

## MEDIA RELEASE

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### Building a workforce that cares for the future

We have heard a lot about the supply chain issues resulting in bare shelves during the pandemic. Some of the same forces, along with deeper demographic and economic drivers, have led to a breakdown in supply of skilled care workers. We need to treat our response with the same urgency and coordinated efforts as when there are no groceries on the shelves.

Crisis or opportunity? We ask the most vulnerable people in our community to plan early for care at home to avoid a crisis point or hospital. As a society, and as the care sector, we need to do the same. We simply can't wait. The time to act on building the capacity and skills within the care workforce is now. So how are we going to do it?

The Royal Commission told us to respect our elders, but we also need to respect the workforce that supports them. It's estimated that there will be a shortfall of around 400,000 workers by 2050. If that is the case in 30 years we will be experiencing a crisis larger than the crisis shortage we have experienced during the pandemic. If we are worried now, we should be worried about the future. 30-40 year old people need to be legitimately concerned. How are we going to meet the need that we know is coming?

#### Pay and conditions:

The care workforce is not paid at a level that reflects the skills and expectations involved. The entry level pay for care work is around the same level as a fast food worker. And yet, care workers are expected to have skills like specialist use of PPE to manage the risk of working with COVID positive clients, understanding and managing dementia, dealing with challenging behaviours and medications management. Some of these tasks carry significant risks to their own health and safety. As more people in the future will elect to stay home longer and avoid residential care, workers will require greater skill levels to deliver more clinical services in the home, outside of a regulated facility. This will require judgement and critical thinking.

"The sector needs to come together and work in partnership with Government. Not hard issues to resolve in my view – only hard when there is inadequate capability or capacity (including funds). People want to age at home, and we are living longer, so there will be more people needing care. We need a skilled workforce across many roles including personal care, nursing, cleaning, gardeners, allied health, and case managers to help with access and support through the changes of ageing - then the issues will be addressed," says Your Side Australia CEO Danielle Ballantine.

Home care workers work independently, and need a high level of independence, self-management and judgement. An example is understanding how to spot potential abuse, or when to report concerns about a person's mental or physical health.

"I do not think it is a coincidence that this work, which has traditionally been done by women, is underpaid. The workforce in frontline care can be up to 90% female. And the economic value of

unpaid care, delivered by family and friends and often by women, is actually higher than some of our biggest industries like IT and hospitality. That shows we should be valuing women in these roles,” says Your Side Ambassador Tracey Spicer.

#### **Skills:**

We need to rethink and create proper career pathways. For example, the construction and trade sector benefits greatly from apprenticeship and traineeship funded infrastructure – there are clear paths for progression, and mentoring from experienced trainers and tradies. These are government endorsed programs. Nursing and Allied Health professions have their own university degrees, which includes placements for on the job skill development before graduating. There is no equal in the care sector, yet it is one of the fastest growing sectors for jobs.

“We should create a clear path from entering as a care or support worker, to gaining specialist skills like moving onto nursing, allied health, or perhaps specialising in mental health. We can look to other employment models to attract, develop and retain our care workforce such as apprenticeships, traineeships, and vocational internships from schools and universities. The care sector also needs heavily subsidised (or fully paid) university degrees, and appropriate pay that reflects the complexity of care work. That’s the Government’s role. The key to retention of a good workforce is professional development, job security and supervision – and that is the sector’s responsibility,” says Ms Ballantine.

Home care workers also need a list of clearances and adhere to certain expectations before they take on a role in the care sector. For example, an NDIS worker needs background checks and often a current drivers licence and car with comprehensive insurance - all of which cost money.

“These are significant up-front costs before a person starts work. If we are serious about increasing the number of people working in care, we need to look at those setup costs, as well as the hourly pay so that individuals can see the financial benefit of the upfront cost to the hourly rate over time,” says Ms Spicer.

Above all, this needs a nationally coordinated response. The sector has a few very large employers, who may be able to create pathways on their own, and hundreds of small providers. Recently, support worker platforms have also introduced sole trader support workers who are responsible for their own training and business costs like insurance. This means it is currently fragmented and many workers cannot access clear pathways, proper supervision and advice. This puts the quality of care to consumers at risk.

“There is also a case to look at permanently changing the rule that international students can only work 20 hours a week. This was temporarily lifted for the care industry in COVID, but the projected shortages are more than COVID related, and this solution means people are working and studying to increase skills at the same time. For example, international students are often studying nursing and working as care workers. This lifts the whole sector as these students increase their skills and go on to future employment in more highly skilled roles,” says Ms Ballantine.

### **Benefits:**

Investment in our care workforce delivers returns. Skilled care workers reduce the load on hospitals, GPs and families. They also enable the most vulnerable in our community to retain their independence.

[Recent research](#) by per capita of care work indicates that for every \$1 spent on the NDIS, there is a \$2.25 return to our economy. There is a business case to invest in the care sector.

“And if that is not enough - the care sector were at the frontline throughout COVID just like the nurses were. Without care workers supporting people to be at home where it was shown to be safer, the impact of COVID could have been much worse. The care workforce keeps people out of hospital,” says Ms Spicer.

The pandemic has been exhausting for everyone, but it’s time to start looking towards the future. We will all access some sort of care in our lives and it is our collective responsibility to take an interest in the quality and consistency of that care. It won’t happen overnight, but it’s time to start building a care workforce that is set up to succeed and look after us for decades to come.

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### **PHOTOS:**

**To download workforce photos - [CLICK HERE](#)**

Photographer: Bec Lewis

### **AVAILABLE TO INTERVIEW:**

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