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Unfinished business

Practical policies for better care at home

Stephen Duckett and Hal Swerissen

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The opinions in this report are those of the authors and do not necessarily represent the views of Grattan Institute's founding members, affiliates, individual board members, or reviewers. The authors are responsible for any errors or omissions. Stephen Duckett is Chair of the Board of Eastern Melbourne Primary Health Network (PHN) and a member of the Board of the Brotherhood of St Laurence (a home care provider). Hal Swerissen is a member of the Board of Murray PHN.

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Overview

Care at home is essential for older people to live meaningful lives in the community when they need support. But it is hard to get, disorganised, and can be expensive.

The Royal Commission into Aged Care Quality and Safety heard distressing stories about the problems with aged care, and made sweeping reform recommendations.

The Federal Government has made significant and welcome commitments to address many of the shortcomings identified by the Royal Commission. A new care-at-home program is being introduced from mid-2023. The number of Home Care Packages is being increased by nearly 50 per cent, care finders are being employed to help people find services, and small regional offices are being established. But despite committing more than $2.44 billion of additional funding each year to home care places, the Government's response leaves unfinished business.

Firstly, the additional funding the Government is providing for home care will be spent in a poorly regulated market where consumers get a bad deal. The Government should do more to help older people find their way through the home care system from assessment to getting needed services, by establishing regionally-based agents with a role in guiding and assisting people to get the care they need. These new 'agents', or system stewards, should have a role in overseeing the local service system and the quality of care.

Secondly, the Government still has not committed to keeping waiting times for home care to less than a month. Up to 15 per cent more home care places than planned could be needed to eliminate the waiting list by the time the new home care program is introduced in 2023, with more required after that as the number of older people needing care increases.

Thirdly, there is no clear plan to meet future workforce requirements. Home care staff are underpaid for what they do. Their work is often insecure, and many want more hours. Not surprisingly, it is hard to attract and retain staff, and many employers have vacancies and high turnover rates. We calculate that 46 per cent more staff – about 58,000 more carers – will be needed just to meet the planned increase in home care places. To attract and retain home care workers, they should get better pay and conditions.

An improved home care system would cost the taxpayer more. How much depends in large part on determinations of the independent arbiter, the Fair Work Commission. Better wages and conditions for staff – the likely outcome of a current case before the Fair Work Commission – will add significantly to government spending on the sector. Costs of growth of home care supply may be in part offset by reduced administrative costs and reduced demand for residential care. For improved regulation and care navigation support, necessary to get better value for money from the system, we estimate that it will cost $400 million per year more than what is already provided in budget forward estimates.

This report shows how that money would improve the lives of older people who need support at home.

Recommendations

1. Improve stewardship of the home care market

The new Aged Care Act should introduce a new approach to regional stewardship to protect the rights of older people and make sure they get the home care services they need.

The Federal Government should establish 31 regional offices across Australia, co-located with Primary Health Networks, to act as stewards that plan and develop local aged care services and hold funds, pay providers, and administer service agreements on behalf of individual service users.

The Government should expand and strengthen the role of care finders, to act as agents for older people trying to navigate the system.

2. Clear the waiting list for home care

The Government should commit to ending waiting lists, and keep waiting times for care at home down to 30 days or fewer when the new home care model is introduced from mid-2023.

3. Expand and develop the home care workforce

The Government should explicitly state that it will fund – partially or fully – the flow-on implications of an independently-assessed fair wage for aged care workers.

The Government, in consultation with the Aged Care Workforce Industry Council, should develop and implement a workforce plan for aged care as part of the new Aged Care Act.

The Government should develop and strengthen leadership, coordination, and service delivery roles, such as ‘advanced personal care workers’ and ‘home care team leaders’, for home and community team-based care for older people with complex needs.

The Government should require personal care workers to be registered and to hold suitable minimum qualifications such as a Certificate III in individual support.

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1 On the road to reform

As the Royal Commission into Aged Care Quality and Safety concluded in its final report in February 2021, the case for reform of home and community care for older people could not be clearer.[1] The Australian population is ageing and demand for home care services is growing.[2] Overwhelmingly, older people want support to continue to live at home and in the community when they become ill and disabled.[3] The Royal Commission made a suite of recommendations to fix the home care system.

In response, the Federal Government made significant and welcome additional commitments to improve the supply, quality, and governance of home care.[4]

It has committed $2.44 billion each year from 2022-2023 and created an additional 80,000 home-care places on top of the 195,600 currently available – an increase of nearly 50 per cent. From 2023, it will spend $93.7 million on 500 local Community Care Finders for at-risk people (such as people experiencing homelessness). The Government is expanding face-to-face support in 70 Service Australia service centres to help older Australians navigate the system.

The Government package also includes additional once-off funding to improve the skills of aged care workers,[5] and a commitment to provide additional respite care.

Home care will be restructured. The Government proposes to merge the two existing home care systems – the Commonwealth Home Support Program (CHSP) and Home Care Packages – into a single home care program from 2023, with a new funding model and expanded care. As part of the restructuring, a single, privatised assessment workforce will be established for aged care.

The Government is introducing more consistent governance and tighter regulatory oversight, as well as a new funding model for home care.[6]

Improvements in the local oversight and management of aged care are also planned. The Government has committed $13.5 million to the proposed establishment of small regional offices to assist in oversight of the system, starting with a roll-out in eight Primary Health Network regions.

These changes will be formalised in a new Aged Care Act. A Council of Elders and an Aged Care Advisory Committee will be established. An Inspector General of Aged Care will be appointed to provide independent oversight of the sector.

While these changes introduce significant improvements, several problems have not been adequately addressed. The centralised and

1. Royal Commission into Aged Care Quality and Safety (2021a).
2. The proportion of Australians aged 65 and older is projected to grow from 16 per cent in 2018-19 to nearly 20 per cent by 2030-31 – an increase of about two million people. Demand for aged care services is likely to grow by about 25 per cent over the next decade.
3. Productivity Commission (2015); and Royal Commission into Aged Care Quality and Safety (2020).
4. Department of Health (2021a).
5. An additional 33,800 Certificate III training places are being introduced over three years. All personal care workers in aged care will be encouraged to attain this qualification. Training will also focus on improving skills and knowledge of dementia and palliative care.
6. As part of the new funding arrangements, the Government will now retain allocated funds rather than dispersing these to providers to manage. There is about $1.6 billion of unspent funds held by providers.

poorly regulated private market model is being only partially reformed. There is unfinished business in three main areas:

- fixing the home care market,
- allocating sufficient home care packages, and;
- expanding and developing the home care workforce.

This report reviews the current problems with home care in each of the areas, and proposes practical proposals to address the problems.

2 Fixing the home care market

2.1 Getting the right home care is difficult

There are currently two home care programs. They have different assessment, planning, funding, administrative, and regulatory arrangements, often for the same participants and with providers delivering the same types of services. This causes confusion, fragmentation, and inefficiency.[7]

The current arrangements make it difficult for older people to navigate their way through the system and to get the services they need.

Entry through the online and telephone My Aged Care service is transactional, impersonal, and insufficiently informative. The website is difficult to use.[8] There is no systematic, personalised pathway to information, assessment, and home care services.[9] The Government's proposals do not adequately address these problems.

