationship
- access to training and mentoring
- team communication
- a sense of autonomy
- a safe working environment.

Having enough time to provide good quality care

Workers need sufficient time to provide care in the personalised manner that clients need and prefer. If workers are rushed they cannot respond to clients in the ways that value them or meet their preferences.

It's hurry, hurry, hurry; things don't get done and there's no time to speak to the residents.

Relationships with clients

Continuity of care helps workers develop trust and confidence with the client. They become familiar with the client's needs and preferences.

There is nothing worse for the client than different people coming in the door, just a different person each visit.

Communication with managers and co-workers

Regular two-way communication with supervisors, managers and co-workers helps care workers keep up-to-date with information on clients' behaviours, needs and preferences – this is essential to provide good quality care.

...we will have a meeting ...and then we will share the ideas. So it's much more of a collaborative effort ...

Access to comprehensive education and training

When workers have access to adequate and regular education and training, they are supported to develop skills and knowledge, learn in different ways and translate what they have learnt into practice. Quality care can be compromised if the relevant training has not been undertaken.

...you can often still pick up things but you might have just about killed someone before that's happened. That's the bottom line.

Respect from management and co-workers

Feeling respected within a team boosts care workers' confidence and self-esteem, with these positive feelings flowing on to clients' wellbeing and care.

As [a] personal carer, we are very important on the floor, because we [are] always with the resident. So they [managers] always take us [our feedback] as very important [sic]. They want us to give feedback.

Manageable workloads without excessive time pressure

Adequate staffing and manageable workloads reduce time pressure and work intensity, giving workers the time and space to provide quality care.

If we're short staffed we're more rushed, the more rushed we are the less quality of care given to the resident.

Access to an experienced mentor

Care workers' confidence, skills and abilities are improved when they have access to an experienced co-worker as a mentor or buddy.

I called a mentor just because I didn't feel confident ...there was a new client that I hadn't been to before and she came out and ...assisted.

Autonomy and discretion in delivering care

Having a degree of autonomy and discretion in the day-to-day delivery of care allows care workers to adapt to the particular needs of different clients at different points of time.

...if training was better for the care workers, their knowledge of the legalities ... and the risk assessment... involved in doing a task would be in the forefront of the care worker's mind more often ...and we can actually do things with our clients that might have been restricted otherwise.

A safe working environment

A safe working environment, where workers' physical and mental health is protected, helps care workers to maintain focus on their client's wellbeing, pursue a client-oriented approach to care, and do their job well.

It's the time factor. Sometimes you've only got...10 minutes and they've [the resident] got to be seated at the table. You're halfway through doing a shower or you're halfway through doing something then all of a sudden you're rushing and you're rushing them and you can't rush the elderly. That's when you get problems. That's when you hurt yourself. That's when you can hurt them.



What type of changes to job quality work best?

Making changes to work organisation and work practices that are small in scale are particularly valuable for aged care: they can be proactive and innovative, require limited resources, and allow day-to-day operations to be maintained while trialing change.

Small scale changes that are conducted as quality improvement processes generally:

- allow change to be tested in a way that is time-limited and resource efficient
- are iterative and enable learning from, and sharing of, the process and outcomes
- are consultative and collaborative, engaging workers and other stakeholders for strategic and/or innovative change that is sustainable and has widespread support
- embed evaluation in the process of change, to establish what works and why, what can be improved and what should be continued or discontinued.

This toolkit provides tools and resources for making small scale change for job quality in aged care. You can also find more information on making small scale changes in the Plan Do Study Act (PDSA) cycle.³² The PDSA cycle is specifically designed for iterative, small scale change and it is commonly used in health and aged care settings. *How to improve*³³ is another excellent resource on making small scale changes.

Next steps

Now you're up to speed on the latest research and the types of changes that work best, you can begin to [engage](#) with your team (residents, care workers and management) and find out [which job quality and care quality issues are most important](#) to them.

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Case study: Specialised dementia care teams

The challenge

To help care workers provide more consistent ongoing care to clients with dementia.

The response

A dedicated and consistent team of care workers, supported by a coordinator, to provide care and support to eligible clients.

...with clients with dementia you really have to build up that level of trust and confidence.



How was it planned?

One community care region was chosen by the aged care provider for the small scale change. The initial design and planning of the change involved [regional managers, the organisation's research officer and the Quality Jobs Quality Care Project researchers](#).

A [planning worksheet](#) was used to outline the key aspects of the new approach to dementia care, expected benefits for job and care quality and the evaluation plan.



Who was consulted and how?

Interviews and a focus group were conducted with care workers, managers and key staff who were likely to be involved with the small scale change. Care workers were enthusiastic about the new approach and identified many potential benefits including increased knowledge of clients, improving their technical skills specific to managing dementia care, improved communication about client needs and a greater consistency of care which was expected to reduce the risk of resistive behaviours.

Well, I get it from most clients, they say 'oh I wish we could have a regular carer or support worker'...For clients with dementia – it is so much more important. They may not remember your name but they do remember the fact that you are familiar...



What was done?

The small scale change focused on clients with dementia who had complex needs that required high levels of case management; were living with advanced dementia; or their families were experiencing difficulties managing care. A coordinator and three care workers formed a core team and provided most of the services to these clients. Regular care workers were also scheduled for client visits, particularly for after hours shifts, to maintain staff consistency. Allied health staff provided comprehensive functional assessments and expertise as needed.

How was it done?

A coordinator with a special interest in dementia was redeployed to lead the dementia care team over a six month period. Care workers were recruited to the dementia care team through an internal expression of interest, and the team selected workers with a flexible approach to care. One care worker was recruited initially and a further two care workers were recruited as demand grew. The coordinator managed care worker scheduling.

Clients were assessed and referred by other coordinators within the organisation or directly by care workers themselves (via their coordinator).

The team met regularly with allied health staff to review client needs. The team developed and carried out tailored care plans for participating clients using dementia resources, such as wellbeing profiles and a Life Book, a tool designed to capture the interests, memories and stories about a person's life.



Did it work?

Organisational data showed the client group steadily increased over the six months, starting with eight clients and finishing with 18 clients at the end of the trial period for the small scale change.

Care workers reported that their new approach to dementia care had a positive effect on their job quality and improved quality care for their clients. Care workers benefitted from being able to negotiate the hours they needed or wanted to work; decreased pressure and stress; and increased job satisfaction due to improvements in communication, coordination and team support. They also noticed that more

consistent care helped families to make earlier and better-informed decisions about ongoing care.

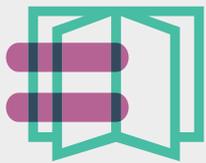
**...my input is really valued by the team ...
I feel like I have got a lot to offer. I am not just
there doing the job.**

**...care plans have changed so there is more
flexibility...because now it is their choice.**

Care workers who were not part of the dedicated team also used the dementia resources and found them to be valuable. Some of these care workers felt their skills in managing dementia had reduced and were unhappy with the loss of their regular clients to the dementia care team.

Managers identified a range of benefits from the new approach to dementia care, including better planned care for clients across hospitals, respite and residential care and fewer complaints, as a result of improved interaction and coordination with families. The organisation also promoted its comprehensive dementia care approach and attracted new clients with complex needs.

**...great responses from families regarding ... the
support they are receiving.**



What we learnt

Care workers were generally positive about the new approach but they noticed that belonging to a dedicated team disconnected them in some cases from broader care worker activities in the organisation.

Managers observed that care quality could be reduced if other care workers from the organisation or from brokered services were used. As individual clients were better understood, information was revealed about important unmet needs, such as overnight respite, that needed to be addressed in care plans.

The organisation saw the new and comprehensive dementia approach as beneficial to care workers' job quality. They planned to cost the model for sustainability and adaptability to other complex areas of aged care such as palliative care.



Step 2
Engage

Step 2 Engage

When you are planning to make job quality changes in your organisation it is important to engage with clients, care workers and any external stakeholders. Engaging with stakeholders before, during and after any change will help to create a smoother and more sustainable transition to better job quality.

Who should I talk to when I'm planning a job quality change?

There are three stakeholder groups that you will need to engage with as you plan job quality changes: care workers, clients and external stakeholders.

1. Care workers

It is important to involve any workers who will be directly or indirectly impacted by change (e.g. care workers, line managers and other staff). Their engagement throughout the change process means they can:

- provide advice on which job quality issue is a priority for change and suggest how it can be improved. They can help develop a strategy to implement and evaluate change
- help identify the enablers and barriers to change
- become change champions to support and lead the change
- provide feedback on the process and outcomes of change, including anticipated and unanticipated results.

2. Clients

Clients of care services should have input into any changes that will affect how services are provided, when:

- they will be directly impacted
- they have direct experience of the service quality being delivered
- their engagement and perspective will be an essential enabler for sustainable change.

Clients may also be directly involved in implementing change, for example if they are asked to use new technology.

3. External stakeholders

External stakeholders can include other aged care providers, peak bodies, unions and researchers. When you involve external stakeholders they can:

- provide additional expertise, information and resources
- give an 'outsider' perspective for useful, independent advice and feedback
- enable learning from and sharing with others.

External stakeholders like general practitioners and specialist services like palliative care and training services can also be directly involved in implementing job quality changes.

How much should I engage with stakeholders?

The level that you involve stakeholders in your job quality change will depend on the situation, resources, history and culture of your workplace.

Engagement by workers and other stakeholders can range from:

- collaborating with you to identify areas for improvement and designing, implementing and evaluating your job quality change
- having input and influence at particular key points of the change (during design for example)
- given opportunities to consult and provide input throughout the change process

or

- a combination of these engagement levels at various stages throughout the change process

Care workers should always be involved when changes to job quality are being considered as they are directly and indirectly impacted by the change and have expert knowledge of their work.

What types of engagement will help make change successful?

There are a number of engagement strategies and key enablers for successful change.

- **Senior management sponsorship.** When senior managers engage with the change process they will help to reinforce change aims, mobilise resources, support change efforts and manage any resistance in a consultative way.
- **A shared vision.** When everyone knows the aim, planned work and intended results in advance, it is much easier to keep your change plan on track.
- **Leadership from change champions.** Change champions keep ideas fresh and inspire and motivate others. They can form a parallel network to the day-to-day operations teams.
- **Regularly seeking feedback.** By listening to the experience of the people who are directly or indirectly affected by the change you can identify and address any issues with your change.
- **Celebrating achievements.** It's important to celebrate achievements along the way and build on what went right as well as adjust what did not work or needs improving.

Engagement Tools



Engagement Tool 1: Example interview/focus group protocol



Engagement Tool 2: Example protocol for collecting participant demographic information



Engagement Tool 3: Plan for the process of engagement



Engagement Tool 4: Plan for stakeholder engagement



Engagement Tool 5: Job quality survey measures worksheet

Engagement tools

In the Quality Jobs Quality Care project we conducted a number of case studies and engaged with people at all levels (care workers, clinicians, managers and other staff) via small focus groups and individual interviews. These helped us to effectively identify the key issues and then share information about how the changes were prioritised, designed, implemented and monitored. Workers also had the opportunity to provide feedback on design and implementation of the change plan as it was happening (mid-change) and at completion. We developed short organisational reports to identify what was working, what could be improved and how, using this approach. We've included our interview protocol and the protocol for collecting information (Engagement Tools 1 and 2) we used in the Quality Job Quality Care project so you can adapt these protocols to suit your own job quality change plan.

You can use Engagement Tool 3 to plan how you will engage with workers and other stakeholders. This tool will help you to plan how you will engage with each group and map out key aspects of engagement to make sure your activities are effective and successful. This tool can be used as a 'living' document and updated throughout the change process. We've used examples from Case study: Care worker mentoring to show you how Engagement Tool 3 can be used.

Use Engagement Tool 4 to plan and document your key messages; seek feedback and input from workers and other stakeholders; document the engagement process and your response to this engagement; and plan how you will engage and involve workers and other stakeholders in the small scale change. Complete a separate tool for each stakeholder group.

Engagement Tool 5 can be used to survey workers on key job quality measures like employment conditions, job demands, resources, and outcomes as well as compare your results to the national benchmark survey results.

Additional information and resources

Engagement

[Collaborative Interactive Action Research \(CIAR\) video.](#)

In the Quality Jobs Quality Care project the CIAR method we used had a 'dual agenda' approach, to test the link between the quality of care worker jobs and the care they provide to clients. This method also brought together researchers and organisations as project partners.

[The Equity Imperative: Reaching effectiveness through the Dual Agenda³⁴](#)

This resource champions the need to explore the perspectives and experiences of the workforce, in order to address a potential mismatch between the way in which work is organised and the needs of the workforce. This is the dual agenda needed to create a more equitable workplace for both men and women.

[IAP2's Public Participation Spectrum](#)

This resource provides a spectrum of engagement activities for stakeholders.

[The Edge \(UK\)](#)

The Edge is a free social platform committed to finding, sharing, curating and creating the boldest and most innovative new ideas in health and care.

[Patient voices](#)

This program facilitates the telling and the hearing of some of the unwritten and unspoken stories of ordinary people, so that those who devise and implement strategy in health and social care can do so in a more informed and compassionate manner.

Surveys

[Management Analysis & Development webpage: 'Guide to Writing Survey Questions'](#)

This set of web resources provides useful advice for putting together a survey, including how to choose questions (from existing sources), how to write your own questions, and tips for increasing survey response rates.

[Survey Gizmo](#)

Survey Gizmo offers a series of online posts that provide straightforward advice about creating and conducting surveys, including how to avoid common mistakes or difficulties.

The following surveys are a good source of survey items related to job quality. Check terms and conditions of use (available on website) including requirements for acknowledgment of the source of survey items in reports and publications.

[Household, Income and Labour Dynamics in Australia \(HILDA\) Survey](#)

HILDA is a large household panel study which started in 2001, with data collections scheduled (at time of writing) to 2018. HILDA questionnaires contain items measuring a range of topics and issues, including items measuring job quality (job demands, job resources, job satisfaction), and general health and wellbeing. Surveys can be accessed [here](#): with more information provided in the [user manual](#).

[European Foundation for the Improvement of Living and Working Conditions \(Eurofound\): European Working Conditions Surveys \(EWCS\)](#)

The Eurofound Working Conditions Surveys (EWCS) contain items measuring a range of issues related to job quality and work-related health and wellbeing. The surveys include items addressing employment status, working time duration and organisation, work organisation, learning and training, physical and psychosocial risk factors, health and safety, work-life balance, worker participation, earnings and financial security and health.

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Case study: Regular scheduled hours

The challenge

To change work scheduling to reduce broken shifts and create more predictable and connected work rosters for part-time community care workers.

The response

A new scheduling system was used to employ selected care workers for a set number of regular scheduled hours.



How was it planned?

This small scale change was conducted with a team of community care workers in a regional area. It was initially planned by regional, operational and human resource managers and the Quality Jobs Quality Care project researchers.

The planning worksheet was used to outline the design of the regular scheduled hours; the expected benefits for job and care quality; and how these would be evaluated.



Who was consulted and how?

Interviews and focus groups were held with care workers, managers and other staff likely to be affected by the changes to regular scheduled hours. [Participants generally agreed that broken shifts were an important job quality issue.](#) Care workers explained that broken shifts significantly reduced their job satisfaction by making it difficult to work their preferred hours and creating unwanted gaps in the day that were hard to fill with other non-work activities.

