Aged Care Workforce Data Framework

An approach to improving our understanding of the aged care workforce

[Working Draft]

2019
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NOTE: This is a working draft for discussion and not for wider circulation. The content in this report is currently being tested with policymakers and industry and is subject to change.

This draft was prepared for September 17, 2019 and will be the subject of revision ahead of final submission in late October 2019.
PART A: OVERVIEW OF WORKFORCE DATA FRAMEWORK

1. The aged care workforce is struggling to meet the needs of a growing number of increasingly complex consumers and is poorly understood

1.1 The Australian aged care workforce needs to grow and change, with support from policymakers and industry

The aged care workforce must grow and change to meet the current needs of aged care consumers, according to several recent public reviews. When the Royal Commission Into Aged Care Quality and Safety scheduled hearings into the aged care workforce, it became the latest in a line of reviews of the aged care workforce. From the Productivity Commission in 2011, through to a Senate Inquiry, the Carnell-Paterson review, and a comprehensive strategy by the Aged Care Workforce Taskforce, public reviews have repeatedly identified the need for the aged care workforce to grow and change.

An aging population means the aged care workforce requires support to grow to meet rising demand. The share of Australians who are over 65 has steadily increased from 2.89 million to 3.91 million in the past 10 years (Exhibit 1). This is projected to continue and is part of why the Productivity Commission estimated in 2011 that the workforce will need to triple in size by 2050. At the same time, competing demand for personal care workers has arisen from the rapid growth of the National Disability Insurance Scheme (NDIS). The Productivity Commission estimates that...
workforce will need to double in size from 2014/15 to cater to demand from the NDIS (Exhibit 1). These trends mean the aged care workforce will need to be supported to grow sustainably.

Just as the amount of aged care workers required is growing, broader social and economic shifts are changing how they are called on to deliver care. The number of people in home and community care has grown rapidly over the past few years in response to changing funding arrangements. Meanwhile, the incidence of dementia is increasingly rapidly: estimates suggest that between 300,000 and half a million Australians had dementia. Here and overseas providers are experimenting with new models of care, such as integrating child and aged care services. Each of these are illustrative of the range of social and economic forces changing how care is delivered. The recommendations of the Workforce Strategy make clear that such changes are having far-reaching implications for the attributes and skills demanded of the care workforce, and the type of training and organisation required.

Who is the Aged Care Workforce?

The aged-care workforce is understood to include a broad group of workers, from cooks and gardeners in residential care facilities to government worker administering aged-care programs, managers running national care service organisations, and health and care workers. This breadth was noted by the Aged Care Workforce Taskforce (Exhibit X).

The measures proposed for inclusion in the Data Framework are applicable to the range of occupations within the aged care workforce. Take, for example, the proposed measurement of ‘Participation in workforce training’: this could apply as much to managers or administrators at an aged care service provider as to the direct care provider.

However, in implementing this Data Framework and collecting the required data, there is need to balance the burden on industry of reporting information (through mandatory or voluntary processes) and the value to the collected data. As such, it is proposed that direct-care workers be the focus of data collection efforts. They represent at least 65% of the aged-care workforce, and are the subject of the most urgent policy concerns such as workforce shortages, training practices, and qualification standards.

1 Aged Care Workforce Census and Survey (2016).

Policymakers and industry will need to invest in the aged care workforce to ensure it consistently delivers high-quality care outcomes. The Royal Commission highlighted several high-profile instances of poor quality of care outcomes for consumers, sometimes attributable to an underdeveloped and poorly supported workforce. The Carnell-Paterson review, sparked by high-profile failure in care services, identified the role of workforce development to improving care outcomes, for example through minimising use of “restrictive practices”.

The Workforce Strategy recognises that both policymakers and industry must play a part in the development of the aged care workforce.