Once a referral for home care has been organised, eligibility for services depends on assessment, but assessment is divorced from planning of how to meet the assessed needs for the individual. Detailed planning is less important for entry level services delivered through the home support program. Often this involves only a few hours a week of a single type of care such as cleaning. But for people with complex needs that require many hours of multiple services each week, service planning and coordination are much more important. Add to this the problem that for home care packages there are often long gaps in time between assessment and the delivery of services.[10]

When older people get through the assessment process, many do not get enough support and advice to make informed choices to meet their needs. Again, this is particularly a problem for Home Care Packages. These packages are meant to be 'consumer directed' – where eligible older people can choose and buy the services they need. But in practice participants often report a lack of choice about the carers and other staff coming into their home, and the scheduling of services.[11] Participants are not able to easily get the services they want in a timely fashion at a reasonable cost.

The Royal Commission also pointed out that the regulation of home care is weak. Providers are not accredited against service standards before commencing services. Reviews are not carried out in homes, they are not published, and there is no comparative rating of providers.[12]

2.2 Market stewardship is not strong enough

Despite the Federal Government's proposed reforms, stewardship of the home care market will not be sufficiently strengthened to protect older people's interests. Only small regional offices with limited scope and authority are proposed.[13]

The extra supply of home care packages in recent years has been largely from for-profit providers entering the poorly regulated market (see Figure 2.1).[14] Provider registration and regulation have been managed centrally as a desk-top process. There is no planning to

7. The Commonwealth Home Support Program provides grant-funded, entry-level care. The Home Care Packages Programme provides funding for people to purchase their own package of care.
8. Hodgkin et al (2020).
9. Royal Commission into Aged Care Quality and Safety (2021a).
10. Australian Health Care Associates (2021).
11. Russell (2020).
12. Royal Commission into Quality and Safety in Aged Care (2021, p. 227).
13. We have identified these problems before, and proposed solutions in Duckett et al (2020).
14. The for-profit home care market is increasingly seen as an investment opportunity.

develop and commission local service networks and models of care for different regions. Nor is there any regional management of or accountability for services.

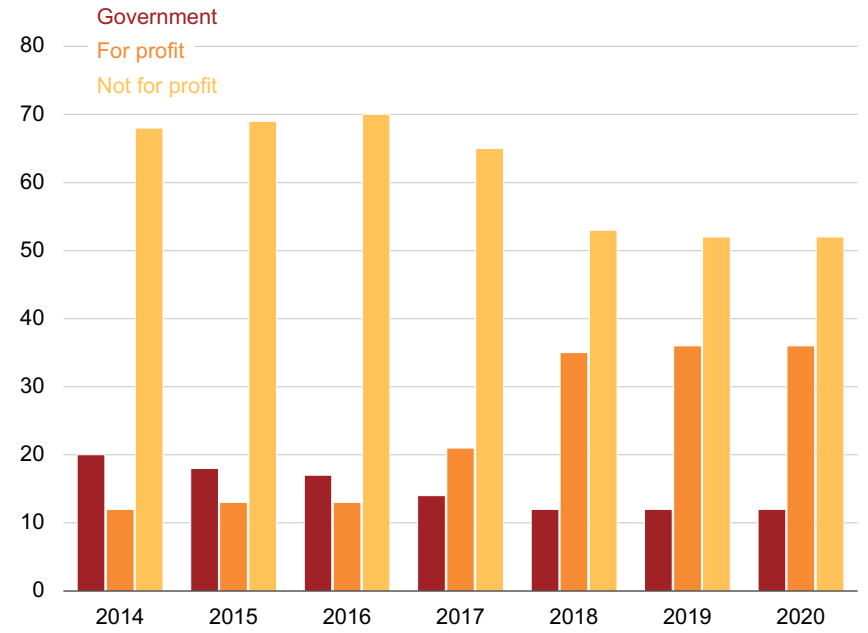
Top-down decision-making is a poor way to attempt to control 'delivery chains'. Local adaptation and capacity are required to manage the complexities of delivering home care services.[15]

The introduction of face-to-face support and 500 care finders to assist at-risk older people is an important improvement to My Aged Care.[16] But their role is too limited.[17] They have no capacity to negotiate, monitor, and manage service agreements with providers on behalf of consumers. Their role is not integrated with local system oversight (such as through the regional offices), and they have no ongoing case management role. On top of that, care finders will only be introduced from 2023, and their role is limited to a subset of people rather than accessible to all who may need them.

Assessment will continue to focus on determining eligibility and classifying people for payment purposes, rather than assisting consumers to plan and arrange services. Assessment processes are rigid and cumbersome. Assessment teams are not integrated with regional system stewardship and care-finder support. The Government's proposal to privatise the assessment teams is also going down the wrong track – further enhancing the separation between assessment and planning, and potentially undermining quality.

The failure to integrate assessment, navigation, and regional system stewardship means older people will continue to face a fragmented and confused path to services, rather than what the Productivity Commission called a 'one stop shop'.[18]

Figure 2.1: The number of for-profit providers is growing quickly
Number of providers by provider type



Source: Aged Care Financing Authority (2021).

15. Hallsworth (2011).
16. Australian Government (2021a).
17. See navigator trial evaluation report: Australian Health Care Associates (2021).
18. Productivity Commission (2011).

2.3 Money is being wasted

Australia's home care system is inefficient. Home Care Packages deliver relatively low levels of low complexity care at high cost. As Figure 2.2 shows, administration costs and the hourly rates for services are high.

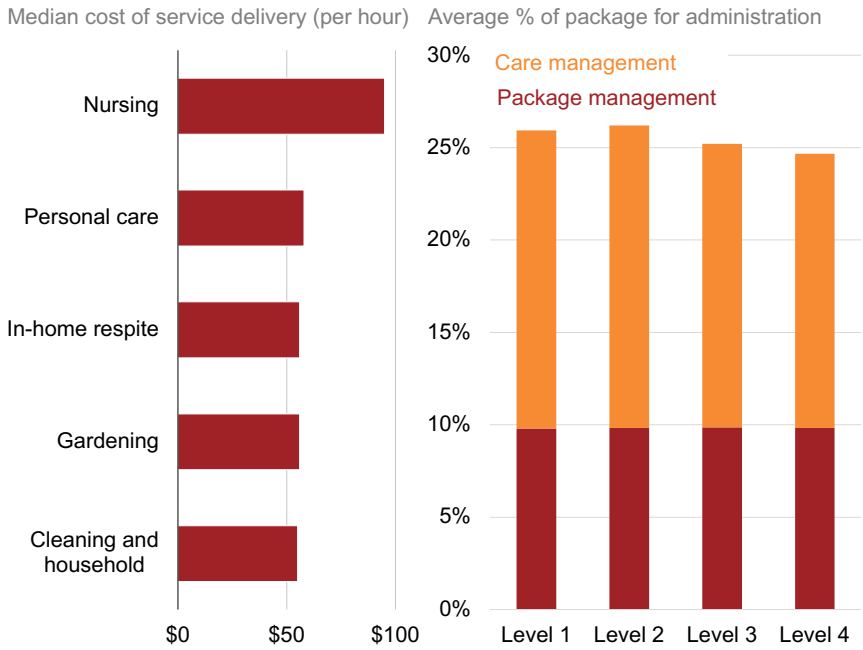
The four-level classification scheme for Home Care Packages is only loosely related to the actual costs of providing care. This allows providers to pad out their costs and game the system. Providers can charge flat fees for administration, coordination, and package management, regardless of the level of service actually provided. Consumers can pay unacceptably high administrative fees that reduce the amount they can spend on actual care.[19]

Average hourly rates for personal care, cleaning, and gardening are nearly $60, and $100 for nursing, with overheads on top. Administrative and management costs are about a quarter of the total allocated for a package ($13,000 a year for a Level 4 package), regardless of the level of service delivered.