A 'broken shift' is a single shift including one or more breaks in work activity (not including meal breaks/travel time), with an allowance paid for each break.



What was done?

Contracts with regular scheduled hours were agreed with three care workers from a community care team and this slowly expanded over six months to 12 workers. Scheduled hours ranged from 20 to 38 hours per week and were calculated based on a worker's usual number of hours, their availability and client demand. Workers went to the regional office to do other work, such as administration tasks, if any gaps in direct care work were greater than one hour. Otherwise, this time was paid as a make-up contract hour.

How was it done?

A small group of care workers was identified as a good match for regular scheduled hours contracts after their staff records were reviewed for availability and actual vs preferred hours. They were subsequently given information about the contracts and invited to participate (only one worker declined). A number of other staff were involved in the small scale change, including the scheduling team who were responsible for assigning work schedules, with input from managers and administration staff.

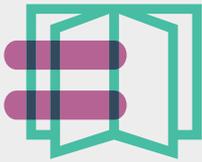


Did it work?

Organisational data indicated that care workers were paid a total of 577 make-up contract hours during implementation. Care workers identified many benefits of regular scheduled hours, including:

- an overall improvement in fit with preferred work hours and fewer broken shifts
- improved work-life balance due to more stable and predictable hours
- the opportunity to do meaningful work with greater variety, including learning new administrative skills that could lead to new career opportunities
- increased contact with managers and co-workers which reduced isolation and increased job satisfaction
- improved relationships with clients resulting from greater consistency in scheduling.

More reliable hours,... and I do get more work as a result of it so I don't need to come to the office to make-up hours that much so my days are pretty full [being in the office]...was completely different to care work, the change in atmosphere has given me a boost and I like it'.



What we learnt

The initial unanticipated high number of make-up contract hours reduced over the six months, due to local scheduling and better matching of client hours with rosters.

Care workers also said that the distance from the office, time of day and traffic were all factors they took into account when considering a return to the office to fill a gap in direct care work.

Managers also identified challenges and areas for ongoing improvement. Extra work was created for managers and administrative staff when arranging the reassigned work to avoid broken shifts. Fixed contract hours sometimes resulted in an oversupply of workers (and paid hours) due to changes in demand for services. In contrast, there was an undersupply of workers for weekend shifts, which managers thought may be due to the availability of regular weekday hours.

The client caseloads and their visits and the amount of visit needs are so fluid. The clients come on the program, they come off the program, and they change their visit times...So trying to plan for workload challenges is extraordinarily difficult for that reason and it makes scheduling and working out the demand very hard.

The organisation is using the learnings from this small scale change and is continuing to improve supply and demand data and analysis. This will help managers to schedule more effectively and better match client and care worker hours. There are also plans to establish more contracted hours that include weekend work. A new enterprise agreement will address the gap in payment for broken shifts.



Step 3

Prioritise

Step 3 Prioritise

What do we know about job quality in the aged care sector?

There are some aspects of job quality that are particularly important in the aged care sector. We identified key areas of job quality that are challenging for aged care organisations using data from the 2012 National Aged Care Workforce Census and Survey.

Aged care workers gave the lowest ratings to:

- level of pay
- having enough time to provide good quality care
- freedom to decide how to do the work (autonomy)
- being under pressure at work
- feeling stressed at work.

If we were valued as care workers we'd be earning a little bit more pay I think, than what we're earning now and people would come up and know who you are when you walk down the street.

Care workers interviewed during the Quality Jobs Quality Care project emphasised a range of factors that impacted on their job quality:

- having enough time to provide good quality care
- manageable workloads without excessive time pressure
- having a good fit between actual and preferred hours (neither too few or too many hours)
- access to predictable and steady work hours
- rosters that are predictable, avoiding broken shifts and having some flexibility
- being respected by clients and their families, management and co-workers
- having some autonomy and discretion in how to deliver care to best meet a client's needs and circumstances
- access to regular, comprehensive and timely training delivered in a range of ways
- access to a more experienced worker as a mentor or 'buddy' for informal training and assistance
- regular communication and feedback from supervisors, managers and co-workers
- a safe working environment in which workers' physical and mental health is protected.

**More often than not we need more hours.
We need continuity of work. We need security.**

Quality jobs result in good outcomes for workers and the organisation.

There are a range of factors you can target to improve job quality. We've developed a worksheet to help you better understand, reflect on and analyse issues in your organisation. You can use the worksheet to prioritise job quality issues; gain a deeper understanding of key aspects of job quality, including key issues or concerns to consider for each aspect of job quality; identify a specific aspect of job quality that will become the focus of your small scale change; and generate an idea or proposal for a small scale change.

You can also use the issues, concerns, questions and change ideas in this worksheet to guide engagement with other workers and stakeholders. For example, if:

- feedback from a staff survey shows that workers are not satisfied with their work hours. Use the worksheet tools on this issue to guide focus groups discussions with workers and explore possible ideas for small scale change to improve workers' satisfaction.
- you have limited information about workers' views and experiences of job quality. Invite workers to discuss how they view the quality of their jobs and priority areas for improvement using the diagram of job quality aspect and the detailed descriptions.



Prioritise Tool 1: Identifying and assessing job quality priorities for change in your organisation

After completing a job quality worksheet you'll be able to:

- review how each aspect of job quality is described to better understand job quality issues in the aged care sector
- [focus your organisation's attention](#) on a few aspects of job quality that you'd like to understand better and come up with some priority ideas for a small scale change
- discuss the selected aspects of job quality [with your stakeholders](#) and complete the worksheets in full to guide your understanding of job quality within your organisation.

Additional resources

The report '[Developing Job Quality Benchmarks in Australian Aged Care Services](#)' describes key job quality measures in Aged Care and provides data on Australian workplaces.

The Organisation for Economic Co-operation and Development (OECD) has a range of resources on job quality based on the [Job Quality Framework](#)³² (earnings quality, labour market insecurity, job strain). These include a database of country level data on job quality and reports on various topics including measures of job quality based on the OECD framework and the relationship between job quality and wellbeing.

The National Centre for Education and Training on Addiction has developed a workforce development toolkit ([Workforce Development TIPS \(Theory into practice strategies\): A resource kit for the Alcohol and other drugs field](#)³⁶) for the Alcohol and Other Drugs (AOD) workforce that contains information that may be useful for workplace small scale changes in aged care, health and other industries. The NCETA toolkit includes resources on retention, wellbeing and workplace support that may provide useful information for small scale changes addressing these aspects of job quality and worker wellbeing.

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Case study: Learning shifts

The challenge

To increase residential care worker participation in education and training to update relevant skills.

The response

Learning time was scheduled into paid work hours using short learning shifts (most <1 hour duration) and enabled by backfill staffing.

...the idea is to provide a resource to replace an individual to come out of a shift to participate in micro-training sessions. The plan is to incorporate these learning shifts into the roster...



How was it planned?

Learning shifts were to be conducted at one residential site. The planning process involved the Site Manager, Director for Workforce Development, Clinical Nurse Consultant (CNC) and the Quality Care Quality Jobs Project researchers.

The organisation developed a planning worksheet outlining the learning shift design, the expected benefits for job and care quality and how these would be evaluated.



Who was consulted and how?

Interviews and focus groups were conducted with staff likely to be involved with the learning shifts, including care workers, managers and other staff.

Care workers thought the short learning shifts were a good idea and worth trialling. Some adjustments were made to the design based on their feedback. These included making sure that the backfill workers who replaced care workers on learning shifts were experienced and known to clients, and strengthening the handover process as workers left and returned from learning shifts.

Because I'm on long shift I miss out on all the training ... there is nobody to go on the floor so I can come off. I think it would be fantastic.



What was done?

On one day per fortnight over a six month period, up to 10 care workers each day engaged in individual consecutive learning shifts. Half of the sessions were e-learning sessions in a resource room with a computer, information sheets and a library. E-learning content included some mandatory training topics and topics chosen by individual workers or recommended by the organisation. Other learning shifts involved in-house assessment of competencies and individual coaching sessions which focused on practical hands-on skills taught by an experienced mentor. Learning achievements were recognised with certificates.

How was it done?

Initially, care workers were invited to schedule themselves on learning shifts by responding to a promotional flyer. The CNC then scheduled the learning shifts and worked to improve uptake rates. Regular emails were also sent to care workers about the activities, timing, and learning resources available on the scheduled learning shift.

A number of staff were involved in running the learning shifts:

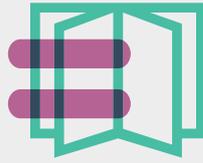
- The Clinical Nurse Consultant identified relevant learning topics and rostered backfill workers.
- An administration assistant distributed information and instructions about the learning shifts, managed resource room bookings and conducted evaluation surveys.
- A RN oversaw the shift roster and coordinated backfill workers and handover processes.



Did it work?

Workers and managers agreed that learning shifts increased worker participation in education and training. Organisational data showed good participation in the learning shifts with 48 individual care workers attending 128 learning shift sessions.

Learning shifts were well received by care workers who reported that the learning topics were important, they learnt new skills and were confident to apply them, and that care quality had improved. In addition, care workers reported reduced time pressure, improved work-life balance and increased job satisfaction as a result of the opportunity to do training in paid work time (rather than in unpaid personal time).



My job satisfaction is better because when you are learning new things, it stays fresh and that helps me to feel more positive about my job and I think that flows onto the residents.

What we learn on the learning shifts helps to improve the residents' care because you don't just learn it, you try to do it. Learning skills helps me to apply them on the floor.

The learning shifts have been saving time for me because I have not been doing my e-learning at home.

What we learnt

Care workers and managers identified some key areas to improve the e-learning experience and its impact on practice. Whilst e-learning was positively received by care workers, they emphasised a preference for learning using a range of formats, including face-to-face, individual and group work. Managers recognised the need for a more individualised and tailored approach to learning, including providing more support for care workers to develop individualised learning goals. The organisation recognised the value of offering a range of approaches to learning, and intended to undertake ongoing staff consultation, engagement and promotion to sustain a shared vision of learning

Learning Shifts are (not) the be all and end all, they're just one part of a whole range of different learning models...

The organisation will continue refining their approach education and training, building on the lessons learned from the learning shifts, including plans to:

- improve staff rewards and recognition for ongoing learning activities
- increase available resources to support individualised learning goals and formats to recognise learning preferences.



Step 4 Design

Step 4 Design

A well-designed small scale change is more likely to improve job quality that can be sustained. Take the time to carefully and systematically design the key aspects of your small scale change – your chances of success will be much higher.

The project design paints a comprehensive picture of how you can achieve change. This also makes it easy to monitor progress and communicate your results to staff, senior management and the board.

How do I design my small scale change?

The first step is to [identify](#) and agree on a [job quality priority](#) for your small scale change. [Talk with workers](#) (care workers, clinicians, managers and other staff) and other stakeholders who may be directly impacted by the change, to gain their feedback and set your priority.

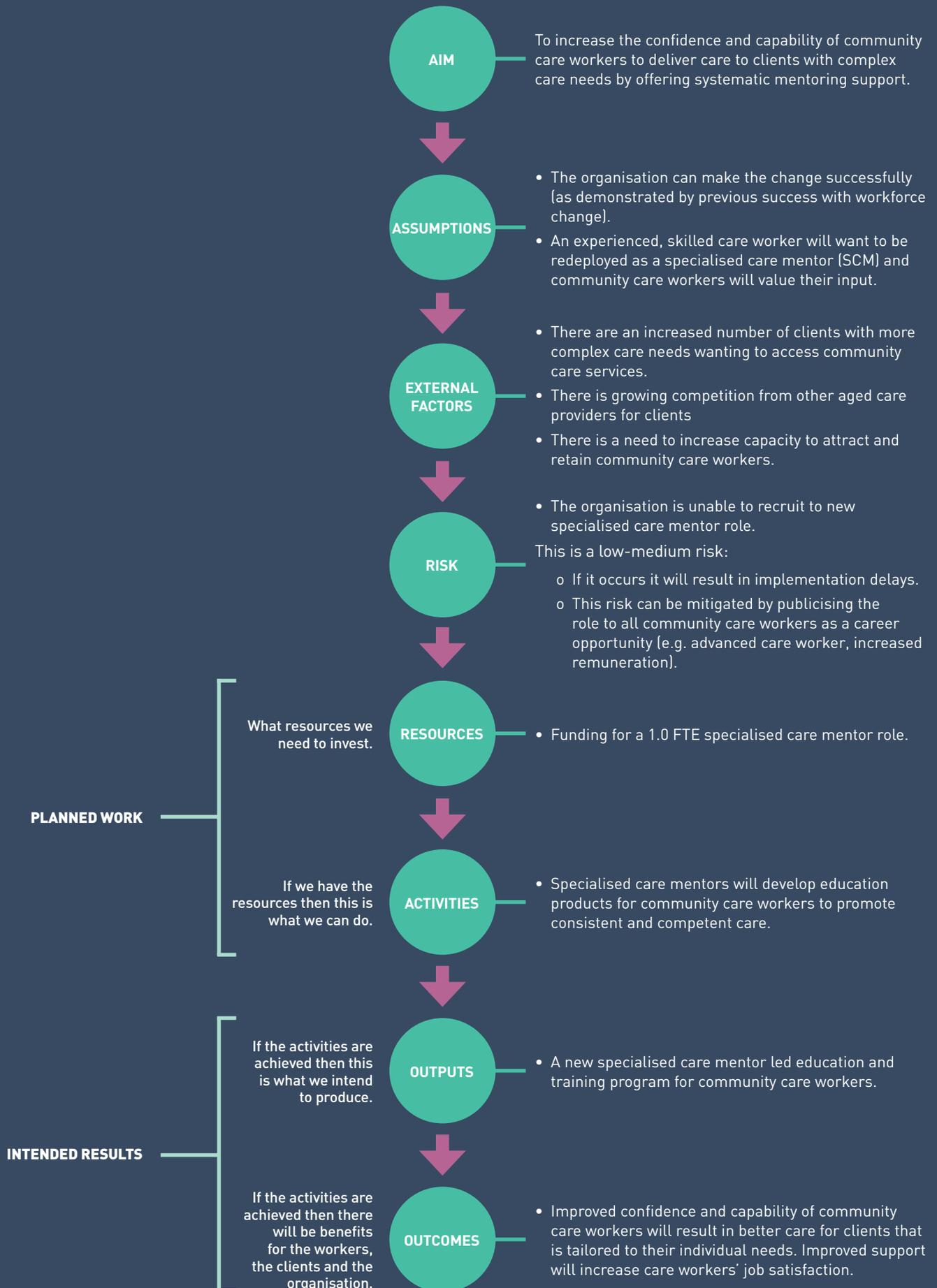
If you engage with stakeholders during the design phase, you are more likely to receive widespread support during implementation.

Once your priority is set, the next step is to work out how to implement and evaluate your small scale change. It is important that this design process is careful and systematic so that there is a clear and measurable link between what you want to change and the outcome of implementing the change.

Good design is in the details.

Designing small scale change for job quality

EXAMPLES FROM CASE STUDY: CARE WORKER MENTORING



What is my aim?

What are you trying to achieve? What will be improved as a result of the change? Identify the overall purpose of the change in job quality. The aim should be focused on one particular outcome (e.g. a better fit between care workers' actual and preferred hours), or it may include a set of outcomes that are interrelated (e.g. improved hours fit and increased staff retention; improved hours fit and increased client satisfaction).