1.2 Unlike global peers, Australia lacks the information it needs to support the development of its aged care workforce

Around the world, countries are drawing on sophisticated data collection and analysis efforts to understand their aged care workforces. How data on the aged care workforce is collected in twelve countries was analysed for this report. This revealed a variety of approaches enabling countries to understand their aged care workforce. For example, the US National Study of Long-term Care Providers is a biennial survey bringing together quality and workforce measures across the long-term
care sector. The United Kingdom collects and publishes monthly updates of workforce size by collecting information on a digital platform from aged care providers. In fact, the UK National Minimum Dataset for Social Care collects data on over 200 variables based on voluntary disclosure from care providers (see Case Study). The “E-Qalin” quality management model implemented in over 150 care services across Europe is another example of advanced data collection. Measurements in this model, against which providers can self-report, include the share of staff with advanced training in dealing with dementia and cognitive decline. Ontario is a leading example in Canada, with three bodies – the Ministry of Health and Long Term Care, Health Quality Ontario and Local Health Integration Networks – collecting monthly, quarterly and annual data from long-term care homes about more than 60 measures of quality including workforce metrics.

**Australian practice in workforce data measurement lags global peers, relying largely on a four-yearly paper-based survey for data on the aged care workforce.** The major source of data on the Australian aged-care workforce is the Workforce Census & Survey, administered every four years with the latest data collected in 2016. This Census & Survey collects information on topics including workforce size, skills and qualifications, training practices, and attitudes to work. Whilst wide-ranging, the infrequency of this effort means Australia has limited recent data. The survey is also administered for the most part through the mail-out of paper forms, making it a time-consuming and expensive process to collect and analyse data. Input from some users of the survey results suggested that the collected data may be unreliable, though this is difficult to verify given the lack of alternate benchmarks. The results of the survey are made available to the public through a static document, with special requests needing to be made for the underlying data and limited availability of regional cuts of the data. This data is also not linked with related information about service quality or validated against data collected through quality and inspection processes, making it a relatively segmented dataset. Data from physical inspections is not stored in a machine-readable format, whilst administrative data on the workforce is only collected for a subset of health and allied health workers excluding the majority of the aged-care workforce. All of this amounts to Australia lagging behind all twelve countries studied for this project in how it collects data for the aged-care workforce (Exhibit 3).
Exhibit 2: Australia lags peer countries in aged care workforce data measurement

<table>
<thead>
<tr>
<th></th>
<th>Administrative data</th>
<th>Surveys &amp; reporting</th>
<th>Physical inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>High use</td>
<td>High use</td>
<td>High use</td>
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<tr>
<td>Finland</td>
<td>High use</td>
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<td>Norway</td>
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<td>New Zealand</td>
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<tr>
<td>France</td>
<td>High use</td>
<td>High use</td>
<td>High use</td>
</tr>
<tr>
<td>Australia</td>
<td>Low use</td>
<td>Low use</td>
<td>Low use</td>
</tr>
</tbody>
</table>

**United States**
- Annual estimates of workforce size from tax data
- Annual reporting on 17 quality measures using a minimum data set and Medicare claims data
- Public score assigned to each nursing home based on staffing and quality data

**United Kingdom**
- Monthly estimates of workforce size
- Mandatory display of inspection ratings

**Australia**
- 4-yearly estimates of workforce size
- Voluntary reporting on 3 quality measures (until recently)
- No public reporting of inspection results
The development of the National Minimum Dataset for Social Care (NMDS-SC) in the UK

**Description**
The NMDS-SC, established in 2005, collects data on over 700,000 workers from over 25,000 establishments. Data is collected on approximately 220 variables, with data uploaded monthly by employers who provide aggregate estimates or individual level data for some or all of their employees. To date, the dataset has informed significant reviews, policies and strategies including an evidence session on minimum wage in the social care sector, and recommendations by the National Audit Office how Brexit would impact the workforce, vacancy and turnover of the UK’s Health and Social Care sector.

