# Background

QUALITY JOBS
QUALITY CARE

# 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:
  - o Professor Sara Charlesworth, University of South Australia / RMIT University
  - o 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 Kalysh

University of South Australia | Centre for Workplace Excellence

RMIT UNIVERSITY

Flinders UNIVERSITY

* 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

# 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 awards[1] 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, particulary 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 competiveness 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 Australia[16]

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 categories[16]

## 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?

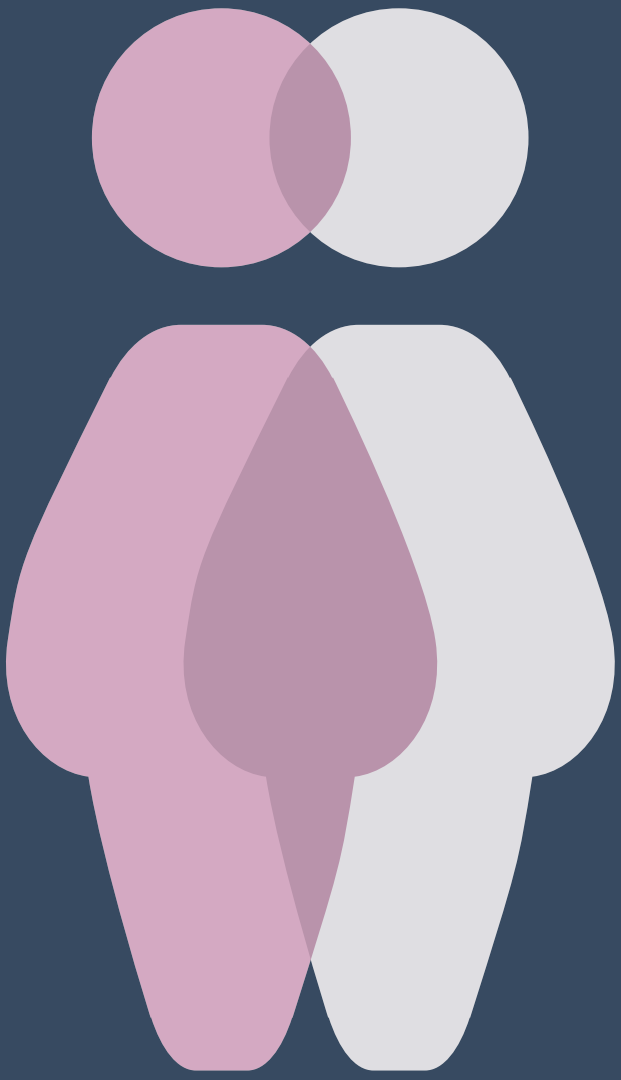
### CARE WORKERS' PERSPECTIVES

**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?

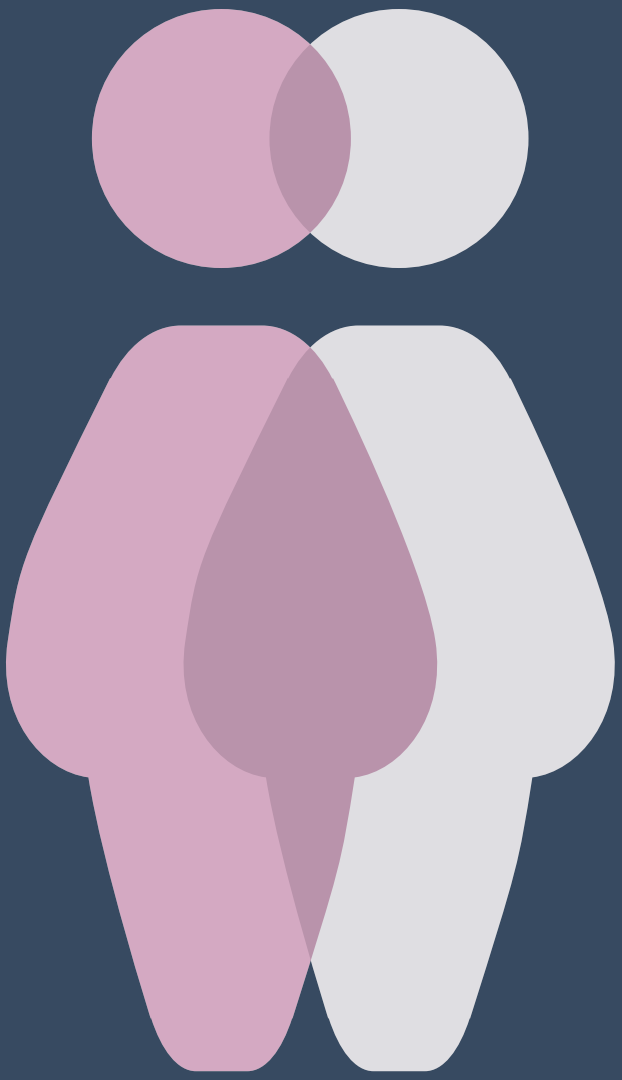
## CARE WORKERS' PERSPECTIVES

**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** | • Good fit between actual and preferred work hours | • Too few hours is a common issue for casuals<br>• Limited time within scheduled hours to perform care work |
| **Doing the work itself** | • High satisfaction with the