If you have a specific aim for your small scale change then you'll have a:

- clear focus and direction for all participants involved in the change process
- necessary reference to evaluate whether the change was successful (i.e. did it achieve its aims).

What do I believe or assume about this change?

Assumptions are existing beliefs or ideas about how and why a particular small scale change is expected to work or not. These beliefs or ideas should be brought out into the open, discussed and captured in clear and direct statements. This process will help you to identify any gaps or potential risks that you'll need to address in your design.

What other factors outside my control could influence this change?

Think about which external factors are likely to influence your job quality change. External factors include any policy, funding or legislative changes likely to impact on worker conditions and how they provide services. Review your plans and address potential barriers or leverage potential supports.

What are the risks?

When you are planning your change it is important to identify any risks, the likelihood of them occurring and how they can be minimised, monitored or controlled.

What resources or activities will I need to achieve change?

Identify the resources required for all of the activities that the small scale change will involve (what you need). Key resources include people, partnerships, financial resources, time, technology, materials, equipment and space.

Detail the activities that you'll conduct as part of the small scale change (what will happen). These can include product development, services delivered, education and training, or changes to governance, roles, policy and procedures.

What will the results will look like?

Map out the intended results (outputs and outcomes) of your change. Identifying the intended results ensures that you get the most value from doing a small scale change. It is integral to the design process as it establishes a clear, measurable link between the aims, outputs and outcomes of change.

Outputs are what will be produced as a result of the small scale change activities. They are often expressed as quantities or the development of something new.

Outcomes identify what will be different or be improved as a result of the outputs. Outcomes should link back to the aim(s) of the small scale change, i.e. what is to be achieved or improved? This may occur over a longer time scale, such as weeks or months, and some outcomes may need to occur before others are possible.

How will I measure success?

Mapping the intended results (outputs and outcomes) is the first step to assess whether the small scale change was successful (i.e., did it achieve its aims). You can also conduct a process evaluation and/or an overall evaluation to get the most value out of your change. Strategic engagement with workers and other stakeholders will help you to create additional evaluations, and these can provide:

- opportunities to identify and fix problems as the change progresses (process evaluation)
- clear feedback on successes, failures and lessons learned (outcome evaluation)
- a clear sense of the small scale change's overall impact and the most appropriate next steps, such as whether and how to continue the changes into the future (overall evaluation).

It is important to consider not only to what type of evaluation(s) you will conduct, but also what you will measure or assess and when this information will be collected.

Various resources in the toolkit can help you to achieve a balanced, effective and efficient evaluation. The [design worksheets](#) will guide you through the design approach and outline an outcome evaluation. They can help you plan what you will collect as outcome evaluation data and information. You can also find out additional information and tools in [Step Evaluation](#).

Designing your small scale change

Once you've chosen a job quality priority, you can design a plan to improve it. A careful and systematic approach to design is supported by the following worksheets. An outcome evaluation is embedded in their design, with additional tools provided to ensure the evaluation is balanced, effective and efficient.



Design Tool 1: Identify and document aims

Use this tool to set your overall aim or set of aims for the small scale change. The focus here is on identifying what the change is meant to achieve, including what will be improved as a result of the change, and who will benefit.



Design Tool 2: Assumptions, external factors and risk

Use this tool to reflect on the expectations, assumptions and external factors that relate to your small scale change. This information will help identify potential problems, challenges, supports and resources.



Design Tool 3: Design for small scale change

– Completing D3 will give you a comprehensive design for your small scale change. It maps the flow of logic from the resources and activities needed for the planned work through to the intended outputs, and whether these resulted in outcomes that met the aims.



Design Tool 4: Detailed plan – outcome evaluation of intended results

This tool helps you to plan how you will assess whether the small scale change achieved its intended results. Use this tool to make sure that there are clear links between: the aims of the small scale change; what successful change will look like and how it will be measured; and when the evaluation data will be collected.

You can also use these worksheets to consult with workers and other stakeholders on your design and as comprehensive documentation of the small scale change, once completed. This will contribute to evaluation, feedback to stakeholders and inform the planning of your next steps.

Additional resources

Design processes such as program logic are now commonly used in health and social care – here are some resources which support their use.

[W.K. Kellogg Foundation Logic Model Development Guide](#), W.K. Kellogg Foundation 2004, viewed 18 July 2016

[Enhancing Program Performance with Logic Models](#), University of Wisconsin 2002, viewed 18 July 2016

[Logic model workbook](#), Innovation Network 2010, viewed 18 July 2015

This online resource has step-by-step guides to applying a program logic approach. The innovation network logic model workbook has tips for each stage of building and logic model and examples of the level of detail required for a plan.

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Case study: Care worker mentoring

The challenge

To increase the confidence and capability of community care workers to deliver care to clients with complex care needs.

The response

An expanded mentoring program was developed for community care workers with specialised care mentors to provide ongoing peer support, education and training.

Clients with complex care needs include those living with dementia; those with high physical dependency; those requiring unfamiliar care tasks; those whose environment poses challenges for undertaking care tasks; and those with challenging psycho-social needs.



How was it planned?

All care workers in a large, metropolitan community care region had access to the expanded mentoring program. It was planned by the regional operational and human resource managers and the Quality Jobs Quality Care project researchers.

A planning worksheet was used to outline the design of the new mentoring model, expected benefits for job and care quality and how these would be evaluated



Who was consulted and how?

Interviews and focus groups were conducted with care workers, managers and other staff likely to be affected by, or involved with, the mentoring intervention.

New care workers thought that the support from buddy mentors was often too limited before they were scheduled to visit clients on their own. Buddy mentors thought that an expanded mentoring program would enhance the job quality of new care workers, particularly those with no previous experience who often felt overwhelmed by the job. There was also a general perception that an increasing number of clients with complex care needs required greater care worker capability and that this could be achieved through continuous access to peer mentor support, education and training.

Buddy mentors were an existing resource of more experienced care workers who had been previously 'buddied' with new care workers in a less structured way for up to two weeks on commencement of employment.



What was done?

Structured orientation was provided to all new care workers by the specialised care mentors (first day) and buddy mentors (next two weeks). The specialised care mentors then provided ongoing support, education and training to new care workers based on an assessment of capability at the end of orientation.

Specialised care mentors were also available to other care workers who could make a request for assistance, or be referred via the schedulers or a manager. Specialised care mentors provided support via phone and email and by attending home visits with care workers. Workers could book a time with mentors in advance, and they could also contact specialised care mentors by phone for any urgent matters that came up during a home visit. The specialised care mentors demonstrated the use of equipment or challenging care tasks, and helped with the introduction of care workers to new clients. The specialised care mentors also identified training needs and set up small group or one on one training sessions on technical priority topics, such as catheter care.

How was it done?

Three care workers were recruited internally to share one specialised care mentor position on a part-time basis. They worked closely with the existing buddy mentors to orient new care workers. The specialised care mentor's role in peer support, education and training was promoted at staff meetings, through managers and through other communication methods.

Initially, specialised care mentors focused on supporting care workers with the care of clients with complex needs. The specialised care mentors addressed immediate skill and knowledge gaps of care workers and used this information to set training priorities for education and training days. Specialised care mentors then produced a number of resources for workers to create consistency in their care work practices, such as the use of a particular hoist for lifting clients.

A number of other staff helped develop and implement the expanded mentoring program, including the Clinical Management Advisor, schedulers and managers.



Did it work?

Care workers and managers reported that the expanded mentoring program had improved the confidence and capability of care workers to deliver consistent, quality care to clients.

Organisational data showed that 'incompatibilities' experienced in scheduling care workers had reduced and 'compatibilities' increased.

Compatibility is when the client or carer accepts the care worker for the task and/or the care worker has the capabilities for the task.

Other benefits for care workers included improved efficiency and standards in tasks following instruction and modelling from specialised care mentors; reduced feelings of isolation; and improved safety for clients and workers.

I found it reassuring... when you're not confident because you've been thrown in the deep end and you're not sure what you're doing, they come out and [go] through it all.

Having them come out and show you and then I go back the next day, you're a different person because you get through it like that.



What we learnt

Initially, some care workers were not aware of the expanded mentoring program while others were wary. As the confidence of the specialised care mentors grew, the role was better promoted and understood.

Care workers thought that having more timely access to client information would enable them to ask for support from mentors in a proactive rather than reactive way:

...if I look at my schedule and I see tomorrow I've got to go to someone with a percutaneous endoscopic gastrostomy tube feed and I haven't done that for three months... I could ring them and say 'Can you come and run through this?'

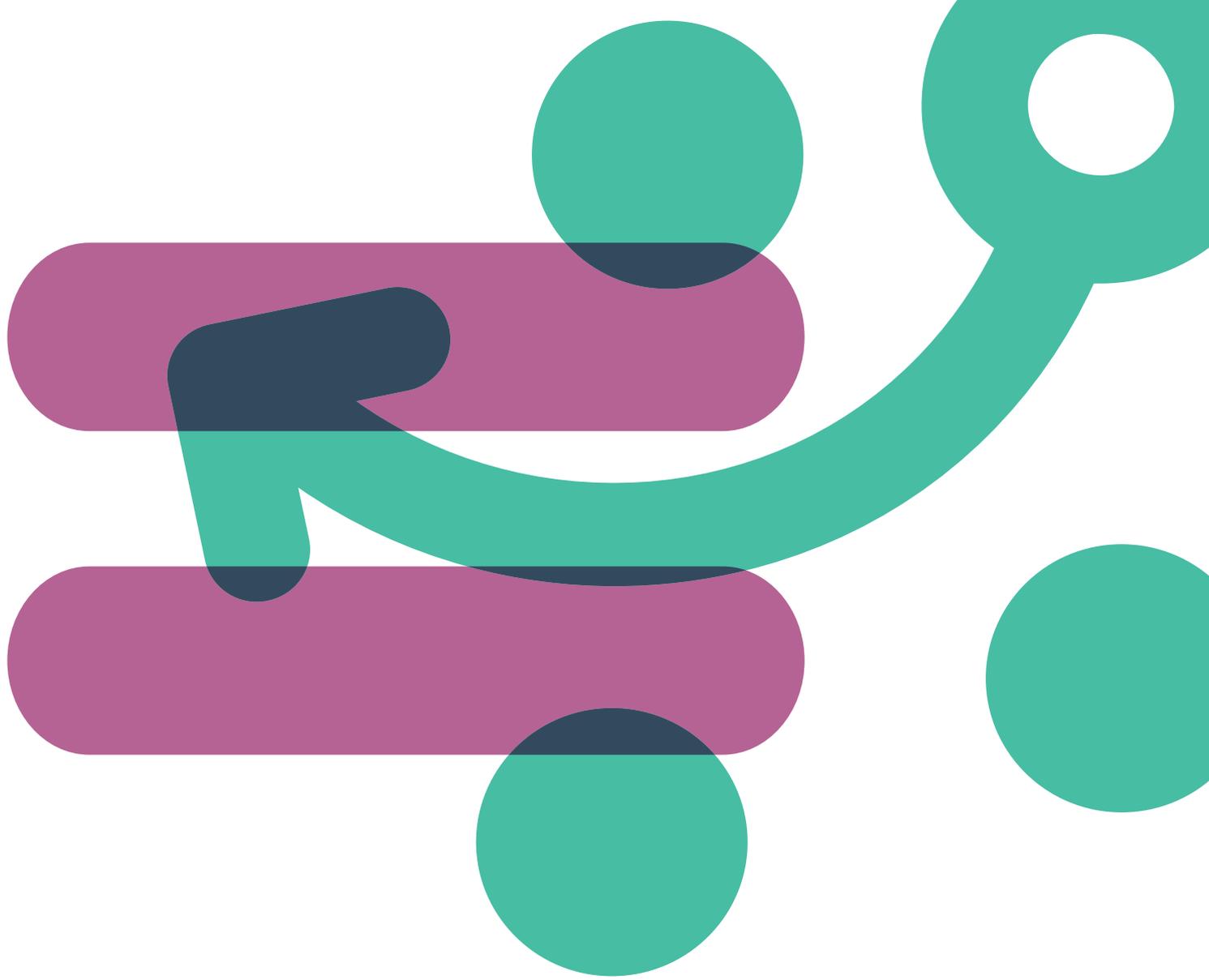
The mentoring program revealed some areas of workers' skill and knowledge that needed improvement, which managers were previously unaware needed attention.

...there have been a couple of things that ...we weren't aware of ... so now we've been able to put the safer practice in play...

Recruiting experienced care workers to the specialised care mentor role resulted in immediate scheduling gaps that were difficult to fill. As the program progressed, managers found it freed up their time which helped them to better manage their workload:

...they're [specialised care mentors are] an extra arm for us... They can step in when ...we're tied up in a meeting...it saves our clinical going out if it's just for a dressing that they're able to handle.

The organisation has found the mentor role to be valuable and effective, and plans to explore the potential for roll out to other community care teams.



Step 5

Implement

Step 5 Implement

What gives my plan the best chance of success?

Your plan is more likely to be successful when you're making small, high priority changes to work organisation or work practices, and when you've carefully and systematically [designed](#) your plan for change and its evaluation.

Implementation is also more likely to be successful when your plan has care worker involvement, senior management sponsorship, a shared vision, leadership, [regular engagement](#) with stakeholders and has celebrated the small wins along the way.

Implementation is successful when you've achieved your job quality change goal. The process of change is integral to this success.

How do I keep my plan moving?

It is important to keep checking in with workers, other staff and stakeholders who are directly affected by your small scale change. Engaging with them during the change process will help you to identify areas for further improvement as well as highlight any unexpected information or outcomes that you need to consider or take action to fix. You can also use this mid-change feedback to acknowledge and communicate to all stakeholders what is going well in the change process. This can help to refresh, inspire and motivate those involved in your small scale change plan and keep it moving.

What happens if there is resistance to change?

If there is resistance to change, consider these strategies:³⁷

Listen and understand

- Appreciate their starting point.
- Elaborate interests – know as much as possible about the vested interests of individuals/groups in maintaining *status quo*.

Roll with resistance

- Don't argue against it.
- Be curious and accepting.

Encourage the unpacking of resistance

- What makes it so hard?
- What would help?

Build meaning and conviction in the change

- Work with key influencers.
- Encourage, remind and reinforce.

From a 'big picture' perspective, the opportunities for review can also help you to consider what small scale change may be possible to sustain or scale up and how you could achieve this.

Additional information and resources

There is a large body of evidence and resources on change management in workplaces. These resources are particularly relevant for the aged care sector.

[Kotter's 8-Step Process for Leading Change](#)

This outlines processes for change specifically oriented to the contemporary challenge of increasing complexity and rapid change faced by organisations.

[The Aged Care Leadership Development Centre](#)

The Aged Care Leadership Development Centre is designed for all leaders involved in the provision of support, care and services to older people in our communities. It includes the Australian Aged Care Leadership Capability Framework.

[Dedicated Staff Assignment](#)

The Dedicated Staff Assignment model aims to create consistent and committed relationships between residents, employees and family by assigning staff to the same, small group of residents every time they come to work. It received a 2015 Better Practice Award from the Australian Government.