**Method of development**
A range of social care stakeholders were consulted including key delivery organisations or government bodies (e.g. Department of Health (Social Care), Social Care Institute for Excellence, General Social Care Council), the independent sector (e.g. Registered Nursing Home Association, UK Home Care Association, Employers National Care Association) and local government (e.g. Local Government Association). To encourage stakeholder engagement, regional conferences were held to gather the views of hundreds of employers. The dataset was marketed as a tool for employers, and as such, a collection of the data they wanted. Achieving strong buy-in from the sector was critical to the success of the NMDS-SC. Significant effort was dedicated to addressing employer concerns around confidentiality, access and data protection rules, as well as communicating the benefits of a national data on social care. “What’s in it for Me” statements were created, targeting social care employers and employees who would be required to complete the NMDS-SC. The NMDS-SC was marketed as a helpful benchmarking tool for employers to understand whether they were meeting the National Minimum Standards for the sector. The rollout of three pilot schemes were also instrumental in understanding and addressing challenges in implementation, particularly achieving enough participation in the system.

**Key considerations when developing the list of metrics**
Five key criteria emerged through the process of achieving alignment among stakeholders on the list of metrics for measurement: importance, reliability, relevance/usability, burden of collection and ease of understanding. Regional conferences enabled hundreds of employers and interested stakeholders from social care to suggest data items they thought were important for measurement. This wish list was then refined via an iterative process to ensure that the data items were reliable and valid. Another key consideration was the relevance and utility of each metric – this was ascertained by listing the potential uses, and developing the responses, for each item. Practical considerations around the list raised by employers, including the potential burden of completion, data security and confidentiality, were also factored in. Finally, it was recognised that it was crucial to make it as easy as possible for users to understand and complete the survey. Questions were devised in plain English and guidance in documents, handbooks and online help were developed.
2. Key questions about the aged care workforce are going unanswered due to gaps in how data is collected and reported.

1

2.1 Policymakers and industry lack the information needed to answer key questions about the aged care workforce.

There are four key questions that policymakers and industry need to be able to answer in order to monitor risks facing the sector and identify the need for policy interventions. These questions were identified through stakeholder consultations and sector reviews, and are as follows:

- **Is the workforce providing high-quality care outcomes?** This includes understanding what care needs are currently required, whether consumers are receiving these, and how satisfied consumers are with the care they are receiving. This has been at the core of the Royal Commission, as well as the Carnell-Paterson review before it. Without good and systematic data, policymakers and industry will be unable to understand anecdotal evidence about the quality of care being provided.

- **How big is the workforce and will it grow fast enough?** Whether the workforce is large enough and attracting and retaining enough staff is a question rated as highly important by all stakeholders. This imperative was identified clearly in 2011 by the Productivity Commission report that raised a target of tripling the care workforce by 2050. The issue of workforce shortages has again been raised in the Workforce Strategy, including in several of recommendations to improve the attraction and retention of staff to the aged care sector.

- **Does the workforce have the right skills and attributes?** From the diversity of the workforce through to the occupation-mix and formal qualifications held by them, reviews have raised important questions about the skills and attributes of the care workforce. This is especially important in the context of changing skills needs in care and to ensure high quality care outcomes, as highlighted by the Carnell-Paterson review.

- **Is the workforce organised effectively?** The Workforce Strategy made several recommendations about how the care workforce should be organised – for example to ensure workers are not underemployed and that there is effective workforce planning etc. These recommendations make it important to understand how the workforce is organised at present and whether this improves over time.

Policy makers and industry also need to be able to understand the interaction of answers to these questions. For example, the size and growth rate of a regional workforce may relate whether services in that region are achieving high-quality care outcomes. Similarly, how the workforce is organised may affect the attraction and retention of staff.

Policymakers and industry currently face several information gaps, which makes it difficult to develop a coherent understanding of the aged care workforce (Exhibit 3). There are important gaps...
in the frequency and availability of the key data sources, as discussed in section 1.2 and detailed in exhibit 3. In addition, there are important gaps in the extent to which these key questions can be answered individually or considered in a coherent way. For example, data being collected about quality indicators from a new mandatory reporting program is not being reported or compared to workforce characteristics. Meanwhile, data on workforce training and organisation is only partially collected and what exists relies on a four-yearly census of the sector. This lack of coherent and comprehensive reporting prevents the sector from understanding the state of the workforce or how new initiatives impact trends, for example like the recommendations in the Workforce Strategy.