Providers have discretion about whether they charge recipients a basic daily fee as a co-payment. As a result, it is difficult for care recipients to compare the value-for-money provided by individual providers. As Figure 2.3 shows, there are also big differences in the costs of care between high-cost and low-cost providers.[20]

Packages allocate an upper limit for spending for each person with a package, but many people do not spend the full amount. The surplus funds remain unused. Unspent funds now amount to about 15 per cent of package allocation on average, or about $1.6 billion in total.[21] This is a waste of money that could be spent on services.

Figure 2.2: Service and administrative costs are high



Note: We scrubbed a 10 per cent sample of data (randomly stratified) from the My Aged Care website for provider profiles.

Source: Grattan analysis of My Aged Care data, 2018-19.

19. Aged Care Financing Authority (2020).
20. Duckett et al (2020).
21. StewartBrown (2021).

The average level of residential care funding is about 25 per cent higher than the highest level of home care funding.[22] It is likely that more people could continue to live in the community if home care funding levels were aligned with residential care funding, as recommended by the Royal Commission.

2.4 A poorly regulated market creates problems

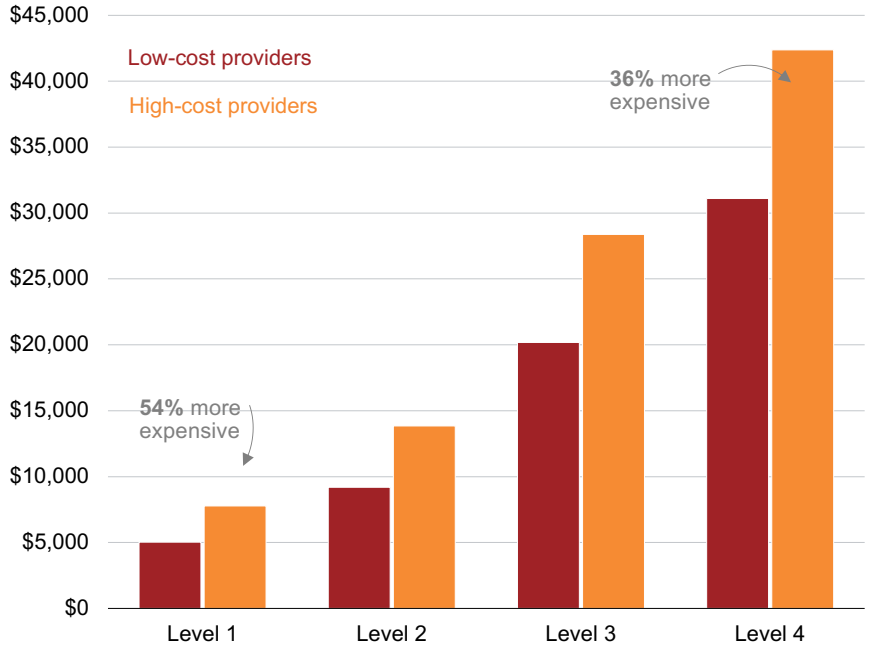
Governments have naively relied on market mechanisms to meet consumer needs. Markets don't work well when there is poor information to assist choice, the product is hard to define, there is poor regulation of providers, and a limited range of providers to choose from. Nor do service providers spontaneously form integrated service delivery teams and pathways.

Home care providers have proliferated through a highly centralised, transactional process of registration that provides only administrative checks on quality and competence. Providers set prices, service levels and schedules, and administrative and coordination arrangements. As a result, older people's home care choices continue to be limited. Individual users have only limited market power to negotiate their service plan.

There is no local stewardship to develop, monitor, and manage home care providers on behalf of older people. This makes it difficult to provide an equitable and efficient system that meets the needs and preferences of older people.

In response, the Government has allocated $13 million for eight regional aged care offices of about 10 staff each in 2021-22.[23] They will help with the planning and monitoring of aged care services and attempt to build 'capacity and capability of providers'.

Figure 2.3: High-cost providers charge a lot more for the same care
The annual cost of a standard package of care at home, per package level, 2018-19



Source: Grattan analysis of home care data, 2018-19.

22. StewartBrown (2020).
23. Australian Government (2021b).

But these regional offices will have no responsibility for assisting individual service users. They will not integrate individual assessment with service planning. There will be no link between advice to consumers about services and oversight of provider performance. There will be no clear way of addressing high overhead costs of providers. The regional offices will have no effective mechanisms to achieve the 'coordination' they are tasked to do. This strategy will not address the fundamental problems consumers face.

The relationship between regional offices and the Aged Care Quality and Safety Commission, the Inspector General of Aged Care, and existing departmental state offices, remains unclear. A regional planning, monitoring, and engagement role with no responsibility for commissioning, funding, regulation, or service delivery for individual older people will have little impact on the development and performance of the aged care system.

What is missing is what we have called 'market stewardship'. Independent stewards or agents with a good understanding of local needs and strong relationships with local service providers are best placed to manage complex service delivery systems on behalf of consumers. What the Government calls 'consumer-directed care' – introduced in an attempt to give consumers more power in their dealings with providers who held all the funding – has been shown to be a mirage, and not consumer directed at all.[24]

A proportion of older people opt to manage their home care themselves, particularly when they have less complex support needs.[25] Market disrupters such as the Mable platform have made this easier, particularly for people with administrative and organisational skills and lower-intensity needs.[26] But self-management can create a significant administrative burden for users, supervision and quality are managed through online transactions, and there is concern that staff remuneration, terms, and conditions will be undercut.[27]

What is required is an effective, integrated service system. This must involve a new approach to system oversight.

2.5 Provide better stewardship and care-finding support

The rewrite of the Aged Care Act provides the opportunity to introduce a completely different approach to stewardship.

The Government's proposed small, regional offices are a start, but not enough. The Government's regional stewardship model for primary health services should be extended to aged care. The regional aged care offices should be co-located with the 31 Primary Health Networks to plan and develop local aged care services and hold funds, pay providers, and administer service agreements on behalf of individual service users.[28]

Regional stewardship and commissioning models have been widely applied in the UK, including for home care services.[29]

The Federal Government should enhance the role of the regional offices.[30] Regional stewards should have system planning, development, and monitoring roles, and they should be responsible for managing

24. Dowse (2009); Miller and Hayward (2016); Shuttleworth (2017); Henderson and Willis (2019); Davidson (2018); and Moore (2017).
25. Russell (2020).
26. Mable (2021).
27. Safeguards rely heavily on online monitoring and reporting. All employment, supervision, training, development, and performance-management arrangements with the platforms are transactional and online. There is no direct, ongoing oversight and management of staff on behalf of older people. See Mable (2020).
28. Department of Health (2021b).
29. Jasper et al (2019).
30. The proposed regional offices are a good start for the new stewardship function, but currently they are not proposed to have any local accountability, nor encompass the full range of functions we have outlined. Nevertheless, their success should be evaluated as part of the development of the new Aged Care Act with a view to charting a path from the regional office approach to a

assessment teams and care finders – not just monitoring them.[31] They should hold, monitor, and administer the budget for home care services in their region.[32]

Regional stewards should have a contractual relationship with providers for the performance and quality of their services. They should commission, monitor, and regularly renew providers' licenses to operate in their region.