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Case study: Collaborative person-centred care

The challenge

To build team cohesion and incorporate care worker knowledge in a collaborative person-centred approach to client care.

The response

A team of care workers and clinical staff to undertake a wellbeing mapping exercise with residents and/or family members to share information about the client and shape care responses.

[care workers] feel very empowered because that divide of them and us...disappears, because we are all one team contributing to the wellbeing of the resident

It gives you a tool to draw on and to really respond and engage with that person.



How was it planned?

One residential care site was chosen for the intervention, and the program was designed with the site manager, the organisation's wellbeing and dementia support coordinator and the Quality Jobs Quality Care project researchers.

A planning worksheet was used to outline the key aspects of the new approach to care, expected benefits for job and care quality and the evaluation plan.



Who was consulted and how?

Interviews and a focus group were conducted with care workers, managers and clinical staff who were likely to be involved with the trial. Care workers were enthusiastic about the new approach, identifying many potential benefits including increased knowledge of residents and the ability to further engage with them and tailor their care through a fuller understanding of their history and wellbeing needs.

I think the quality of care would improve by us carers having more of a broad insight...separating the behaviour from the person, and we're becoming more compassionate as carers because we understand why.



What was done?

Care workers, clinical staff and a wellbeing mapping facilitator met as a team with the client (where appropriate) and/or family members in a one hour session, using a specialised framework with the client at the centre of the discussion. A support plan and various communication tools were developed from the session and made available to all staff through various channels.

How was it done?

Seven wellbeing mapping sessions were held over a six month period. Care workers nominated residents for mapping sessions based on current care challenges or where little was known about the client. Each nominated client was then invited to attend (where appropriate) and encouraged to invite their family members. Care workers who worked most often with the nominated client and clinical staff were invited to attend the sessions. The facilitator helped the team create a wellbeing map from a discussion on the person's history, strengths, abilities and preferences. This map then informed a wellbeing profile 'This is me' for staff; a 'Did you know' staff memo; and a support plan.



Did it work?

Interviews with staff and organisational data gathered through questionnaires and tools showed that wellbeing mapping had a positive impact on job and care quality. Care workers felt more valued in their role and could give greater, individualised support to residents.

...feeling part of a team, feeling valued...

...useful information that can support the care of the resident...

Care workers reported that their involvement in a mapping session gave them 'permission' to ask for information from the client and/or family that they otherwise might not have felt was appropriate in day-to-day interactions. The information provided in the mapping sessions had led to more understanding of, and different responses to, the residents' behaviours and needs.

It makes such a difference to your shift, [understanding] 'That's why they do that'.

...If we had known what we know now, it would have made it so much easier...

Both of these factors enhanced the rewards the care workers said they received from the care relationship. This was the case even for care workers who were not involved in the wellbeing mapping sessions – they found that having access to the tools created from the sessions was highly valuable for their work.

Clinical staff reported they had increased respect for the role of care workers and their relationship with residents. The site manager identified improvements in team cohesiveness and more open communication. The wellbeing mapping sessions also built a relationship with residents' families and increased mutual understanding of the client's care.

...they see you want to make a difference [to the resident]...and how much you know already...



What we learnt

Care workers suggested that wellbeing mapping would have the greatest impact if sessions were scheduled within one to three months of a new residents' admission. They thought that understanding the residents' history would help the team create more individualised care responses and provide immense reassurance to families as well as help them build connections with staff.

The mapping sessions gather a deep level of information and the team raised the potential of these sessions becoming the basis of, or substituting for, the standardised care planning process as staff recognised that residents and families responded better to the informal process.



Step 6

Evaluate

Step 6 Evaluate

Evaluation helps you to assess whether your small scale job quality change has successfully achieved your aim. It is a measurable link between the aims and the results of implementation. Just like [design](#), an evaluation plan should be undertaken in consultation with workers and stakeholders.

The information in this section will help you to:

- understand the basics of evaluation or refresh your existing knowledge
- make a decision about what types of evaluation will be useful for your small scale change project
- align an evaluation plan with the design of your change plan so they can be implemented together
- access further information and resources on evaluation.

Why should I evaluate my change project?

An evaluation will help you get the most value out your plan to improve job quality including:

- recognising and acknowledging successes, improvements, achievements to:
 - o provide encouragement and support during a small scale change
 - o recognise achievement and inform future work (e.g. extend to other work areas) at the end of a small scale change

- identifying problems, challenges or failures:
 - o during a small scale change so that actions can be taken to address problems and improve the effectiveness of the change being trialled
 - o at the end of a small scale change to avoid repeating mistakes in future activities
- providing feedback to participants, clients, other workers (care workers, clinicians, line managers) and senior management and other stakeholders
- capturing the 'lessons learned' and identifying ways to improve
- identifying unexpected events or outcomes and the insights these provide
- building knowledge, skill and capacity within individuals, teams and the organisation.

What kind of evaluation should I use?

Depending on the time and resources available, the evaluation of a small scale change may be a tailored combination of outcome, process and overall evaluations (Table 1).

Table 1: Overview of evaluation options for small scale change

| EVALUATION METHOD | ADVANTAGES AND BENEFITS | FOCUS OF EVALUATION |
|--------------------|--|--|
| Outcome evaluation | <p>Assessing whether the change was successful:</p> <ul style="list-style-type: none"> • provides a focused review of whether the change achieved the job quality improvements expected • is an essential part of the design and implementation approach recommended by this toolkit. | <ul style="list-style-type: none"> • Short term: What resources were used? What activities were conducted? What was immediately changed? What outputs were produced? • Medium and longer term: Was the aim(s) achieved? What has improved as a result for workers? (e.g. changes in knowledge, skills, attitudes and work arrangements) For clients? For the organisation? • Were there unintended or unexpected outcomes (positive or negative)? |
| Process evaluation | <p>Assessing whether the change was conducted well:</p> <ul style="list-style-type: none"> • during and after implementation can help to identify and fix problems as they occur and avoid repeating mistakes • identifies success factors for continuation or expansion of the change to new work areas work groups. | <ul style="list-style-type: none"> • How well was the small scale change conducted and managed? • What was done and how well was it done? • What needs improvement? • Did anything happen that was unintended? Was this positive or negative? <p>These questions apply to the quality of the resources, activities and outputs, and participants' (positive or negative) experiences.</p> |
| Overall evaluation | <p>Providing a big picture review of the change from beginning to end, can:</p> <ul style="list-style-type: none"> • identify strengths, weaknesses and key learnings • include an assessment of cost effectiveness and cost-benefit • inform future activities, including continuation or expansion of the change. | <ul style="list-style-type: none"> • What were the main achievements/gains and the key enablers/supports for these successes? • What were the major barriers/challenges and the factors that created difficulties/problems? • Was the change cost effective? • What were the important lessons learned? • What are the future plans – what will be continued? What will be discontinued? What information will be shared with stakeholders and the community? |

You can also use these tools to embed evaluation into your change plan. [Design Tool 2](#) can help you to plan what you will collect as outcome evaluation data and information. The [evaluate worksheets](#) will guide you through conducting and

documenting an outcome evaluation, and the process and overall evaluations if you wish.

When should I evaluate my small scale change?

It is useful to collect evaluation data:

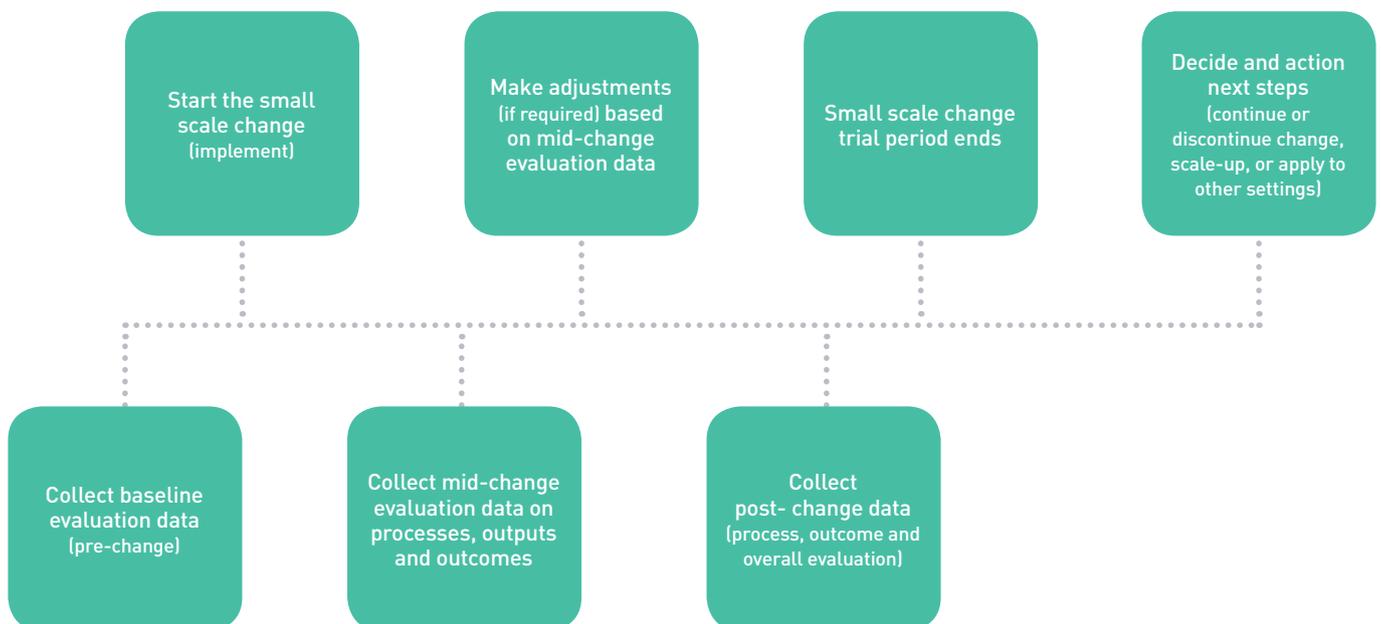
- **before** the small scale change is implemented to allow a 'before and after' comparison. This is often called a baseline measure
- **during** implementation, such as at a midpoint to:
 - o review progress towards the outcomes the change is designed to improve
 - o make adjustments to address problems or barriers to the change.
- **after** implementation to:
 - o compare before and after data on outcomes to evaluate if the aims have been achieved
 - o identify success factors for continuation or expansion of the change
 - o review and reflect on the change process as a whole, the strengths and weaknesses, cost effectiveness and the opportunities for future activities.

Evaluate small scale change timeline

This timeline provides an overview of the key data and information collection points to help you measure the results of your small scale change.

This visual tool will help you to:

- review key time points for the collection of evaluation data
- plan when and how data will be collected before, during and after your small scale change
- communicate this information to workers and stakeholders.



How do I collect data for an evaluation?

Collecting various types of data from different sources is a good strategy to obtain a balanced, efficient and effective evaluation.



A **balanced** evaluation will use objective and subjective types of data from a range of sources.

Objective data (commonly called quantitative data) is information that is collected by organisational systems or processes that can be collated and analysed as numerical data. For example:

- staff turnover rates
- injury records
- absenteeism and unscheduled leave
- staff surveys
- proportion of workers:
 - o employed part-time/full-time
 - o employed on casual, fixed-term or continuous contracts
 - o employed by an agency for short-term/emergency relief work.

Subjective data (commonly called qualitative data) is information that reflects an individual's or group's view, belief, attitude or experience. For example:

- interviews and focus groups
- data from exit interviews or feedback/suggestion forms.

Each type of data offers useful information and insight, and has its own advantages limitations, risks and challenges (see Strengths and weaknesses of data sources).

For example:

- actual turnover may be low due to a limited labour market, but many workers may wish to leave the organisation, and may do so when the labour market improves
- views and experiences may differ for:
 - o workers directly or indirectly involved in the small scale change
 - o workers not involved in the small scale change
 - o supervisors and managers
 - o clients and their families.

An **efficient** evaluation will use existing data and also collect new data:

- Existing data sources include previous staff surveys, exit interview data, HR data.
- New data sources include interviews and focus groups with small scale change participants, surveys of small scale change participants.

An **effective** evaluation will collect data at different time points (i.e. before, during and after implementation) but also from different sources.

How do I analyse and report on evaluation data?

Careful thought needs to be given to the types of evaluation data that is collected to make sure you have good quality information to work with and you (or your organisation) have the skills to analyse and interpret the data accurately. Different data sources have [different strengths and weaknesses](#) and it is important for you to think about these when you're collecting data as part of your evaluation.

The evaluation findings should be presented in a way that can be communicated easily and persuasively to stakeholders. For example: in the Quality Jobs Quality Care project, organisational reports were provided following collection and analysis of interview data at the start, mid-point and at the end of implementation. The purpose of the reports varied depending on the time point:

- Baseline reports informed the design of a small scale change.
- Mid-point progress was reported and recommendations made on what could be strengthened or improved.
- The final report outlined progress and gave recommendations which informed continuation or expansion of the change.

Evaluating small scale change worksheets

There are three types of evaluation that will help you to get the most value out of a small scale change for improved job quality. A tailored approach to evaluation is recommended so that it is aligned with the design of the change project and based on available time and resources.



Use Evaluate Tool 1 to reflect on and document your outcome evaluation.

Consider each aim of the small scale change, starting with what was produced (outputs), followed by the outcomes that resulted from these outputs. If you completed an [outcome evaluation plan](#) refer back to the documented aims and measures. Include all outcomes – even those that were not expected or planned – as they can provide useful information for future activities.



Use Evaluate Tool 2 to reflect on and document your findings from the process evaluation.

This includes identifying design and implementation aspects that were done well, areas for further improvement and any unexpected information, outcomes or other happenings. If you completed the [design worksheet](#) refer back to the documented planned work (activities and resources).



Use Evaluate Tool 3 to reflect on the workplace intervention as a whole.

Take a 'big picture' perspective, and consider the whole project from beginning to end from different angles or perspectives. Include intentions and expectations into the future – the impact of the workplace intervention includes how it changes future activities inside and outside of your organisation. If you completed the [design worksheet](#) refer back to the documented design as a guide.

You can use these tools to consult with workers and other stakeholders and use the completed tools as a comprehensive report of the small scale change, to give feedback to stakeholders and inform future plans.

Additional resources

[Planning and Evaluation Wizard \(PEW\)](#)

A user friendly guide and set of resources for project and program evaluation. Useful for those less familiar with evaluation, including tools and worksheets. Example provided from public health programs.

[Does your project make a difference?](#)

A useful guide to project evaluation with real-life examples. Designed for natural resources projects, however information and resources can be applied to projects in any area including aged care.

[Evaluation toolbox](#)

A comprehensive set of tools, resources and information on evaluation. Originally designed for programs to change household behaviours. Contains tools and resources that apply to all evaluation programs. Highly recommended.

[Pell Institute Evaluation Toolkit](#)

[Better evaluation](#)

A sophisticated website containing a wide range of tools and resources aimed at experienced evaluation professionals, with some resources for individuals new to evaluation.