Exhibit 3: Policymakers need more robust answers to key questions about the workforce

<table>
<thead>
<tr>
<th>Key Question</th>
<th>Sub-questions</th>
<th>Assessment of current understanding</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the workforce providing high-quality care?</td>
<td>Are consumers satisfied with the aged care they receive?</td>
<td>Low</td>
<td>Some data is collected but not analysed or reported regularly</td>
</tr>
<tr>
<td>Is the workforce large enough and growing?</td>
<td>How many workers are there?</td>
<td>Low</td>
<td>Latest data on workforce size is from 2016</td>
</tr>
<tr>
<td>Does the workforce have the right skills and attributes?</td>
<td>Do we have the right workers?</td>
<td>Low</td>
<td>Limited national or regional estimates of workforce changes (see next page)</td>
</tr>
<tr>
<td>Are we providing enough suitable training?</td>
<td>Do we have the right skills?</td>
<td>Low</td>
<td>Data is partial and not up-to-date, e.g. limited trend data on employer demand trends</td>
</tr>
</tbody>
</table>

2.2 Existing data sources are not being used to their potential

A siloed approach to aged care data collection is leaving policymakers and industry without easy access to integrated information they need. Australia currently collects data on the aged care workforce through a four yearly Workforce Census and Survey, as well as administrative data, ABS surveys, complaints and quality data and inspections. These data sources are currently held separately. As a result, policymakers have limited access to regular information about trends in the aged care workforce and what could be driving them (Exhibit 3). And industry is unable to readily access information that can drive and guide improvement of their workforce.

Awareness of recently compiled administrative data assets is low, with access limited and requiring a clear idea of data priorities. "NIHST", "MADIP" and "LEED" are examples of administrative data assets that have been compiled in recent years and are becoming available for analysis by aged care policymakers (Exhibit 4). Each of these datasets combine data from various sources: income taxation records, the Medicare Benefits Scheme, higher-education services, births and deaths, hospital admissions, and so forth. Demand for use of these data assets is high and can require specialised approval or training. Access is limited and may be time-consuming, meaning that policy teams are currently not making full use of these data assets.

Some administrative data is collected but cannot be used for analysis because of the way the data is stored. Information about aged care providers' finances, results from quality inspections, care needs of consumers assessed for aged care, and other data is routinely collected by government bodies in the course of facilitating the provision of aged care services. This information is not yet available for analysis by relevant policy teams. For example, data from physical Inspections of aged
care services is stored as image files that are not machine-readable. Similarly, data from the Aged Care Assessment Process is only now being imported into Department of Health systems.

Exhibit 4: A variety of powerful data assets can help understand the aged care workforce

<table>
<thead>
<tr>
<th>Overview of potential data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care</strong></td>
</tr>
<tr>
<td>Workforce Census and Survey</td>
</tr>
<tr>
<td>National Health Workforce Survey</td>
</tr>
<tr>
<td>Aged Care administrative</td>
</tr>
<tr>
<td>Survey of Disability, Aging, and Carers</td>
</tr>
<tr>
<td>HABIT</td>
</tr>
<tr>
<td><strong>Administrative data</strong></td>
</tr>
<tr>
<td>Aged Worker Employee data</td>
</tr>
<tr>
<td>Financial data</td>
</tr>
<tr>
<td><strong>Private sector data</strong></td>
</tr>
<tr>
<td>Non-Aged Worker Employee data</td>
</tr>
<tr>
<td>Financial data</td>
</tr>
<tr>
<td><strong>Public survey data</strong></td>
</tr>
<tr>
<td>National Health Survey</td>
</tr>
<tr>
<td>Survey of Disability, Ageing, and Carers</td>
</tr>
<tr>
<td>Early Childhood Education and Care Services</td>
</tr>
</tbody>
</table>

2.3 The collection of new data is not coordinated according to data priorities

Data collected through public surveys is not prioritised based on a clear understanding of need. The Workforce Census & Survey currently has over 130 questions for service providers and workers. Other surveys administered by the ABS such as the National Health Survey, and the Survey of Disability, Ageing and Carers include several questions relevant to aged care. Since each survey is administered for separate purposes and by various teams at the ABS and Department of Health, questions are chosen for inclusion through a broad consultation process. However, there is no coherent framework of data priorities for the aged-care workforce that can inform which questions are proposed for inclusion and what data collection is prioritised. This can potentially result in data gaps and unnecessary burdens imposed on industry.
Implementing a Workforce Data Framework will build the required understanding of the workforce