work itself<br>• Strong positive perceptions of skills and abilities | • Low ratings of time to care and freedom to decide how to work (CCW)<br>• Feelings of pressure and stress at work are common (PCA) |
| **Work life interference** | • **Good overall satisfaction with work-life balance** | • **Feelings of time pressure in daily life are common** |
| **Satisfaction with aspects of job** | • High satisfaction with different aspects of job | • Low satisfaction with financial remuneration<br>• Financial reasons most common reason for anticipated turnover |
| **Intention to quit (%)** | • Very low rates of intention to quit | • Financial considerations most common reason for intention to quit (CCW)<br>• Employment conditions and stress/burnout most common reason for intention to quit (PCA) |

## Community care workers - work-related injuries/illnesses[16]

**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.

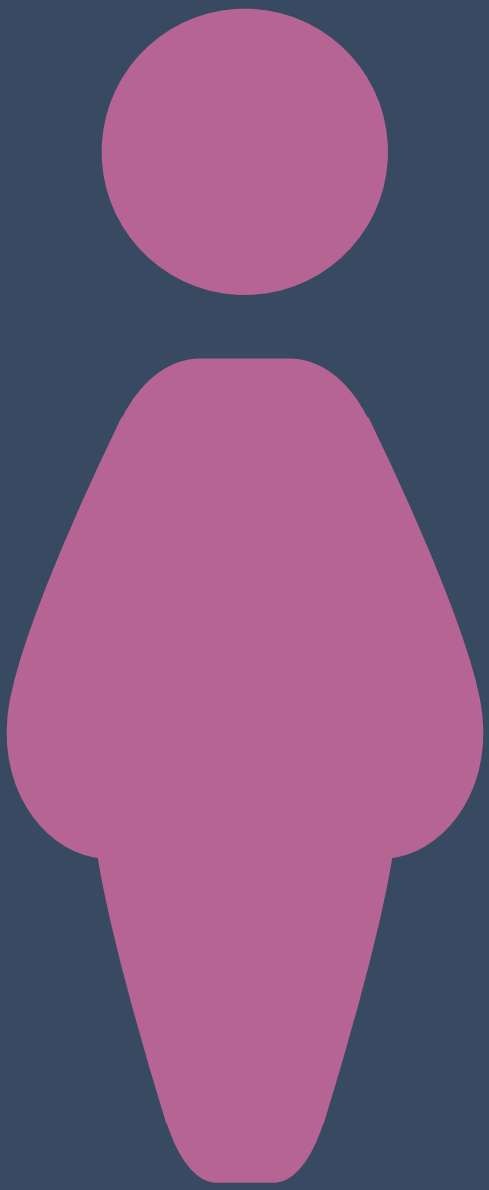
# Personal care attendants - work-related injuries/illnesses

**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.

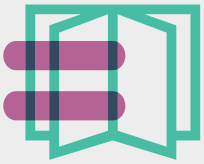
Personal care attendants in not-for-profit agencies were most likely to report hitting, being hit or being cut.

# 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.