Strengths and weaknesses of data sources

Organisational data

Examples: HR records, labour force data and Work, health and safety (WHS) data

| ADVANTAGES/BENEFITS | RISKS/CHALLENGES |
|---|---|
| Independent of personal views/experience | Quality of data depends on quality of organisational data collection systems (e.g. data may be incomplete) |
| Efficient (does not require collection of new data) | Data may not be collected and stored in a way that is easy/ready to analyse |
| Provides information that can be easily compared across different points in time | Analysis and interpretation may require expert skills and knowledge (i.e. experienced researchers or HR practitioners) |
| Can provide accurate and objective data related to particular events or outcomes (actual rates of turnover or injury) | May only show the 'big picture', hence lack the detail required for accurate evaluation of a particular small scale change Sharing data across the organisation may risk breaching confidentiality of staff records (check organisational policy and relevant laws/regulation) |

Survey data

Examples: survey of small scale change participants; annual organisational survey.

| ADVANTAGES/BENEFITS | RISKS/CHALLENGES |
|--|--|
| Time and cost efficient | Requires sufficient numbers and good representation of different parts of the organisation to be reliable |
| Validated survey items (ie ones from other surveys) can be used (increases accuracy) | Survey response rates are often low |
| Provides quantitative data that can be tracked and compared over time | Quality of data depends on quality of survey items and representativeness of survey sample (requires expert knowledge) |
| Potential to access large numbers of individuals | Often cannot be used to identify issues for small or particular groups |
| Efficient method to collect qualitative data (eg invite comments at survey end) | Important information may be missed or overlooked if a topic is not included in the survey Qualitative data is likely to be limited in depth and scope (ie short written responses) Expert knowledge often needed to design an accurate survey and analyse data properly |

Focus group and interview data

Examples: focus groups with small scale change participants, face-to-face or phone interviews with supervisors/managers.

| ADVANTAGES/BENEFITS | RISKS/CHALLENGES |
|--|--|
| Access to in-depth data, rich in detail and placed within a specific context | Requires significant time and resources to collect data |
| Enables understanding of an individuals' or groups' views and experiences | Quality data collection and analysis requires expert knowledge |
| Can be empowering for participants to have their views heard | Care is needed to ensure that focus groups or interviews capture the full diversity of views, knowledge and experience that typically exist in organisations |
| Potential to uncover unexpected information, insights or observations | Can be difficult to compare data over time, or to track changes over time |
| Potential to identify possible solutions to the issues raised | Workers may be reluctant to talk openly about issues or problems if managers, supervisors or powerful others share present (or can access interview/focus group records that identify individual participants) |

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Case study: Care worker autonomy

A scoping process that engaged workers and managers around community care worker job quality identified the shifting boundaries of care worker autonomy as a priority issue. This case study describes the first steps of a small-scale change process that explored this issue.



Engage

Focus groups were held with care workers and managers in a regional aged care community service. The focus groups explored the assumptions, norms, policies and practices that impacted on the job quality of community care workers.

Both care workers and managers reported that CDC had a significant impact on the frontline role of the community care worker. Prominent in the discussion was its likely effects on the nature and extent of care worker autonomy.

Care workers described tensions between maintaining a positive care relationship with the client and what they perceived to be some unhelpful limits to their discretionary decision-making. Some workers thought that organisational policies and practices did not always allow them to respond in a timely and flexible way to a clients' expressed needs or preferences. Care workers who had long term care relationships with clients observed that some policies and practices did not fully recognise the importance of this relationship. Some of these policies included placing restrictions on workers contacting clients in hospital and/or their ability to advise clients in advance about planned leave. They said that this reduced both care workers' and clients' experience of being valued and empowered.

Managers had a somewhat different perspective, observing that some care workers overstepped the professional boundaries of the care relationship. They described how important it was for care workers to abide by organisational policies and practices, such as not contacting clients independently. Managers varied in their approach to the extent and nature of care worker autonomy under CDC. Some managers stated that they should be informed if clients requested any changes, no matter how small, to the care plan. They believed some workers could be vulnerable to clients taking advantage of them if they agreed to modify care plan activities without permission.



Prioritise

A report was provided to senior managers when the focus groups were completed and this was followed by a meeting of regional community care managers and the Quality Jobs Quality Care research team. Managers acknowledged the challenge of supporting the autonomy of care workers in the environment and identified the need for more education of care workers in consumer-directed care. Care worker autonomy was agreed as a potential area for small scale change.



Design

A worksheet was developed that outlined the aim of a small scale change to explore the potential for greater discretionary capability of care workers in their jobs, and a process outlined for designing, implementing and evaluating a small scale change. The worksheet outlines key elements of the planned small-scale change which could be useful for other organisations that are dealing with this critical issue of shifting boundaries in worker autonomy.

Aim

To examine the capacity and support that care workers require in response to expanded client choice and control in CDC and the potential for the greater discretionary capability of care workers in their jobs.

Planned activities

A workshop with a small group of care workers and coordinators led by an independent facilitator (Stage 1).

The workshop would educate participants on consumer directed care, explore what policies and practices related to care worker autonomy could be modified for a small scale change, and what would be required for this change to be effective (e.g. guidelines, communication with key staff, timelines, and accountability processes). Senior managers would consider recommendations from the workshop and agree to an implementation and evaluation plan for small scale change (planned activities Stage 2).

There were anticipated benefits for the job quality of care workers from this process. It would:

- Acknowledge the emerging critical frontline nature of the community care worker.
- Increase care worker knowledge, skills and understanding of their role in consumer directed care.
- Promote the value and autonomy of individual care workers.
- Enhance relationship-building and learning between participating care workers and with coordinators.
- Recognise the importance of the care relationship.
- Facilitate flexible and timely responses to modify care plans.
- Enhance the understanding of the client in relation to modifying care plans, through up to date information held by the care worker.

There were also anticipated benefits for clients receiving consumer-directed care services.



Implement

An implementation plan would have been developed from the planned activities, with the potential for one care worker to be the champion/lead for change.



Evaluate

As with other small scale change, the plan would have included mid and post implementation evaluation, the collection of any relevant organisational data, and organisational reports to provide feedback on progress and opportunities for sustainability.



What we learnt

The organisation did not proceed beyond the design phase because of other organisational resource demands. However, the organisation began developing a broader long-term strategy to support consumer-directed care education and frontline practices for care workers some months later. Information from the scoping study on how to engage staff and their priority frontline care issues is being used in this process.



Next steps

Congratulations! You've worked your way through the six steps to creating small scale change and more importantly improved job quality and care quality in your organisation.

What's next? This toolkit is designed for ongoing use, so you can choose another job quality issue to tackle in your organisation and work through the appropriate steps or dive in and out to work on refining or scaling up your small scale change.

Worksheets



Engagement worksheets



Engagement Tool 1: Interviews and focus group worksheet

Interviews and focus groups are an effective method to gain workers' (care workers, clinicians, managers and other staff) input and feedback on the priorities, the design and evaluation of a small scale change. This tool provides a guide to how job quality interviews were conducted with workers as part of the Quality Jobs Quality Care project.

This worksheet will help you to:

- develop an interview protocol to engage with workers on job quality issues in their workplace
- access and share useful background information on job quality in the aged care sector
- identify what data might be useful to collect on participant characteristics.

You can use this worksheet to:

- work through the tools to plan and conduct your interviews or focus groups
- use the information collated to inform the relevant stage of the small scale change, and to demonstrate who participated.

Tip:

Conducting interviews or focus groups is a specialised skill. It may be helpful to engage an expert to help you with this (e.g. a researcher or consultant). Useful advice and guidance on conducting interviews and focus groups can be accessed online, including the following resources.

Resource:

How to conduct a focus group

Produced by Monash University for Higher Degree Research Students

<http://www.monash.edu.au/lls/hdr/develop/4.2.2.html>

Resources:

When should I use focus groups and Top ten tips for great focus groups.

- two useful free resources designed for the novice facilitator.

<http://www.theexperiencebusiness.co.uk/training-and-cpd/audience-insight/>

Example interview/ focus group protocol on job quality

Background:

Care workers and managers were asked to participate in focus groups to maximise the opportunity for interaction and debate on the issues underpinning quality jobs and care. Individual interviews were offered on request. Group interviews took around 1 hour to allow all participants an opportunity to contribute. Individual interviews took up to 30 minutes.

Preparation:

- Project officer distributed invitation email to target group 2 weeks in advance of nominated date(s) and time(s) of interviews. The email included an information sheet.
- Potential participants were forwarded a follow-up email.

Focus group protocol

(timing altered for individual interviews):

Introduction (5 minutes)

Refer to QJQC project description [\[Link\]](#)

- Welcome to participants
- Introduce interviewers
- Provide overview of activity being informed by the interview findings
- Outline session format
- Discuss and confirm consent and confidentiality

Initial scoping questions (15 minutes)

Refer to: [Developing Job quality benchmarks in Australia Aged Care Services: Table 2 \[Link\]](#)

1. What is the 'real' work/major priority in care workers' jobs?
2. How do these priorities affect quality of jobs or quality of care?
3. How are care workers involved in making decisions about their work?
4. What sort of worker is valued in your organisation/in the aged care sector generally? What behaviours are rewarded? Examples?
5. What, if anything, would you like to see change?

Job Quality presentation (5 minutes) and questions (10 minutes)

Refer to: [Developing Job quality benchmarks in Australia Aged Care Services: Table 2 \[Link\]](#)

What do you think about the key job quality/job satisfaction issues reported by care workers in the national census? Any surprises?

1. What do you consider to be the key job quality issues for care workers in your service?
2. How well are you/your service addressing job quality issues for care workers?
3. How could improvements be achieved?
What would need to change and how?
How would you know whether these changes were effective?
4. How would these changes to job quality affect clients?

Care Quality presentation (5 minutes) and questions (10 minutes)

Refer to 'Client Perspectives on Care Quality' information sheet (see below)

1. What do you think about the themes identified by clients? Any surprises?
2. How do these findings reflect the quality of care provided in your services?
3. How well do you believe you are meeting clients' quality care needs in your service?
4. How could improvements be achieved? What would need to change and how? How would you know whether these changes were effective?

Final question (5 minutes)

1. Is there anything else you would like to say about the quality of care workers' jobs or the quality of the care they provide that we have not already covered?

Close (5 minutes)

- Thank participants for their time and insights
- Address any concerns or key issues that arose
- Discuss next steps, including how findings will be reported back to participants and the broader workforce.



Engagement Tool 2: Example protocol for collecting participant demographic information

1 INTERVIEW / FOCUS GROUP DATE AND TIME:

2 SERVICE TYPE IN WHICH YOU WORK:

Residential Community

3 JOB ROLE/TITLE:

Care worker Clinician Manager

OTHER:

4 CONTRACT TYPE:

Casual Permanent Fixed term

5 AVERAGE HOURS WORKED PER WEEK:

6 TIME WORKING IN YOUR CURRENT JOB:

years months

7 TIME WORKING IN THE ORGANISATION:

years months

8 TIME WORKING IN AGED CARE INDUSTRY:

years months

9 HIGHEST EDUCATION LEVEL ACHIEVED:

High school ← year 12 Year 12 Certificate 3 or 4 Diploma University degree

10 AGE:

<20 20-25 26-30 31-35 36-40 41-45 46-50 51-55 56-60 60+

11 GENDER:

Female Male

12 COUNTRY OF BIRTH:

Australia NZ UK Africa India Indonesia Philippines Vietnam

OTHER:

Engagement Tool 3: Plan for the process of engagement

| WORKER AND OTHER STAKEHOLDER GROUPS | ENGAGEMENT ACTIVITIES | TIME POINTS FOR ACTIONS | WHAT WILL SUCCESSFUL ENGAGEMENT/ COLLABORATION LOOK LIKE? | RISKS/POTENTIAL PROBLEMS | STRATEGIES TO MANAGE RISKS |
|-------------------------------------|---|---|--|---|---|
| <i>E.g. New care workers</i> | <i>Focus groups, staff meetings, education and training, newsletters, emails, meeting minutes</i> | <i>Prior to commencement, at mid-point, and end of small scale change</i> | <i>All new care workers have knowledge of and are active participants in the new mentoring model</i> | <i>Confusion about the two mentoring roles (orientation) and specialised care mentors (ongoing)</i> | <i>Promote both roles and provide examples of how they differ e.g. buddy mentors orientate new care workers for the first two weeks</i> |
| | | | | | |

Engagement Tool 4: Plan for stakeholder engagement

Who is being engaged? _____

KEY MESSAGES:

This section is filled in **before** you start engaging with stakeholders, to encourage clear communications from the outset about why and how stakeholders will be engaged.

What are the issues to be discussed?

What is the process of engagement?

How will final decisions on action will be made?

How will the final decisions be communicated?

VIEWS

This section is filled in **during/after** you engage with stakeholders to document stakeholder views on the proposed small scale change and the process of engagement.

Stakeholder views: what are the issues?

Stakeholder views: of the above issues, what should be prioritised?

Stakeholder views: how should it be done?

Stakeholder views: how will they be involved (or not)?

Stakeholder views: what are the best ways to exchange information and feedback throughout the change process?

REVIEW AND RESPOND (initial)

This section is filled in after your initial engagement with stakeholders to review information, ideas and feedback; record decisions made and reasons for them; and to communicate decisions made and actions to be implemented.

Review: stakeholder feedback to be actioned

Review: stakeholder feedback to be noted, but not actioned (and why)

Respond: how will stakeholders be informed of the decisions (when and by whom)?

REVIEW AND RESPOND (continuous)

This section is filled in during and on completion of the change process to ensure a continuous flow of information to and feedback from stakeholders.

Respond: inform stakeholders about key activities and progress

Review: seek further input/feedback from stakeholders on the change (what's working, what's not, what should be changed)

Respond: communicate what actions (or not) resulted from input/feedback

Respond: communicate final results to stakeholders (what worked, what hasn't worked, what will be sustained)



Engagement Tool 5: Job quality survey measures worksheet

This resource provides survey measures of key employment conditions, job demands and resources, and outcomes (turnover intention, wellbeing). Survey items are from the 2012 National Aged Care Workforce Census and Survey (NACWS). This resource is divided into three parts.

Section 1: List of NACWS items measuring various aspects of job quality and a selection of outcomes

Section 2: NACWS data for each survey item to benchmark survey results against the national average for Community care Workers and personal care attendants in the Australian aged care sector (data source for other occupations provided).

You can use these resources to:

- include these survey items in your own survey of job quality in your organisation as a whole or with particular workers (care workers, clinicians, managers and other staff) as participants in a small scale change
- compare the average scores on these items from workers to the national average (NACWS data) to identify areas in which your organisation rates higher or lower than the average for Australian aged care organisations
- use these survey items to create interview questions or discussion points for focus groups, when consulting with workers about job quality issues in your organisation
- further your understanding of job quality by reading through the items showing how aspects of job quality can be measured and assessed

Section 1: Survey items

This section contains select items from the NACWS. These items are suitable for inclusion in organisational surveys. Using these items, without changes or modifications, will allow comparison with national data from the NACWS to compare your organisation against the national average. Section 2 provides national data for each survey item.