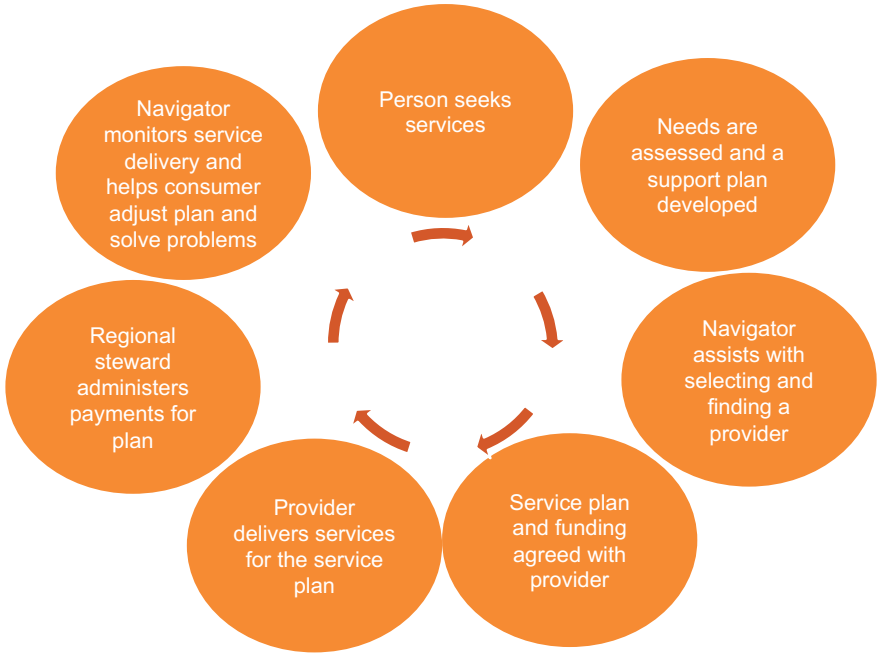
An activity-based classification for home care should be used to make the system more equitable and efficient. In the first instance, the Department of Health should use such a classification as a retrospective audit tool to provide guidance and direction to regional stewards on how to meet equity and efficiency benchmarks.

The Government should set policy goals and the overall funding, regulatory, and accountability framework for home care. But operational responsibility for system governance should be devolved to competent regional bodies, the new regional stewards.

Stewardship would then involve the Government assessing progress toward policy goals across regions, identifying emerging issues, and encouraging local improvement and adaptation. Direct Government intervention would be required only when risks were high and unacceptable divergence for the national framework had occurred.

Regional system stewards should be accountable for their performance to national bodies including the Department of Health, the Inspector

Figure 2.4: A virtuous cycle of service



Source: Grattan conceptual framework.

General of Aged Care, and the Aged Care Quality and Safety Commission. Their performances should be bench-marked and compared with one another to ensure nationally consistent service.[33]

A new system of home care should provide:

- A light-touch assessment and care planning process for people needing up to five hours of home support each week, and

local stewardship approach. To promote coordination with other local services, the Federal Government should consider giving Primary Health Networks responsibility for regional stewardship of aged care services.

31. The Royal Commission recommended care finders be employed by the system steward (recommendation 29 in the final report): Royal Commission into Aged Care Quality and Safety (2021a).
32. Older people should have the option of self-management, particularly when they have lower-level needs.
33. The Royal Commission proposed that care at home should support older people to preserve and restore their capacity for independent and dignified living to the greatest extent and to prevent inappropriate admission to residential care.

standardised assessment and care planning for people needing more support. More comprehensive assessment and service planning, and more integrated supervision, coordination, and monitoring, for people with more complex personal care, social, and health needs.

- An individual support plan for each person, outlining the services they reasonably need to achieve their goals. The assessment service should also link the person to local services, giving options where they are available.
- Health care, including from specialists, that is integrated into individual social support plans.[34]

A virtuous cycle of service is outlined in Figure 2.4.

Combined with better rehabilitation in sub-acute care, comprehensive care at home and in the community can reduce demand for hospital and residential care. Service innovation, particularly as the digital revolution gathers pace, will make more complex care at home increasingly feasible.[35]

Older people who need care should be able to get personalised, independent advice and support to assist them in arranging services. The navigator role that has been tested is too limited.

Independent care finders should assist older people to plan and get services to suit their needs and choices. They should help older people negotiate service agreements with providers. They should monitor provider performance against agreements, and administer funds on behalf of users. And they should assist older people to solve problems and make adjustments as their needs change over time.

Much of this should be done during the set-up phase of getting services, and the level of support and coordination should be tailored depending on the complexity of the person's needs. But it is important that people can get care finders as their needs change and if problems emerge.

2.6 Better system stewardship comes at a cost

We estimate the cost of strengthened regional system stewardship at $470 million per year. Of this, $150 million is for system planning, monitoring, and engagement, and for the commissioning, funding, and management of providers. The remaining $320 million is for care finding, and care-finding support, for older people.

The Federal Government has already committed $282 million over four years (equivalent to $70.5 million per year) to establish regional offices and improve access to services. So the net cost of stronger stewardship as we propose is about $400 million per year. Significant further savings from central administrative functions are likely as regional offices take over responsibility in the new aged care system (see Appendix C for a breakdown of costs).

34. Dyer et al (2019).
35. Cations et al (2020).

3 Meeting need

3.1 There is not enough home care

Even if older people do manage to navigate their way through the system and get the services that suit their needs, there is not enough home care to meet current demand.

As a result, waiting times are unacceptably long, despite the number of packages more than doubling over the past four years.[36] Although the waiting list is now significantly shorter than a couple of years ago (Figure 3.1), there were still about 74,000 people waiting for a package in September 2021, and many of them had been waiting for more than six months.

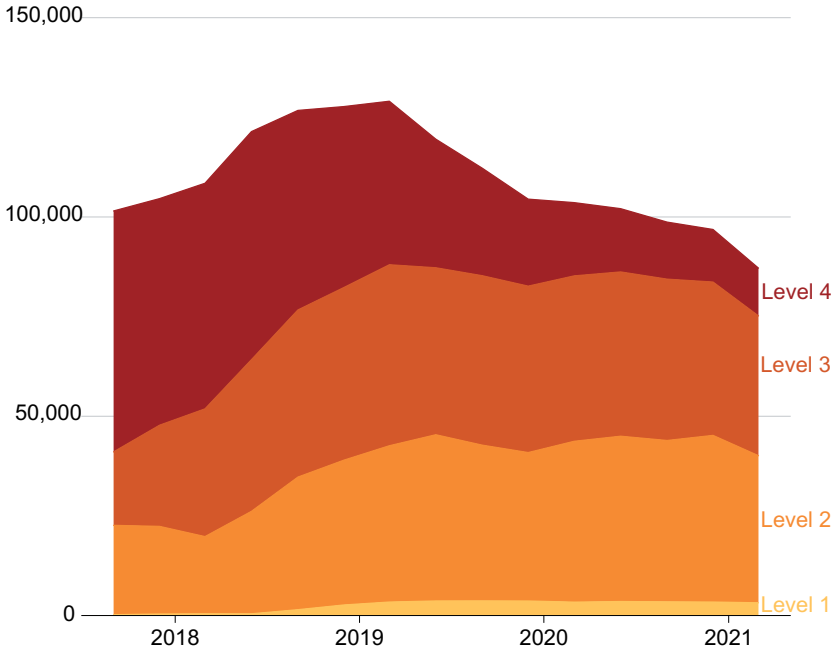
Long waiting times result in higher levels of admissions to residential care, worse health outcomes, and higher death rates.[37]

