

Workforce issues in rural community aged care

Jeni Warburton, Sue Hodgkin, Pauline Savy

JRI, La Trobe University

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Workforce context

- ❖ Identified need for sufficient and appropriately skilled aged care workforce to service the growing (rural) aged population
- ❖ Community aged care workforce (King et al., 2013)
 - ❖ Fastest growing industry in Australian workforce
 - ❖ Predominantly female and median age 50 years
 - ❖ Identified skill shortages reported - high turnover rate
 - ❖ Identified workforce shortages for future need
- ❖ Workforce shortages
 - ❖ Estimated current workforce will need to triple by 2050 to meet future care needs (DoHA)
 - ❖ Currently 147k in resi care and 93k nurses / care workers in community care (King et al., 2013)

Workforce context

❖ Workforce challenges:

- ❖ Challenges including ageing of community aged care workforce
- ❖ Need to attract “new” workers
- ❖ And look at building skills through VET framework – with inconsistent regulation and application of standards

❖ Policy context:

- ❖ In context where balance is shifting towards community based care
- ❖ And growing complexity with more frail, older people living at home
- ❖ Amidst changing policy environment eg CDC, enablement models – new service models require new skills

❖ Rural context

- ❖ Issue exacerbated with service challenges of distance, resourcing, etc
- ❖ Challenges in attracting enough skilled workers

Research project

- ❖ Research question: *What are the implications of a changing aged care context for community care workforce in rural areas?*
- ❖ Partners: JRI at La Trobe University; Riverina Institute of TAFE. Project funded by IRT Foundation
- ❖ Methodology:
 - ❖ Staged, mixed method design
 - ❖ Case study sites across NSW Riverina
 - ❖ Qual interviews with local TAFE educators, managers of local health and aged care services, and recently-trained direct care workers
 - ❖ This presentation focuses on perspectives of rural managers – 11 across diverse rural services – Home Care, CACPS, multipurpose and rural health services, nursing service and transitional aged care program.

Theme 1: services, roles and skill deployment

- ❖ Diverse and complex service arrangements – dependent on proximity and relationship with other services, geographic location
- ❖ eg one service requires broadly skilled workers across resi, inpatient and community care; others more highly qualified health care workers
- ❖ Diverse skills required – some “just” housework, some higher care needs
- ❖ But for all workers *“communication and listening skills are needed – there’s a lot of responsibility on our workers to bring information back”* (M8).
- ❖ In this context, *“our girls are the eyes and ears for other services”* (M6)
- ❖ Interestingly, the preferred workforce (“the girls”) are older women with maturity and experience as family carers

Theme 2: Older workers and gendered roles

- ❖ Managers all expressed their preference for older workers:

“most of the older workers have the skills to face whatever they come across ... It’s their experience and maturity – they come to the job with this” (M9).

- ❖ Older female workers form the core workforce – training is not seen as critical

“they are experienced, mature women who are intimidated by education. They have no prior training” (M6)

- ❖ Many services workers are ageing – one Home Care service, 40% aged 60+.

“they are literally wearing out” (M9).

- ❖ How will these services meet future workforce needs?

Theme 3: Recruiting new blood

- ❖ Managers' acknowledged need to bring in "new blood" but also expressed reluctance to employ young workers

(they are) averse to the accountability and the kind of work they are asked to do (M9).

(some young ones) just don't turn up – a couple just left the job and didn't bother to tell us (M5).

- ❖ Some expressed this in relation to client needs:

"Clients don't like the younger ones because of this – they have no life experience – don't know where to start and the client sees this" (M5)

- ❖ But this notion of unreliability may be due to other factors

Theme 3: Recruiting new blood (2)

- ❖ New young workers may be poorly prepared – roles (eg housework) may be disappointing
- ❖ In rural settings, expectations to travel and work alone
- ❖ Insecure hours – poor pay:

“The money is not good enough – they can earn more stacking shelves in Woolies”(M1).

- ❖ Few opportunities for promotion, regular hours and higher wages.
- ❖ New young workers express a preference for resi care with more structured environments
- ❖ They are not seen as reliable, long term workers.

Conclusions

- ❖ Multiple factors impact on care delivery, workforce and training needs in rural areas – complexity of rural service provision
- ❖ Tensions between need to boost and skill the workforce and capacity to recruit and train new workers
- ❖ Overall, we need to recognise that we are heading for a workforce crisis in rural health and community care, unless there is serious attention
 - ❖ to address workforce issues, including provision of adequate training & preparation, workforce support, good reliable job opportunities
 - ❖ to recognise the particular challenges of rural service provision
 - ❖ to address the negative view of working in aged care



Thank you

Jeni Warburton, Sue Hodgkin, Pauline Savy

John Richards Initiative

La Trobe University

j.warburton@latrobe.edu.au