Employment conditions

WORK HOURS

1 How many hours on average do you usually work in this job each week?

_____ hours

NACWS 2012 item A4.1

2 How many hours would you like to work in this job?

_____ hours

NACWS 2012 item A4.2

3 How many of the hours you usually work each week in this job are paid and unpaid?

____ paid hours ____ unpaid hours (put 0 if no unpaid hours)

NACWS 2012 item A4.3

4 How satisfied or dissatisfied are you with the hours you work in this job?

1 2 3 4 5 6 7 8 9 10
Totally dissatisfied Totally satisfied

NACWS 2012 item A23.d

PAY

5 How satisfied or dissatisfied are you with your total pay in this job?

1 2 3 4 5 6 7 8 9 10
Totally dissatisfied Totally satisfied

NACWS 2012 item A23.a

JOB SECURITY

6 How satisfied or dissatisfied are you with your job security?

1 2 3 4 5 6 7 8 9 10
Totally dissatisfied Totally satisfied

NACWS 2012 item A23.b

1 2 3 4 5 6 7 8 9 10
Totally dissatisfied Totally satisfied

NACWS 2012 item A23.e

OPPORTUNITY FOR SOME AUTONOMY/INPUT/CONTROL OVER HOW WORK IS DONE

17 I have a lot of freedom to decide how I do my work in this job

1 2 3 4 5 6 7
Strongly disagree Strongly agree

NACWS 2012 item A21.d

RESPECT AND ACKNOWLEDGEMENT FROM CLIENTS, CO-WORKERS AND MANAGEMENT

18 Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve in this organisation

1 2 3 4 5 6 7
Strongly disagree Strongly agree

NACWS 2012 item A21.g

19 How satisfied or dissatisfied are you with the level of support from your team/service provider

1 2 3 4 5 6 7 8 9 10
Totally dissatisfied Totally satisfied

NACWS 2012 item A23.f

JOB DEMANDS

20 I am able to spend enough time with each care recipient

1 2 3 4 5 6 7
Strongly disagree Strongly agree

NACWS 2012 item A21.a

21 I feel under pressure to work harder in my job

1 2 3 4 5 6 7
Strongly disagree Strongly agree

NACWS 2012 item A21.e

28 How often does this job keep you from spending the amount of time you would like with family or friends

| | | | | | |
|-------|--------|-----------|-------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | Rarely | Sometimes | Often | Almost always | Don't know |

NACWS 2012 item Q 24.1b, sourced from the Australian Work and Life Index (AWALI).

29 How often does this job interfere with your ability to develop or maintain connections and friendships in your community

| | | | | | |
|-------|--------|-----------|-------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | Rarely | Sometimes | Often | Almost always | Don't know |

NACWS 2012 item Q 24.1c, sourced from the Australian Work and Life Index (AWALI).

30 Thinking about your life in general, how often do you feel rushed or pressed for time?

| | | | | | |
|-------|--------|-----------|-------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | Rarely | Sometimes | Often | Almost always | Don't know |

NACWS 2012 item Q 24.2, sourced from the Australian Work and Life Index (AWALI).

31 Thinking about your life right now, how satisfied are you with the balance between your work and the rest of your life?

| | | | | | |
|-------|--------|-----------|-------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | Rarely | Sometimes | Often | Almost always | Don't know |

NACWS 2012 item Q 24.3, sourced from the Australian Work and Life Index (AWALI).

32 How satisfied or dissatisfied are you with flexibility to balance work and non-work commitments in this job?

| | | | | | | | | | |
|----------------------|---|---|---|---|-------------------|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Totally dissatisfied | | | | | Totally satisfied | | | | |

NACWS 2012 item A23.g



Section 2: NACWS data

This section provides data from the 2012 National Aged Care Workforce Census and Survey (NACWS) for each survey question in Section 1. This data can be used to compare average responses/scores from an organisational survey against the national average for Australian aged care organisations. These comparisons can identify areas of similarity and difference between your organisation and the average for Australian aged care organisations, and assist with identification of priority areas for further attention.

Data provided in the tables below is sourced from the 2012 National Aged Care Workforce Census and Survey (NACWS) as reported in the:

- Quality Jobs Quality Care Project report 'Developing Job Quality Benchmarks in Australian Aged Care Services' (<http://www.qualityjobsqualitycare.com.au/benchmarks>)
- NACWS Final Report (<https://www.dss.gov.au/ageing-and-aged-care-publications-and-articles-ageing-and-aged-care-reports/2012-national-aged-care-workforce-census-and-survey-the-aged-care-workforce-2012-final-report>)

Select data was calculated for the toolkit, as indicated in the table below. Data is provided for Community Care Workers (CCWs) and Personal Care Attendants (PCAs).

The NACWS Final Report provides data for other occupations in Aged Care, and provides more detailed data on response categories for each item (Appendix tables).

Table 1. NACWS survey – National 2012 data for Australian aged care organisations

| NACWS survey item | Aged care organisations (average [mean] score unless specified otherwise) | | Item scale (minimum score - maximum score) | |
|-------------------------------|---|--|--|---|
| | CCW | PCA | | |
| Employment conditions | | | | |
| WORK HOURS | | | | |
| 1. | How many hours on average do you usually work in this job each week? | 25.9 | 32.2 | - |
| 2. | How many hours would you live to work in this job? | 28.3 | 34.5 | - |
| 3. | How many of the hours you usually work each week in this job are paid and unpaid? | 24.1 paid 1.6 unpaid | 31.0 paid 1.0 unpaid | - |
| 4. | How satisfied or dissatisfied are you with the hours you work in this job? | 7.0 | 7.1 | 1 (totally dissatisfied) – 10 (totally satisfied) |
| PAY | | | | |
| 5. | How satisfied or dissatisfied are you with your total pay in this job? | 5.7 | 5.3 | 1 (totally dissatisfied) – 10 (totally satisfied) |
| JOB SECURITY | | | | |
| 6. | How satisfied or dissatisfied are you with your job security? | 7.0 | 6.9 | 1 (totally dissatisfied) – 10 (totally satisfied) |
| 7. | Which best describes your form of employment in this job? | Per cent (%) 25.7% Casual 1.7% Fixed term 72.7% Permanent | Per cent (%) 10.1% Casual 1.1% Fixed term 88.0% Permanent | - |
| EDUCATION AND TRAINING | | | | |
| 8. | Adequate training is available through my workplace | 5.9 | 5.2 | 1 (strongly disagree) – 7 (strongly agree) |
| 9. | During the last 12 months have you undertaken any training (not including professional development), as part of your employment in this organisation? | Per cent (%) 22.5% None 69.6% Mandatory 19.2% Non-mandatory | Per cent (%) 19.2% None 75.7% Mandatory 21.5% Non-mandatory | - |
| 10. | To what extent do you think you can use the new skills you have acquired from any of this training in your current job? (cross one box only) | Per cent (%) 2.2% Did not learn any new skills 0.4% Not at all 8.6% Limited extent 28.5% Moderate extent 43.4% Great extent 17.0% Very great extent | Per cent (%) 2.9% Did not learn any new skills 0.9% Not at all 9.2% Limited extent 27.7% Moderate extent 43.5% Great extent 15.8% Very great extent | - |

| NACWS survey item | Aged care organisations (average (mean) score unless specified otherwise) | | Item scale (minimum score - maximum score) |
|--|--|---|---|
| | CCW | PCA | |
| 11. In the next 12 months, what is the area of training you think you will most need / you would most like to undertake. | Per cent (%) 47.9% Dementia 28.4% Palliative care 23.4% Management & leadership 21.1% Wound management 32.7% Mental Health 12.3% Allied health 12.9% Other | Per cent (%) 52.8% Dementia 50.5% Palliative care 19.3% Management & leadership 36.4% Wound management 28.3% Mental Health 9.3% Allied health 10.3% Other | - |
| 12. How satisfied or dissatisfied are you with the match between your work and your qualifications? | 1.8% = 1 'Totally dissatisfied' 1.6% = 2 2.4% = 3 3.1% = 4 6.7% = 5 9.3% = 6 11.9% = 7 25.1% = 8 17.4% = 9 20.8% = 10 'Totally satisfied' | 1.6% = 1 'Totally dissatisfied' 1.4% = 2 1.9% = 3 3.3% = 4 7.7% = 5 9.7% = 6 12.5% = 7 20.1% = 8 16.5% = 9 8.9% = 10 'Totally satisfied' | 1 (totally dissatisfied) – 10 (totally satisfied) |

MANAGEMENT-EMPLOYEE RELATIONS

| | | | |
|--|-----|-----|--|
| 13. Management and employees have good relations in this workplace | 5.5 | 4.9 | 1 (strongly disagree) – 7 (strongly agree) |
|--|-----|-----|--|

Job design

OPPORTUNITY TO DEVELOP AND USE SKILLS AND ABILITIES

| | | | |
|---|-----|-----|---|
| 14. I have the skills and abilities I need to do my job | 6.3 | 3.9 | 1 (strongly disagree) – 7 (strongly agree) |
| 15. I use many of my skills and abilities in my current job | 6.1 | 5.5 | 1 (strongly disagree) – 7 (strongly agree) |
| 16. How satisfied or dissatisfied are you with the opportunity to develop your abilities in this job | 7.1 | 7.0 | 1 (totally dissatisfied) – 10 (totally satisfied) |
| Opportunity for some autonomy/input/control over how work is done | | | |
| 17. I have a lot of freedom to decide how I do my work in this job | 4.9 | 4.3 | 1 (strongly disagree) – 7 (strongly agree) |
| Respect and acknowledgement from clients, co-workers and management | | | |
| 18. Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve in this organisation | 5.3 | 4.5 | 1 (strongly disagree) – 7 (strongly agree) |
| 19. How satisfied or dissatisfied are you with the level of support from your team/service provider | 7.4 | 6.9 | 1 (totally dissatisfied) – 10 (totally satisfied) |

| NACWS survey item | Aged care organisations (average (mean) score unless specified otherwise) | | Item scale (minimum score - maximum score) | |
|--------------------|---|-----|---|--|
| | CCW | PCA | | |
| JOB DEMANDS | | | | |
| 20. | I am able to spend enough time with each care recipient | 5.2 | 3.9 | 1 (strongly disagree) – 7 (strongly agree) |
| 21. | I feel under pressure to work harder in my job | 4.3 | 4.0 | 1 (strongly disagree) – 7 (strongly agree) |
| 22. | My job is more stressful than I had ever imagined | 4.2 | 3.9 | 1 (strongly disagree) – 7 (strongly agree) |

Intention to leave

| | | | | |
|-----|---|---|---|---|
| 23. | Are you currently actively seeking work outside of this aged care facility? | Per cent (%) 6.9 Yes | Per cent (%) 9.2 Yes | - |
| 24. | Do you expect to be working for this aged care facility in 12 months time? | Per cent (%) 4.1% Don't know 7.7% It depends 3.8% No 84.4% Yes | Per cent (%) 5.2% Don't know 8.5% It depends 4.6% No 81.8% Yes | - |

Job satisfaction

| | | | | |
|-----|--|-----|-----|---|
| 25. | How satisfied or dissatisfied are you with the work itself (what you do) in this job | 7.5 | 7.2 | 1 (totally dissatisfied) – 10 (totally satisfied) |
| 26. | All things considered, how satisfied are you with this job | 7.6 | 7.4 | 1 (totally dissatisfied) – 10 (totally satisfied) |

Work-life balance

| | | | | |
|-----|--|-----|-----|---|
| 27. | How often does this job interfere with your responsibilities or activities outside of work | 2.9 | 2.5 | 1 (never) – 5 (almost always) |
| 28. | How often does this job keep you from spending the amount of time you would like with family or friends | 2.7 | 2.6 | 1 (never) – 5 (almost always) |
| 29. | How often does this job interfere with your ability to develop or maintain connections and friendships in your community | 2.5 | 2.4 | 1 (never) – 5 (almost always) |
| 30. | Thinking about your life in general, how often do you feel rushed or pressed for time? | 3.4 | 3.4 | 1 (never) – 5 (almost always) |
| 31. | Thinking about your life right now, how satisfied are you with the balance between your work and the rest of your life? | 1.9 | 1.9 | 1 (very satisfied) – 5 (not at all satisfied) |
| 32. | How satisfied or dissatisfied are you with flexibility to balance work and non-work commitments in this job? | 7.4 | 7.0 | 1 (totally dissatisfied) – 10 (totally satisfied) |



Prioritise

worksheet

Prioritise Tool 1: Identifying and assessing job quality priorities for change in your organisation

Prioritise Tool 1 is designed to be completed based on information you have gathered after consulting with workers and other stakeholders [[Engagement Tool 4: Plan for stakeholder engagement](#)].

Use Prioritise Tool 1 to analyse and review employment conditions and job design aspects, evaluate whether you have gathered enough information from stakeholders; and identify your next steps.

We've listed some example key quality indicators relating to employment conditions and job design.

Choose an employment condition or job design aspect and complete the [master worksheet](#) to assess its priority within your organisation.

These ideas can be used to:

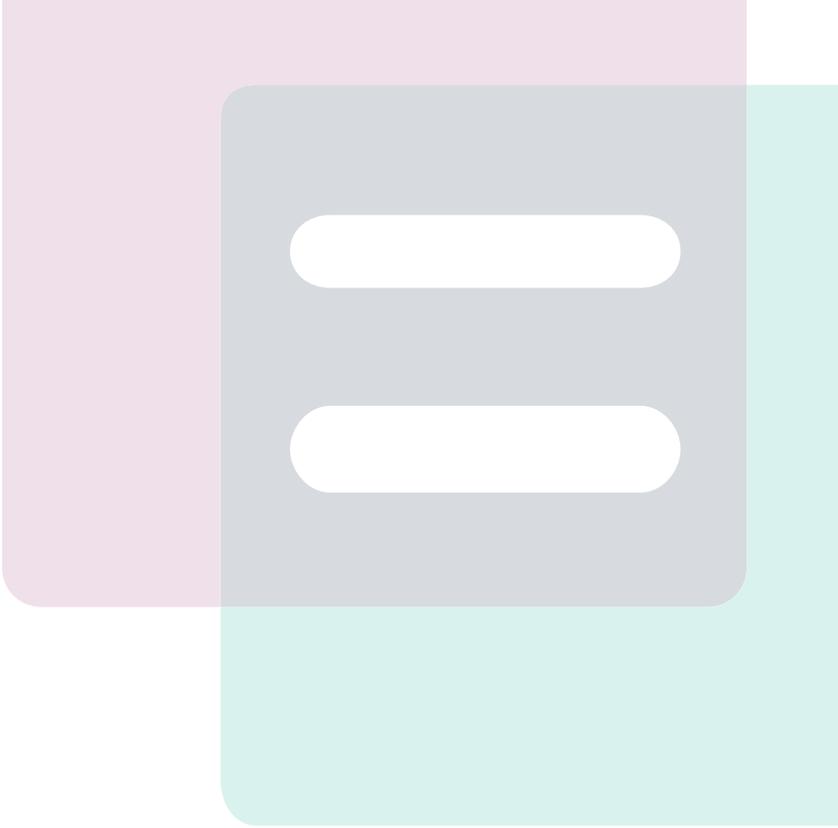
- further your understanding of the key issues associated with level of pay
- help you discuss the issues with workers and stakeholders during the consultation process
- identify a potential small scale change that could be developed and adapted for your workplace.

A rating scale can be useful to summarise the information you have collected and your next steps.

For example:

- Mostly scores of 1 or 2 – indicates a priority area for change.
- Mostly scores of 3 – indicates more information needs to be collected.
- Columns 1 and 2 – scores of 4 or 5 indicate this is not a current priority for change.