The Government has made a substantial additional commitment to care at home. The 80,000 home care packages announced in the 2021 Budget mean the total number of packages will grow by 40 per cent to 275,600 by June 2023.[38]

But the Government has not made an explicit commitment to clear the waiting list or to ensure that future supply of home care meets demand. Instead, the Government commitment is only that these additional packages (alongside those from previous budget announcements) will be 'sufficient to allocate a package to those older people assessed as having high need for a home care package who are currently on

Figure 3.1: The number of people waiting for a Home Care Package is trending down but is still high

Number of people on the waiting list for a Home Care Package, by approved package level



Source: Australian Institute of Health and Welfare (2021).

36. On 31 October 2021, waiting times for level 1 packages were 3-to-6 months. Waiting times for more comprehensive packages were 6-9 months. Increased supply has not been sufficient to clear the backlog.
37. Visvanathan et al (2019).
38. Australian Government (2021a).

the waiting list'.[39] Some consumer groups appear confident that the additional packages will be enough to clear the waiting list.[40] We are not so sure.

Growth in the number of packages has reduced the waiting list and waiting times, but waiting times remain unacceptably long, and it will take several years to clear the backlog. Even then, waiting lists may not fall to the level recommended by the Royal Commission, to keep waiting times no longer than 30 days. That will depend on future demand as waiting times fall, the time people stay on packages, and the extent to which people take advantage of reduced home care waits and choose home rather than residential care in the future (see Figure 3.2).

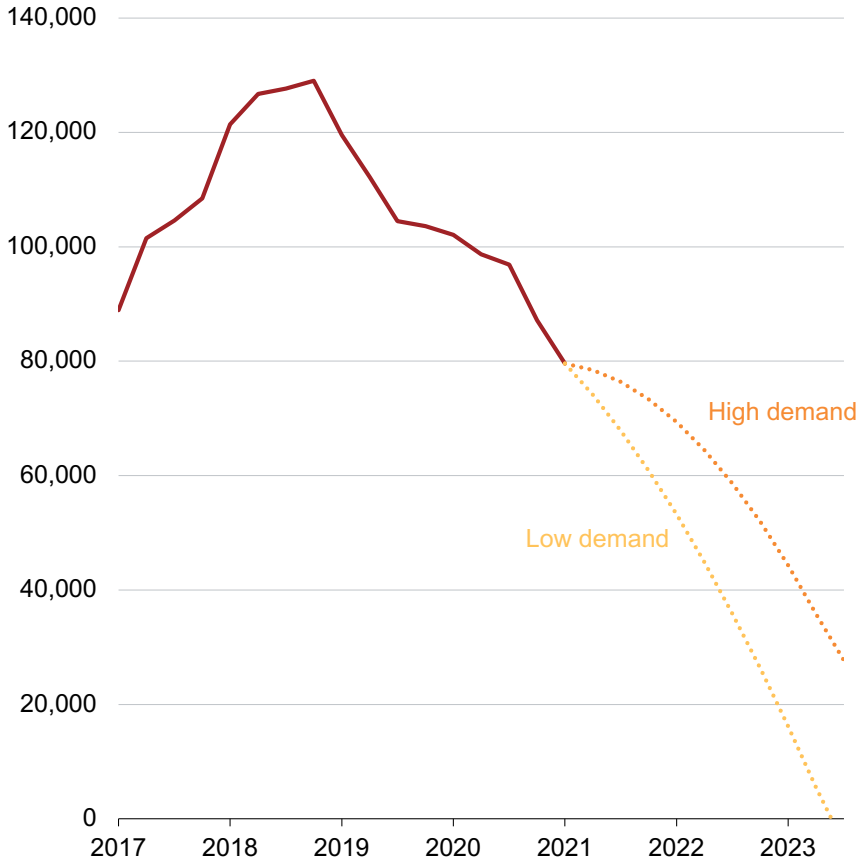
As demand for home care grows, more complex care will have to be provided and people will expect greater choice and flexibility. The Government's response to the Royal Commission goes part of the way toward putting home care at the centre of aged care. But more needs to be done.

3.2 Eliminate unacceptable waiting for home care

Older people should be able to get home and community care when they need it. Cost and efficiency should be managed through effective system stewardship, not crude cost-capping and rationing.

Waiting times for home care packages are unacceptably long. The Royal Commission called for the waiting list to be cleared by December 2021, with wait times thereafter maintained at 30 days. The Federal Government has not committed to this, and it is not expected to happen.

Figure 3.2: Waiting lists are shrinking but could remain long
Number of people waiting for an aged care package at their approved level



Source: Australian Institute of Health and Welfare (2021).

39. Australian Government (2021c).
40. COTA (2021).

The Federal Government should commit to ending the waiting list by 2023-24, and then keep waiting times down to 30 days, as recommended by the Royal Commission.

Demand for the Home Support Program is predicted to grow by 22 per cent by 2024-25.[41] The Government has not committed to meeting increased demand for entry level home care currently provided through the Home Support Programme, although this may be addressed by the announced increased provision of Home Care Packages.

The Government's current forward allocation of Home Care Packages will only clear the waiting list if demand, preference for residential care instead of home care, and length of stay on a home care package remain at current levels. This is highly unlikely.

The current long waiting lists for home care lead some people to go into residential care unnecessarily. If there was no waiting list for home care, demand for residential care would fall. This would benefit consumers and taxpayers – most consumers prefer to receive care at home, and home care is cheaper than residential care.[42]

We estimate there *could* be a shortfall of up to 30,000 Home Care Packages by 2023 (see Appendix A) if fewer people on the waiting list enter residential care, and fewer people die on the waiting list, and length of time on a package increases.

Even if the promised increase in Home Care Packages clears the waiting list, the number of packages will need to continue to grow because the population is ageing. Growth in demand from population increases and population ageing is likely to be about 3 per cent per year over the next decade, or about 3,000-to-4,000 packages each year.[43]

About a quarter of the difference between the high-demand and low-demand scenarios (see Figure 3.2) is due to the new system responding better to the preferences of older people. If people can more easily get home care, this may delay their entry into residential care. In this scenario, increased home care demand means reduced residential care demand, and so the net cost to government is minimal.

3.3 Potential cost of eliminating the waiting list

If demand increases as the waiting list is reduced by the new packages, as we expect, then up to $700 million of additional expenditure on home and community care services will be needed to keep waiting times for home care packages to 30 days or less (see Appendix A). An additional $80 million per year will be needed to meet the costs of population growth once the new home care program is introduced. Offsets of $1.6 billion in unspent funds could also be made available to meet these costs.

41. Deloitte Access Economics (2020, p. 34).
42. This assumes ongoing assessment of need for both residential and home care, and therefore that vacated residential aged care beds are not filled. We are conservative in our costings, assuming no savings from this reallocation of places, partly in recognition of the loss of economies of scale associated with residential care.
43. Australian Government (2020).

4 Expand and develop the home care workforce

4.1 It is difficult to attract and retain staff

It is already difficult to attract and retain home care staff.[44] There are workforce shortages, and high levels of dissatisfaction among workers. Vacancy rates are above 10 per cent for most staffing categories, and staff turnover, at between a quarter and a third each year, is high. It is becoming more difficult to attract workers – more than half of employers have vacancies.[45] And workers report wanting more hours and better pay and conditions.[46]

The home care workforce is characterised by low pay and poor conditions, including high levels of casualisation, contracting out, and insecure work.[47] Women make up more than 80 per cent of the home care workforce. About 20 per cent of the workers come from culturally and linguistically diverse backgrounds.[48] As Figure 4.1 shows, casualisation of the home care workforce has increased since 2016.

Home and community care has been devalued as 'women's work'. Unpaid additional work time, split shifts, and highly variable hours are commonly expected from workers as part of the 'caring' role traditionally associated with women.[49]

Shortages of home care and the rigid, cumbersome, and inefficient government system are also driving increased demand for private aged care for more affluent older people who are prepared to pay higher rates for staff. The more generous funding for comparable home care services in the disability sector also reduces the attractiveness of aged care employment.[50]

Despite workforce shortages and the emerging competition from online and private aged care providers, most employers in the sector have not increased pay rates significantly.[51]

4.2 Practical ways to improve the workforce

Demand for aged care workers is growing rapidly.[52] To attract and retain staff, pay rates for home care staff in aged care will need to be increased to reach parity with roles in comparable sectors. Similarly, workforce standards for terms and conditions will need to be lifted.

In addition to improved pay and conditions, a major workforce development program will be needed to attract and retain staff.

A contemporary approach to home and community care will require new staffing roles and organisation, particularly to meet increasingly complex needs of older people at home and in the community.

As more complex care is delivered at home and in the community, new team-based service models will be needed. These should combine in-home domestic and community support, personal and respite care, and health care. New models will also have to integrate professional and informal care. There will be increasing overlap with primary and acute health services and palliative care.

The Royal Commission made recommendations to make aged care work more attractive and improve the quality of the aged care

44. Australian Government (2019).
45. Department of Health (2020).
46. HESTA (2021).
47. Macdonald et al (2018).
48. Department of Health (2020).
49. Ziwica (2021); and Winant (2021).
50. Royal Commission into Aged Care Quality and Safety (2021a).
51. Isherwood et al (2018).
52. Committee for Economic Development of Australia (2021).

workforce. These included institutional mechanisms for workforce planning and training; minimum qualification standards and a national registration scheme for personal care workers; reform of aged care training and professional development, including a greater focus on dementia; increased remuneration; minimum staff time for residential care; and enforceable employment standards to reduce casualisation, contracting out, and insecure employment.[53]

The Federal Government's response has fallen significantly short. It only announced some small measures, primarily to increase funded training places. Without further workforce reform, some fundamental problems in the aged care system will persist.

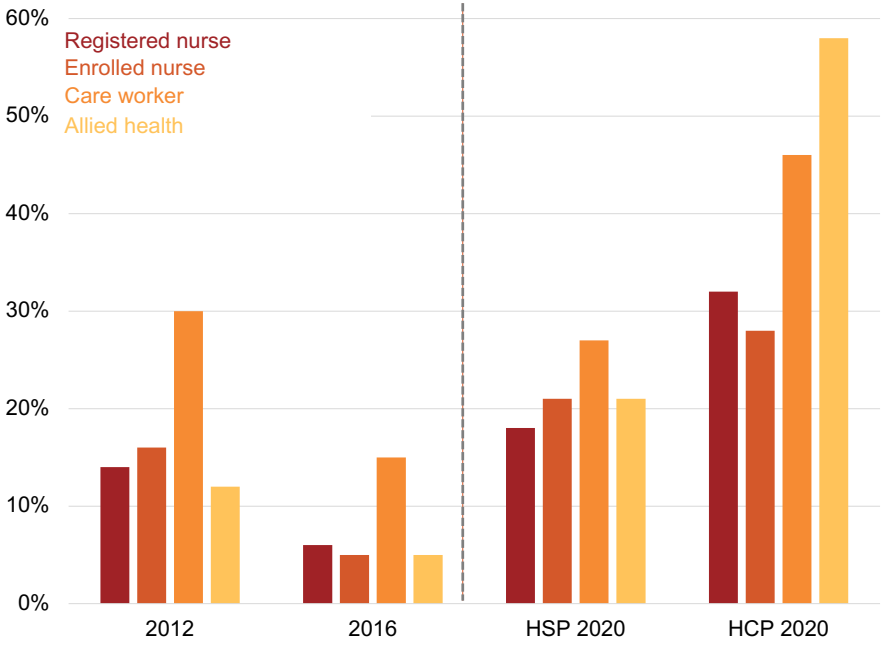
4.2.1 Increase the workforce

In 2020, more than 150,000 people worked in home and community care. Of these, 124,000 (82 per cent) provided direct care services. Personal care and ancillary workers (cleaning and gardening) provided the overwhelming majority (87 per cent) of in-home care. Allied health workers and nurses made up the remainder (see Table 4.1).

People with higher needs use more personal care, allied health, and nursing services (see Figure 4.2). Cleaning, gardening, and community support make up a greater proportion of services for people with lower-level needs.

We estimate that by 2024-25 an additional 58,000 home care staff (22,000 full-time equivalents) will be required just to meet existing growth in home care packages[54] – an increase of nearly 46 per cent on 2020 staffing levels, paralleling the proportionate increase in packages.

Figure 4.1: Workforce casualisation has increased
Proportion of workforce in casual employment by worker type



Notes: Home Support Program (HSP). Home Care Program (HCP). The 2020 Census provided information on the type of workers in home support and home care separately.

Sources: Department of Health (2012), Department of Health (2016) and Department of Health (2020).

53. Royal Commission into Aged Care Quality and Safety (2021b).
54. See Appendix B. Demand is based on Deloitte estimates for the home support workforce and current Federal Government forward commitments for Home Care Packages.