Tip: Different aspects of job quality are interrelated (e.g. improving access to flexibility is also likely to increase perceptions of management supportiveness). Consider focusing primarily on one or two aspects of job quality. Designing, implementing and evaluating a tightly focused and targeted small scale change is a realistic plan that increases the likelihood of success. Keep your plans SMART (specific, measurable, achievable, results-focused and time-bound).



Employment conditions

Pay

Fair and reasonable pay is the foundation of a good quality job, providing essential financial security for quality of life. It is a major contributor to workers' job satisfaction and commitment. Employment regulation such as modern awards or enterprise agreements, set hourly pay rates and conditions for additional remuneration (e.g. overtime).

Employer contributions to superannuation are also a regulatory entitlement. Supplements to baseline pay levels may include salary sacrifice, allowances such as work-related travel, payments for broken shifts (a single shift including one or more breaks in work activity) and providing access to paid education and training.

Supplements to baseline salary levels are particularly important in low paid jobs, such as care work.

Key quality indicators

- Workers are paid the correct award rate for the job they are required to do, including for unsocial hours and overtime.
- Workers think their rates of pay are fair and reasonable.
- Workers are paid an allowance or reimbursement for activities that are required as part of their employment (e.g. using own car for travel, attending training, payment for travel time between clients).
- There are opportunities for workers with higher skills/responsibilities/ experience to progress to higher skill classifications and wage rates.

Potential small scale changes

1. Review pay levels, identify opportunities for introducing or revising incremental salary levels. Ensure all work-related activities are remunerated, such as participation in training, travel between clients and work meetings.
2. Ensure all work-related activities are remunerated, such as participation in training and work meetings.
3. Provide and regularly review entitlements and allowances for work-related travel (personal car use)
4. Ensure workers have access to up-to-date information on work entitlements (e.g. leave, salary sacrificing).

Employment security

Permanent and long fixed-term contracts offer workers security of employment and income. This is a key aspect of a good quality job and has a significant impact on worker wellbeing (e.g. stress), commitment to staying with an employer and overall quality of life. However, as pay levels for care workers are usually low and work hours variable, many workers may choose to remain on more insecure casual contracts to increase take-home pay.

Key quality indicators

- The majority of staff have secure employment (permanent/fixed term).
- There are no workers on contracts with very low hours or zero hour contracts.
- Employment security does not vary according to role/areas of work.
- Casual workers have the opportunity to access more secure employment if they prefer.

Potential small scale changes

1. Increase recruitment into secure employment contracts
2. Offer opportunities for existing staff to transition from casual to permanent or fixed-term contracts.
3. Offer opportunities for staff to transition from very low part-time hours to their preferred number of part-time hours.

Decent work hours

Hours that fit with workers' needs and preferences are a central aspect of a good quality job. Work hours that are too long can negatively impact health and productivity. Not having enough hours can also be problematic, creating financial hardship and high levels of individual and family stress. The scheduling of hours is a key consideration for job quality. Shift work creates challenges and risks for workers' health, safety, work performance and work-life balance. Broken shifts or non-continuous work hours can create difficulties for work-life balance and may reduce job satisfaction. Similarly, consistency of hours is also important i.e. that the same days/times are worked each week/fortnight.

Key quality indicators

- Hours worked meet staff needs and preferences.
- Staff are able to access enough hours of work.
- Staff can request and access more hours if preferred.
- Insufficient hours (fewer than needed or preferred) is not a common pattern for any workers, or particular groups of workers.
- Workers do not regularly work unpaid (and unreported) overtime.
- Workers have input into shift schedules.
- Workers can successfully request particular shifts or shift schedules.
- Broken shifts are not common patterns for any workers, or particular groups of workers.
- Staff are able to work shift schedules that fit with their preferences and needs.
- Workers view the allocation of shifts as fair and reasonable
- The organisation has an effective flexi-time policy.
- Workers are able to use their flexi-time (additional unpaid hours) to take paid time off work.

Potential small scale changes

1. Ensure staff in all areas of the organisation can work reasonable hours, for example:
 - a. structure work arrangements to ensure all staff have enough work hours.
 - b. monitor and adjust workloads and staffing levels to ensure staff do not work long hours/unpaid overtime.
2. Review and improve the fit between workers' preferred and allocated shift schedules, for example:
 - a. investigate workers' views and experiences of the shift allocation decisions (is the process fair and transparent?) and outcomes (is the distribution of preferred and non-preferred shifts fair?).
 - b. trial approaches to shift scheduling that provide workers with more input / control (e.g. self-scheduling within teams).
 - c. collaborate with staff to trial and evaluate new shift schedules.

Access to education and training:

High quality, relevant and timely education and training ensures workers have the skills, confidence and capacity to work effectively and safely, and may open career and promotional pathways. Many workers enjoy and value learning so providing these opportunities on paid work time is an important way to invest in and support workers. Support should also be provided to ensure education and training translates into practice. Additional flexibility of training is needed to ensure workers in 24 hour workplaces or those who work part-time have equitable access to education and training.

Key quality indicators

- Workers at all levels and on all shifts have access to ongoing education and training within paid work hours.
- There are opportunities for workers to request or choose particular education or training topics.
- Staff have education and training plans that are developed in collaboration with their supervisor/manager.
- Education/training is easily accessible to workers (e.g. provided onsite; undertaken in work time).
- A variety of approaches to education and training are available, including informal (e.g. mentoring) and formal, assessed and non-assessed, individual and group, online and face-to-face.
- Education and training extends beyond mandatory topics to other key areas of skill and knowledge.
- Education and training addresses a range of areas, including theoretical or technical knowledge, practical skills, social skills (e.g. cultural awareness) and general 'employability' skills (e.g. general and health literacy, computer skills).
- Workers and management are satisfied with the timing of education and training (i.e. it's provided at the right time).
- Education/training viewed by staff and management as useful, appropriate and effective.
- There are structured supports to encourage and support workers to apply new skills and knowledge learnt in education/training (e.g. access to peer and supervisor support in real time).
- Education and training linked to career and promotional pathways (e.g. higher salary increments) or reward and recognition.

Potential small scale changes

1. Education and training for all staff is prioritised in the organisational business plan or equivalent
2. Education and training is designed to meet:
 - a. organisational, worker and client needs
 - b. workers' preferences for learning modes (e.g. online training, structured coursework, face-to-face training, acting up/job rotations/shadowing, group learning or discussion circles)
 - c. workers' preferences for onsite or offsite education and training
3. Workers have access to structured supports to translate learning into practice (e.g. mentoring/coaching; evaluation and feedback on education and training activities and changes in worker capability)
4. All staff have education/training goals and plans that:
 - a. are developed in collaboration with manager/supervisor
 - b. reflect a mix of organisational and individual areas of priority
 - c. suit their preferences for format and location of learning experiences
5. Workers engage in education/training on paid work time
6. Adequate training is provided to workers who do not have English as a first language.

Good management-employee relations.

A well-functioning relationship between management and non-management staff is a cornerstone of job quality. Good relationships support good working conditions. Essential foundations for good relationships include decision-making and policies that are transparent and inclusive of workers from all backgrounds and circumstances (e.g. age, culture, care responsibilities), and effective two-way channels of communication and opportunities for staff consultation and input to key organisational decisions (administrative and operational).

Key quality indicators

- Policies and decision-making processes supportive of good management-employee relations:
 - o Policies are designed to be inclusive of all staff, including those from different backgrounds, life stages and personal circumstances
 - o Workers perceive policies and decision-making processes to be fair and transparent
 - o Workers and managers/supervisors have clear and consistent expectations of each other.
- There a comprehensive induction program to support new workers.
- Management has a well-functioning relationship with unions and other employee representatives.
- There are various channels of communication and dialogue between management and staff.
- Workers have opportunities to discuss their performance with their manager/supervisor on a regular basis.
- Workers have an opportunity to have input into organisational change and decision making:
 - o Workers have the opportunity to be consulted on administrative decisions and changes (e.g. rosters and schedules, policy and procedures), and to contribute their ideas and concerns
 - o Workers have the opportunity to be consulted on operational decisions and changes (e.g. care plans, coordination of care, capabilities of workforce), and to contribute their ideas and concerns
 - o Management acts on proposals and feedback provided by staff and/or their representatives.

Potential small scale changes

1. Collect regular feedback from workers on key aspects of relations with management.
2. Establish and support a range of channels for staff and management to communicate and for worker participation/consultation:
 - a. regular meetings (individual, group)
 - b. suggestion schemes
 - c. newsletters, emails, website
 - d. employee surveys
 - e. staff membership on groups/committees
 - f. online discussion boards.

3. Establish processes for worker input and impact on organisational policies and decisions in important areas:
 - a. organisational change or restructuring
 - b. training and career development
 - c. staffing and recruitment
 - d. working hours and scheduling
 - e. work process and organisation
 - f. Workplace health and safety.

Health and safety work practices and culture:

All organisations have statutory obligations to maintain the work, health and safety of all workers and their clients. There are particular risks identified by care workers interviewed in the QJQC project related to working in isolation, poor communication between management/supervisors and workers, insufficient time to care, work pressures and a lack of competency/training to deliver specific aspects of care.

Key quality indicators

- There is real time capacity to respond to risk (e.g a worker needs to be competent to undertake a task such as use a particular hoist/lifter).
- Management and workers have the capability to identify risks early (e.g. regular WHS education and training, identifying and monitoring risk).
- Workers receive regular and timely training on health and safety issues, including updates for experienced workers
- There are effective and regular channels of communication and dialogue between management and workers on early identification of risk to workers or clients (e.g. alerts for clients).
- Is a standing item in meetings of workers and supervisors/managers.
- There are effective informal channels of feedback from workers to management about health and safety issues
- Management acts on WHS reports and feedback provided by workers.
- Wellness programs are available to workers (e.g. walking programs, counselling services).

Potential small scale changes

1. Conduct regular audits of risk associated with working in isolation or at other risky times/locations (eg working alone night, working with aggressive clients, working in unsanitary or dangerous conditions in private homes).
2. Provide training and/or training updates to both new and experienced workers on health and safety.
3. Provide a 'buddy' or 'mentor' program to assist workers identify risk and work safely in their daily work practices
4. Review and improve shift scheduling to avoid variations in work hours or locations at short notice.
5. Include safety reviews as part of regular scheduled meeting.

Job design

Time to care

One of the most difficult aspects of care work is time pressure. Not having enough time to provide good quality care creates high levels of stress and dissatisfaction, and creates risks for wellbeing and the health and safety of workers and clients.

Key quality indicators

- Workers do not experience consistent and significant time pressure when providing care.
- Time allocations for providing care are realistic and appropriate.
- Time allocations differ depending on client characteristics (e.g. complexity of care needs or effective negotiations with clients i.e. as per CDC budget).
- Time allocations are adjusted for clients whose care needs increase or change over time.
- Workers have the opportunity to provide advice on the development and review of care plans to optimise time to care.
- Staffing levels are adequate to meet client demand.
- Staffing levels are adjusted when demand changes (e.g. introduction of CDC and person centred care).
- Innovation in models of care and workforce are explored and trialled for improved efficiency and effectiveness (e.g. technology).

Potential small scale changes

1. Review existing systems, procedures and processes with workforce to identify key issues limiting time to care
2. Increase staff to client ratios to reduce time pressure on existing workers
3. Collaborate with workers to design and trial changes to models of care to improve time to care
 - a. trial changes to capability, roles and scopes of practice (e.g. dementia and palliative care training and advanced care practice)
 - b. improve worker engagement in care plans and autonomy to do the work (e.g. CDC)
 - c. introduce additional tools and resources (e.g. early identification of risk)
 - d. introduce new technology to increase efficiency (e.g. electronic care plans)

Work pressure

The experience of pressure to work quickly, to tight deadlines and/or with a heavy workload is common to many jobs across a variety of industries. Chronic work pressure is commonly experienced by aged care workers with priority placed on completing tasks, or on tasks with little or no opportunity for more relational activities (i.e. personalised interactions with clients). Work pressure may also be experienced as a lack of 'down time' across a daily, weekly or monthly cycle in which work pressure can be eased. These types of work pressures are a major source of stress, burnout and dissatisfaction. This can also create risks for health and safety, and reduce people's capacity to deliver high quality care.

Key quality indicators

- Everyday work experience does not involve pressure to work intensively (e.g. to tight deadlines, at high speed, with heavy workloads).
- Workers have time to complete tasks and have some personal interaction with clients.
- For workers who travel to different work locations (e.g. community care workers), travel times between locations are realistic and reasonable.
- Times of more or less intensive working across the day/ week/month/year are recognised, and workers adequately supported during these times.
- The distribution of workload amongst workers is fair.
- Organisational systems and structures support realistic work time and workload allocations that recognise areas of work pressure or intensity.
- Care workers and supervisors/managers are in agreement on the time needed to do work tasks.
- There is not an organisational culture that expects and rewards workers for working at high speeds or with heavy workloads.
- Supervisors and managers do not support a culture of high pressure work (e.g. by recognising and rewarding workers who are consistently willing to take on high workloads/tight timelines).
- There are not high levels of stress, burnout and injury in the organisation.

Potential small scale changes

1. Conduct a systematic audit of the average amount of time workers spend with each client in residential or community care.
2. Review and improve ratios of PCAs to residents in residential aged care.
3. Regular review of the workload of CCWs to ensure sufficient time for care.
4. Review and improve existing systems, procedures and processes to identify areas in which work pressure can be reduced.
5. Collaborate with workers to design and trial changes to work processes and flow to reduce work pressure.

Support from co-workers, managers and organisation in general

Supportive work relationships are central to wellbeing at work. Key aspects of support include recognising and valuing a person's contribution, showing concern for their wellbeing and providing support and assistance. Leadership and teamwork capabilities are essential to doing work efficiently and effectively.

Key quality indicators

- Workers feel valued and supported by the employer/organisation as a whole.
- Workers feel valued and supported by management in general and their own manager/supervisor.
- Workers feel valued and supported by co-workers.
- Workers feel valued and supported by clients.
- There is effective team work (e.g. mutual respect and goals, trust and openness, consideration and understanding, effective communication).
- Good support is consistently felt by all workers; not experienced as stronger or weaker for particular roles/teams/units/areas.
- Good support is consistently felt by workers regardless of their personal backgrounds or circumstances.
- Workers receive timely support from peers or supervisors while on the job (e.g. changes to care plan).
- Workers can access good support during business and non-business hours (for workers who work outside of standard hours).
- Workers can access good support in metropolitan and regional/remote areas.

Potential small scale changes

1. Supportive attitudes and behaviours of teams and individuals are recognised and encouraged (e.g. staff awards, inclusion in performance reviews) for workers, managers and supervisors.
2. New and existing workers have access to peers or mentors who can provide real-time advice and guidance during work shifts.
3. There are opportunities in paid time for workers to meet together regularly (particularly for community care workers who work in isolation).
4. Workers have access to an Employee Assistance Scheme to provide support (e.g. counselling) for work and non-work challenges and issues.

Access to flexible work arrangements

In a diverse workforce where people are often managing multiple non-work commitments, flexible work arrangements are a key resource to support retention and wellbeing. Flexible work arrangements involve modifications to the hours, scheduling or location of work to suit workers' needs or preferences. Flexibility may be short-term or long-term, be part of a formal agreement or be arranged informally and can involve regular or occasional changes to work arrangements.

Key quality indicators

- An organisational policy on flexible work arrangements is in place.
- Flexibility policy does not exclude particular individuals/groups from accessing flexibility.
- Workers feel comfortable and confident requesting a flexible work arrangement.
- The organisation has workers with flexible work arrangements at all levels – including those in supervision/management roles.

Potential small scale changes

1. Managers and supervisors receive training and senior management support to manage individuals (and teams) with flexible work arrangements.
2. Managers' and supervisors' KPIs include providing workers with access to flexible work arrangements.
3. Individuals and/or work groups or units trial flexible work arrangements, in collaboration with their supervisor.
4. Managers and supervisors are encouraged to trial a flexible work arrangement themselves.

Opportunity for some autonomy/input/control over how work is done

Most workers value the opportunity to be actively involved in deciding how their work is done. They also like having some degree of autonomy or control over how and when tasks and activities are done. Consumer directed care may enhance or limit the degree of autonomy experienced by care workers.

Case study care worker autonomy ([link to case study](#)) provides an example of a small scale change to increase workers' opportunity to develop and use their skills and abilities.

Key quality indicators

- Workers and supervisors have a clear and shared understanding of the extent to which workers can make decisions or change/control the way work is done.
- Workers can make some decisions about how/when/where their work is done.
- Workers feel comfortable and supported in acting autonomously in their jobs.
- Changes in worker autonomy due to the introduction of consumer directed care are recognised and managed.
- Workers have involvement in the development and review of consumer directed care plans and budgets.
- Supervisors support workers to have some autonomy in their work.

Potential small scale changes

1. Individuals and/or work groups or units trial an increase in worker autonomy/control over some aspects of work practice.
2. Workers are provided with necessary training/support to ensure confidence and capability to work with increased autonomy/control.
3. Opportunities are provided for workers to provide input into management/supervisory decisions about the way work is done in particular roles/teams or work units as a whole. e.g. successful changes are added to policies/procedures

Opportunities to develop and use skills and abilities

Being able to effectively use the full range of one's skills and abilities, and to develop and expand on these, can be a significant source of meaning and satisfaction on the job. Skill use and development is also important to advance worker capability or for access to career opportunities such as promotion.

Priority areas for small scale change

We've listed some key quality indicators that could be used to implement small scale changes addressing opportunities to develop and use skills and abilities.

- Workers are able to use their full range of skills and abilities in their work (i.e. to work to their full scope of practice).
- Workers are not being under-utilised (have skills/abilities that are not being used).
- Workers have opportunities to further develop existing skills/abilities, and learn new skills/abilities.
- The acquired skills and knowledge of experienced workers is recognised and used by the organisation (e.g. peer support and mentoring, rewards and recognition).
- All workers are encouraged to develop leadership capability (e.g. education and training, peer support and mentoring).

Potential small scale changes

- 1 Conduct an audit of staff skills and abilities to identify areas of skill under-use and over-use and areas for further skill development:
 - a. workers' views on the extent to which they can use their skills in their work.
 - b. areas in which workers' skills/abilities are under-used
 - c. skills/abilities that workers would like to develop.
2. Provide workers with education and training to develop leadership capability.
3. Collaborate with workers to trial programs to increase skill use and leadership.
 - a. opportunities for workers to mentor/teach co-workers.
 - b. work placements (e.g. acting up, secondments) which provide opportunities to use/develop skills not used in the current work role.
 - c. changing work practices to provide more opportunities for workers to use the full range of their skills.
 - d. providing opportunities to work on special projects of interest beyond normal work roles.

Respect and acknowledgement from clients, co-workers and management

Being valued, respected and appreciated is central to good interpersonal relations in the workplace. Whilst important in all jobs, having work recognised and respected is particularly valuable for workers in roles that are viewed as low status or 'unseen' in an organisation or the general community. Positive everyday interactions that communicate respect and acknowledgement are fundamental, as well as more public or formal recognition that may happen less regularly (e.g. prizes/awards).

Key quality indicators

- Staff feel respected, recognised and acknowledged for their work and contributions.
- Clients are encouraged to demonstrate respectful interactions and engagement with workers.
- There are opportunities for clients to express their satisfaction to workers.
- Workers receive formal and informal (e.g. praise) recognition from managers, co-workers and clients.
- Respect and acknowledgement is fairly distributed amongst workers (ie particular groups are not overlooked).
- Managers and supervisors have received training to support their supervisory, management and leadership skills.
- The organisation uses both financial and non-financial approaches to acknowledging and recognising staff.

Potential small scale changes

1. Collect information on worker views and experiences of feeling respected, valued and acknowledged:
 - a. overall experience in the organisation
 - b. experience with particular groups (e.g. management, supervisors, clients)
 - c. feedback on how staff would like to receive acknowledgement and recognition
2. Work in collaboration with workers to trial new approaches to providing them with public recognition and acknowledgement:
 - a. awards and prizes
 - b. newsletter items
 - c. include recognition and acknowledgment of good performance in regular formal performance reviews
3. Provide training and feedback to supervisors/managers/workers on effective ways to show respect and acknowledgement.
4. Collaborate with workers and clients to trial a new approach for workers to receive feedback and acknowledgment from clients (e.g. collect data on clients' views and experiences using surveys or interviews).

Prioritise Tool 1:

Assess key indicators and identify next steps

| EMPLOYMENT CONDITIONS AND JOB DESIGN ASPECTS | ASSESS YOUR ORGANISATION: | WHAT EVIDENCE DO YOU HAVE TO SUPPORT YOUR ASSESSMENT? | ADDITIONAL COMMENTS/ REFLECTIONS |
|---|--|--|--|
| <p><i>e.g. Pay</i></p> | <p>Does your organisation meet each quality indicator?</p> <p>Rating scale:</p> <ol style="list-style-type: none"> 1. Poor performance 2. Adequate performance 3. Unsure/don't know 4. Good performance 5. Excellent performance | <p>What data has informed your assessment?</p> <p>Rating scale:</p> <ol style="list-style-type: none"> 1. Organisational data (e.g. HR records) 2. Information from workers (e.g. staff survey, exit interviews, focus groups) 3. Informal feedback from a small number of workers 4. Informal feedback from a small number of managers/supervisors 5. No information from external stakeholders | <p>What are your next steps on this issue?</p> <p>Rating scale:</p> <ol style="list-style-type: none"> 1. Priority for immediate small scale change 2. Priority for future small scale change 3. More information needed 4. No further action |
| <p><i>[enter your key quality indicator here]</i></p> <p><i>e.g. Workers are paid the correct award rate for the job they are required to do, including for unsocial hours and overtime</i></p> | <p><i>[enter your rating here]</i></p> | | |
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Design worksheets

A careful and systematic approach to design is supported by the following worksheets.

Use Design Tool 1 to set your overall aim or set of aims for the small scale change.

Design Tool 2 will help you to identify potential problems, challenges, supports and resources by reflecting on the expectations, assumptions and external factors that relate to your small scale change.

Design Tool 3 will give you a comprehensive design for your small scale change. It maps the flow of logic from the resources and activities needed for the planned work through to the intended outputs and outcomes. Design Tool D4 helps you to plan how you will assess whether the small scale change achieved its intended results and Design Tool D5 will help you to review how you will collect information and data to evaluate success.

You can also use these worksheets to consult with workers and other stakeholders on your design and as comprehensive documentation of the small scale change.

Case Study: Care worker mentoring is provided as an example across Tool 1-3.

Design Tool 1:

Identify and document aims

What aims are you trying to achieve? What will be improved as a result of the change?

For example: To provide community care workers with more systematic mentoring support. This will improve the support for and the skills and practices of care workers to enable them to provide better care to clients with more complex needs, and increase job satisfaction and retention.

Design Tool 2:

Assumptions, external factors and risk

Small scale change: _____

What assumptions do you bring to the change process and what do you expect will happen?

For example: workforce change has been successful previously; an experienced, skilled community care worker can be redeployed as a mentor.

What external factors are likely to influence the small scale change?

For example: anticipated increase in the number of clients with more complex care needs; Competition to attract care workers from other aged care providers.

What are the risks and the chances that they will occur? What are the consequences and/or mitigation strategies?

For example: unable to recruit to new specialised care mentor role; the risk is low-medium; it will result in implementation delays; publicise the role as a career opportunity

Design Tool 3:

Design for small scale change

| Planned work | | Intended results | | | |
|---|--|---|--|--|---|
| Resources | Activities | Outputs | Outcomes | | |
| | | | Worker job quality | Client care quality | Organisation |
| What resources will be invested? | What will we do with those resources? | What will be produced as a result? | What changes will be expected for the workers? | What changes will be expected for clients? | What changes will be expected for organisations? |
| <i>For example: One full-time specialised care mentor position will be funded</i> | <i>The specialised care mentor will conduct peer led support, education and training</i> | <i>A new program of joint home visits with specialised care mentor and care workers A new specialised care mentor led training program for care workers</i> | <i>Improved confidence and capability of care workers Improved job satisfaction for care workers</i> | <i>Improved compatibilities¹ with care workers Better quality care for clients that is tailored to their individual needs</i> | <i>Increases number of care workers retained, to support consistency of care service delivery</i> |
| | | | | | |

¹ Compatibility: care workers feel confident and are capable to deliver care and/or the client feels comfortable that the care workers can deliver the care

Design Tool 4:

Detailed plan – outcome evaluation of intended results

Start Date: _____

| Aims | Changes that will indicate success / impact | | |
|--|---|----------------------|---------------------------|
| What are the key aims in each (relevant) domain? | What will change and how | Measured/assessed by | Timing of data collection |
| Outputs produced (what will be done) | | | |
| | | | |
| Worker job quality outcomes | | | |
| | | | |
| Client care quality outcomes | | | |
| | | | |
| Organisational outcomes | | | |
| | | | |

Finish Date: _____

Evaluate

worksheets

Small scale change can be evaluated in three different ways: on its outcomes, the processes used to achieve those outcomes and on the project as a whole.

Use Evaluate Tool 1 to reflect on and document your outcome evaluation. Consider each aim of the small scale change, starting with what was produced (outputs), followed by the outcomes that resulted from these outputs. Include all outcomes – even those that were not expected or planned – as they can provide useful information for future activities.

Use Evaluate Tool 2 to reflect on and document your findings from the process evaluation. Identify where the project was designed and implemented well along with any areas for improvement or unexpected results.

Use Evaluate Tool 3 to reflect on the workplace intervention as a whole. Consider the whole project from beginning to end from different angles or perspectives. Include future intentions and expectations: the impact of the workplace intervention includes how it changes future activities inside and outside of your organisation.

Evaluate Tool 1:

Conducting the outcome evaluation

Outcome evaluation asks the question: 'What was the effect of the small scale change?'

Did it produce the outputs it was designed to deliver? Did these outputs result in outcomes that meet the original aims?

| Aims | Outcomes produced by the small scale change | | | |
|---|---|--------------------|--------------------------|---|
| (list for each relevant area) | Changes observed | | Aims achieved Yes/No? | Other changes observed (unintended/unexpected) |
| | Short-term | Medium / long term | | |
| Outputs produced (what was actually done) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Worker job quality outcomes | | | | |
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| | | | | |
| | | | | |

| Aims | Outcomes produced by the small scale change | | | |
|-------------------------------------|---|--------------------|-----------------------|--|
| (list for each relevant area) | Changes observed | | Aims achieved Yes/No? | Other changes observed (unintended/unexpected) |
| | Short-term | Medium / long term | | |
| Client care quality outcomes | | | | |
| | | | | |
| | | | | |
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| | | | | |
| Organisational outcomes | | | | |
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Evaluate Tool 2:

Conducting the process evaluation

Process evaluation asks the question 'What was done and how well was it done?'

| Resources and activities | | Assessment | | |
|---|----------------|---------------------|-------------------------|--|
| | What was done? | What was done well? | What needs improvement? | Did anything happen that was unintended or unexpected? |
| Resources | | | | |
| Staffing (directly / indirectly involved) | | | | |
| Partnerships | | | | |
| Financial resources | | | | |
| Space | | | | |
| Technology | | | | |
| Materials/other | | | | |

| Activities | | | | |
|---|--|--|--|--|
| Adequacy of materials/ resources/ information | | | | |
| Quality of organisation / coordination | | | | |

| Workers' participation / engagement | | | | |
|---|--|--|--|--|
| Level of involvement in the change activities | | | | |
| Satisfaction with the activities | | | | |
| Satisfaction with participation/ engagement | | | | |

| Clients' participation in intervention | | | | |
|---|--|--|--|--|
| Level of involvement in the change activities | | | | |
| Satisfaction with the activities | | | | |
| Satisfaction with participation/ engagement | | | | |

Evaluate Tool 3:

Conducting the overall evaluation

| Areas for reflection | Additional comments |
|---|---------------------|
| Main achievements / gains (medium and long term outcomes) | |
| | |
| | |
| Major enablers / supports | |
| | |
| | |

| Areas for reflection | Additional comments |
|--|---------------------|
| Major barriers / difficulties | |
| | |
| | |
| Cost effectiveness and cost-benefit | |
| | |
| | |

| Areas for reflection | Additional comments |
|--|---------------------|
| Important lessons learned | |
| | |
| | |
| Future plans – what will be continued within the organisation? (long term outcomes) | |
| | |
| | |

| Areas for reflection | Additional comments |
|--|---------------------|
| Future plans – what will be shared with external stakeholders and community? (long term outcomes) | |
| | |
| | |

Glossary

| TERM USED | DEFINITION |
|-------------------------------|--|
| Aged care | Care of one or more of the following types: <ul style="list-style-type: none"> • residential care • home care • respite care |
| Aged care worker | Generic term for community care worker or personal care attendant in the aged care sector |
| Autonomy | A level of freedom and discretion given to a care worker to perform their job. |
| Carer | Family members and others who provide personal care, support and assistance to another individual in need of support due to disability, medical condition, including terminal or chronic illness, mental illness or is frail and aged. |
| Care quality | Interchangeable with quality care. |
| Care worker | Interchangeable with aged care worker |
| Client | In this toolkit we use this term generically to refer to any aged person receiving community-based or residential aged care services. |
| Community care | Care consisting of personal care services and other personal assistance provided to a person in their home or a community setting. |
| Community care worker (CCW) | A community care worker provides personal care, general household assistance and emotional support to aged persons in their own homes. |
| Consumer directed care (CDC) | The current aged care funding model/policy that allows people to have greater choice and control over the care they receive, to the extent that they are capable and wish to do so. |
| Job quality | Interchangeable with quality jobs. |
| Personal care attendant (PCA) | A personal care attendant provides routine personal care services to people in a range of residential facilities. |
| Quality care | The term quality care can have several meanings. One common understanding includes aspects such as effectiveness, efficiency, safety, comfort and dignity. In this project, however, the care recipient's perspective has been used to measure quality care. For further information see What is quality care? |
| Quality job | A good quality job is one that is well-designed with decent employment conditions that foster the well-being of the worker. |
| Residential care | Personal care and/or nursing care that is provided to a person in a residential facility in which the person is also provided with accommodation. |
| Small scale change | Changes to work organisation and work practices that are small in scale, proactive and innovative, require limited resources, and allow day-to-day operations to be maintained. |
| Trial | Interchangeable with workplace intervention |
| Workplace intervention | A systematic process to design/plan, implement and evaluate small scale change within a workplace. |

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