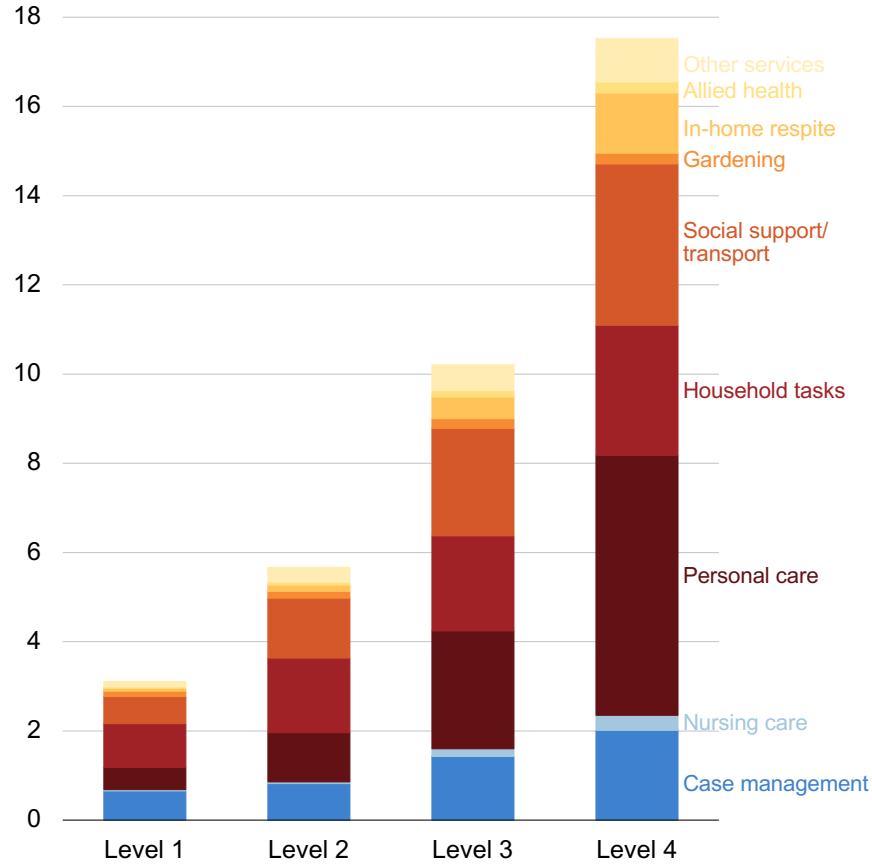
Most of the required additional workforce will be personal care (35,000) and ancillary staff (15,000).

In 2018 the Aged Care Workforce Taskforce produced an 'Aged Care Workforce Strategy' entitled *A matter of care*.[55] It identified 14 'strategic actions' to address the sector's workforce problems:

1. Create a social change campaign to reframe caring and promote the workforce
2. Create a voluntary industry code of practice
3. Change the qualification and skills framework to address current and future competencies and skills requirements
4. Define new career pathways including accreditation
5. Develop cultures of feedback and continuous improvement
6. Establish a new standard approach to workforce planning and skills mix modelling
7. Implement new attraction and retention strategies for the workforce
8. Develop a revised workforce relations framework to better reflect the changing nature of work
9. Strengthen the interface between aged care and primary/acute care
10. Improve training and recruitment practices for the government aged care workforce
11. Establish a united voice for remote and very remote industry
12. Establish an Aged Care Centre for Growth and Translational Research

Figure 4.2: Home care packages primarily provide personal care, and household and social support

Weekly hours of services provided by home care package level



Source: Grattan analysis of home care data, 2021.

55. Aged Care Workforce Taskforce (2018).

13. Address workforce remuneration; and

14. Transition the existing workforce to new standards

The Aged Care Workforce Industry Council was set up to work with governments and consumer, industry, and worker representatives to oversee implementation of the recommendations.[56] The Council is seeking to define new career pathways for the sector.

The Government, in consultation with the Council and using *A matter of care* as a foundation, should develop and implement a workforce plan for aged care as part of a new Aged Care Act.

4.2.2 Improve pay and conditions

Pay and conditions will have to improve to attract home care staff. Pay rates for personal care workers and nurses who work in aged care are 10-to-15 per cent lower than for equivalent roles in other sectors.[57]

Award rates for personal care staff are comparable to those for fast-food workers, cleaners, and animal attendants,[58] even though personal care work is more complex and sensitive. Pay rates for nursing in aged care have progressively eroded since the abolition of the Australian Industrial Relations Commission in 2010, despite the fact that nurses often have less support in aged care than in other settings.[59]

Some staff earn more than the average. Online platforms such as Mable and Hireup, which connect workers directly to consumers, reduce their overheads and allow contractor workers to charge higher rates. Staffing agencies such as Workforce Extensions attract casual staff by paying more per hour.

56. Ibid.
57. Ibid.
58. Fair Work Ombudsman (2021).
59. Aged Care Workforce Taskforce (2018, p. 92).

Table 4.1: Direct care workforce in home and community care

Care workforce type	Workers	Proportion of workforce
Personal care workers	73,600	60%
Ancillary care	31,400	26%
Allied health	9,800	8%
Registered nurses	7,800	6%
Other licensed nurses	181	0.1%
Total	**123,000**	**100%**

Notes: This includes people working in the Home Care Packages Program and the Commonwealth Home Support Program. Percentages do not sum to exactly 100 due to rounding.

Source: Department of Health (2020).

But contracting and casualisation come at the cost of job security and more variable hours. As a result, workers often combine higher pay rates through casualisation with more secure part-time employment.

There are risks that casualisation and contracting out in an unregulated labour market will lead to lower levels of supervision, training, and support, and greater levels of pay disparity and insecurity. Casualisation also reduces continuity of home care for older people.

The Government should establish employment standards to reduce casualisation, contracting out, and insecure employment in aged care. Consistent with the Royal Commission recommendation, it should also require all personal care staff to be registered.

A work value application for a 25 per cent pay increase has been lodged with the Fair Work Commission for aged care workers and nursing staff.[60] The Commission will not hear this case until the middle

60. Fair Work Commission (2021).

of 2022. The Government has agreed to provide information for the case but has made no commitment to funding any increase.[61]

If the Fair Work Commission increases minimum wages, some or all of these costs will be passed on to the payer – that is, the Federal Government. The Government should explicitly state that it will fund – partially or fully – the flow-on implications of an independently-assessed fair wage for aged care workers. The Independent Hospital and Aged Care Pricing Authority should also ensure that prices are updated quickly to reflect the new award wages.

4.2.3 Improve training

In the 2021 Budget, the Federal Government committed to 30,000 once-off additional training places for home care workers. This is welcome, but the commitment does not address the underlying issues that make working in home care unattractive.

The Royal Commission recommended mandatory minimum qualifications for personal care workers and that they be registered. The Government has agreed in principle to registration, although not through the Australian Health Practitioner Regulation Agency. The Government has not agreed to make minimum qualifications mandatory – only that workers be 'encouraged' to attain a Certificate III qualification in aged care. About 70 per cent of personal care workers already have that qualification. The Government has also agreed to review Certificate III and IV training for aged care.

Education and training should be restructured to reflect the changing environment for home care services.

All personal care staff who work in home care should be registered and have at least a Certificate III in aged care.[62] The aged care certificate curriculum should be revised to include contemporary skills in health, social, and personal care, including dementia support. All training providers must be of good quality.

Education and training should be enhanced for advanced personal care staff and for staff responsible for coordination and leadership in home care.

4.2.4 Adjust staff roles and organisation to reflect changing needs

Home care support for most people requires only minimal care coordination. For the 80 per cent who require only one or two hours a week for domestic, gardening, and maintenance services, only straightforward administrative support and supervision are needed.

More personalised, professional care coordination and supervision are required once people need ongoing personal, nursing, and medical care at home. New, integrated, team-based models supported by the increasing use of home-based digital technologies will need to be developed for home care for these people.

The Aged Care Workforce Industry Council should develop team-based roles for supervision and specialist support for team-based home care for older people with complex needs. This should include the development and training of team leaders, and the development of extended roles for advanced personal care workers – roles that combine domestic, personal, health, and social support.

61. See Australian Government (2021c) response to Royal Commission recommendation 85.

62. We refer here to 'personal care staff', we do not include gardeners and cleaners in the recommendation for Certificate III qualifications.

4.3 The cost of workforce reform

The work value case for aged care workers before the Fair Work Commission is highly likely to lead to a significant improvement in the pay and conditions of staff.

The new approach to aged care pricing – with prices informed by the Independent Hospital and Aged Care Pricing Authority – means that these anticipated increased costs of staff will automatically flow through into increased average payments. The amount involved is speculative at this stage, so we have not attempted an estimate.

Appendix A: How we estimated future demand and the impact on the waiting list for Home Care Packages

For this report we used quarterly Home Care Package reports to estimate future demand and the impact on the waiting list.[63] We used the following parameters to develop estimates for future demand and waiting list changes:

- population growth
- package exits (deaths, transfers to other settings)
- deaths on the waiting list
- waiting list transfers to residential care
- waiting list package refusals
- government commitments to increase the number of packages
- substitution from residential aged care to home care

We based population growth estimates for the population aged 65+ on the Australian Government population statement.[64] The 65+ age group is projected to grow from 15.9 per cent of the population in 2018-19 to 19.5 per cent by 2030-31 – a 22.6 per cent increase in older people in a decade, or an average increase of 0.56 per cent per quarter.

Exits from home care packages from deaths and transfers to hospital, residential care, or the community increase the supply of packages for new admissions. The average length of stay on a package is 24.6 months.[65] We estimated the number of packages that become available each quarter as people exit packages and included this parameter in the model. As waiting times reduce and more people take a home care package rather than a residential care place, it is likely that length of stay in a home care package will go up. For a high-demand scenario, we modelled the impact of an additional three months stay on the availability of home care packages.

A proportion of people die while waiting. We estimated death rates for those on the waiting list by using the average population death rate for 80-84 year-olds, which is 4.4 per cent per year or 1.1 per cent per quarter.[66] We used this age group because aged care is heavily skewed toward people aged 75+. The average age of people entering home care is 80.[67]

Waiting list transfers to residential care were reportedly 19,000 in 2019.[68] This was approximately 16 per cent of the waiting list. We converted this to a quarterly estimate for inclusion in the modelling. As the waiting list reduces it is likely that fewer people will enter residential care while they wait. This increases the demand for home care. For our high-demand estimates, we assumed transfers to residential care would reduce to 1 per cent of the total waiting list per quarter.

About 6 per cent of people refuse an interim package each quarter. We included this estimate in our modelling of current demand. For high demand we assumed that refusals would drop to zero when waiting lists are less than a month and the correct package is allocated.[69]

We used forward commitments for home care packages made in the 2021 federal Budget to estimate the future availability of home care

63. Australian Institute of Health and Welfare (2021).
64. Australian Government (2021b).
65. Australian Government (2021d).
66. ABS (2021).
67. Parliament of Australia (2019).
68. Remeikis (2019).
69. Australian Institute of Health and Welfare (2021).

packages. We also included provision for packages committed in earlier budgets but not yet allocated.

We modelled substitution from residential care to home care, but did not include this in our final estimates. In the event that the upper level of funding for home care is aligned with funding levels for residential aged care, it is likely that about 15 hours of home care per week could be delivered using current hourly rates and administration costs (more could be delivered if home care were more efficient).

The 2020 home care provider survey analysis and quarterly reports on home care packages was used to generate the average cost of home care packages. The cost of current home care package transfers to residential care at December 2020 were offset against the cost of additional costs to clear the waiting list.

Appendix B: How we made workforce estimates

Our estimates of workforce needs to meet future demand for home care were based on data and future projections (for 2022-23, 2023-24, and 2024-25) for the number of people using the Home Care Package Program (HCPP) – sourced from the Home Care Package Program Data Report 3rd Quarter 2020-2021. We based future projections off the current number of allocated home care packages across the forward estimates.

We sourced the same data for the Commonwealth Home Supported Program (CHSP) from the Commonwealth Home Support Program Data Study published by Deloitte Access Economics in October 2021. Given projections were provided for every second financial year, we estimated the interim year based on the mean of the projections for the years on either side.

We drew HCPP data from the StewartBrown Home Care Provider Survey 3, and we converted the average hours used per fortnight at each package level to average hours per week. These hours only included direct care – travel and administrative duties were not included.

We calculated CHSP estimates using the total hours of service from the Commonwealth Home Support Program Data Study published by Deloitte Access Economics, divided by the total number of people using the CHSP, multiplied by 7 days/365 days. We matched the CHSP categories with the relevant service categories in the StewartBrown Home Care Provider Survey (i.e. domestic assistance as the equivalent of cleaning and household tasks).

We calculated full-time direct care hours worked per week using the award rate of 38 hours for aged care work. This includes not only direct care, but also travel and administrative duties. Given this, we assumed that a full-time employee would spend 30 hours of the 38-hour working week involved in direct care.

We calculated the total full-time equivalent (FTE) staff requirement for five key roles (registered nurses, who are involved in the bulk of the nursing care; other licensed nurses; personal care workers; allied health workers; and ancillary care workers, who would be involved with cleaning or gardening). We identified services that would be performed by each type of employee (e.g. personal care, social support, respite, and transport would be performed by personal care workers). We calculated the total weekly hours by multiplying the number of people receiving care at each level with the average hours of care received (with summation by role), and then dividing by the 30 direct care hours worked by each FTE. We shared care management hours equally between allied health workers and registered nurses. We made this calculation for each projected financial year.

We calculated the actual number of staff required per FTE based on data from the 2020 Aged Care Workforce Census (total staff, in both CHSP and HCPP, in each staffing category divided by the total FTE in each category). We multiplied by these ratios the FTEs required based on previous calculations, to establish the total staff required. We then compared these workforce requirements to previous workforce totals to establish the additional staffing requirements.

Appendix C: How we estimated stewardship costs

The Federal Government is trialling offices for Primary Health Network regions. Our stewardship cost estimates are based on establishing regional stewards in 31 PHN regions.

Our estimates for coordination and review hours required by care finders for different service levels are based on our 2020 report, *Reforming aged care*, and outlined in the Table C.1.[70]

We assumed that each region would require 40 staff on average to conduct system-level stewardship activities (e.g. planning, commissioning, monitoring and regulating provider performance), at an average staff cost of $90,000 per year. We based the cost of care-finder hours on an hourly rate of $50. Overheads were set at 40 per cent, drawn from the Aged Care Quality and Safety Commission.

We calculated user numbers for each level of care from Australian Government Gen data sets for aged care services.

Note that these costings do not include annual assessments and reviews of individualised care plans, as we recommend, and as was included in the costings in our 2020 report, *Reforming aged care*.[71]

Table C.1: Estimated costs for regional stewardship of home care

Service level	Care finder hrs/yr	Total cost/yr
Care support HSP	2	$84 million
Care support Level 1	3	$3 million
Care support Level 2	6	$20 million
Care support Level 3	15	$31 million
Care support Level 4	30	$60 million
Care support Level 5	6	$75 million
Care support residential care	30	$45 million
Total care finder	**92**	**$318 million**
System management	NA	$156 million
Grand total	NA	**$474 million**

Notes: 'HSP' = Home support program. Level 5 is for the kind of people who would currently be receiving residential care but could be cared for in the home.

Source: Grattan costings.

70. Appendix ADuckett et al (2020).
71. Ibid.

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