3

3.1 A Workforce Data Framework comprising of 30 measurements can bring together the information needed to improve Australia’s aged care workforce

A “Workforce Data Framework” comprised of 30 measurements can guide collection of the data required to address the four key questions about the aged care workforce. A “Data Framework” refers to a structured list of measurements that can guide a coherent approach to collecting and reporting the most important data about the aged-care workforce. Table 1 provides a summary of the 30 measurements proposed for inclusion in the Workforce Data Framework. They address each of the four key questions identified in Chapter 2 above:

- **Is the workforce providing high-quality care outcomes?** 8 measures are proposed to address this question. The first set of three measures are most specific to the workforce: estimating the amount and type of care services required, monitoring the frequency of missed care episodes, and consumer satisfaction with workers. The remaining five measurements provide a snapshot of consumer care quality; the core reason for measuring and monitoring the aged care workforce. These five quality measures include complaints data, disclosures of serious incidents, and the three mandatory quality indicators.

- **How big is the workforce and will it grow fast enough?** 8 measures are proposed to address this question. There are two measures on current workforce size and shortage, three measures to understand how that workforce will grow over time, and three measures that monitor some of the key drivers of attraction and retention of workers in the aged care sector.

- **Does the workforce have the right skills and attributes?** 7 measures are proposed to address this question. The first two measures help understand “who” is in the workforce (by occupation and demographic characteristics). The next three measures evaluate what skills they have and whether that is perceived as meeting the needs of consumers and employers. The final two measures assess the quantity and type of training being provided in the sector, as an important input to ensuring an appropriately skilled workforce.

- **Is the workforce organised effectively?** 7 measures are proposed to address this question. The first four measures assess whether a given headcount of workers is being used well to provide the care hours that consumers need: including the hours of care worker per staff member, potential underutilisation, reliance on casual staff, and how time is used. The remaining three measures track how the workforce is being managed, considering issues that were highlighted by the Aged Care Workforce Strategy.

Each measure is proposed to be disaggregated by region, occupation, and service type where possible. A detailed description of each measure, discussion of why it was included, and steps for data collection and analysis are provided in Part B (Implementation guide) of this report.
Table 1. The proposed Workforce Data Framework includes 30 measurements

[DRAFTING NOTE: Updates pending following stakeholder engagement. Please treat list as draft]

<table>
<thead>
<tr>
<th>KEY QUESTION</th>
<th>MEASURES</th>
</tr>
</thead>
</table>
| Is the workforce delivering high-quality care? | (1) Demand for care services: Number of consumers who need aged care services  
(2) Episodes of missed care in residential aged care: Frequency of episode of missed care by type of missed care  
(3) Satisfaction: Consumer satisfaction with workers in aged care  
(4) Complaints: Number of consumer complaints received over past 12 months  
(5) Service failures: Number of service failures per consumer over the past 12 months  
(6) Pressure ulcers: Share of consumers who have experienced a pressure ulcer  
(7) Unplanned weight loss: Share of consumers who had a relative weight loss in the last month that was unintended  
(8) Use of restraint: Number of instances where physical/medicinal restraint used |
| Is the workforce big enough and growing fast enough? | (1) Workforce size: Count of FTE direct-care workers (including informal)  
(2) Workforce shortage: Difference in number of workers required and available, or proxy measures such as frequency of missed shifts  
(3) Entry into workforce: Number of workers who have entered the aged care sector and adjacent sectors over the past 12 months  
(4) Exits from workforce: Number of workers who are likely to leave the aged care sector in the next 12 months  
(5) Expected workforce shortage: Difference in number of workers expected to be needed for care and supplied, by occupation, service type and region  
(6) Perception: Likelihood in general population of positive attitude to care career  
(7) Worker satisfaction: Average satisfaction rate of workers in aged care  
(8) Relative pay: Pay relative to adjacent sectors and cost of living by region |
| Does the workforce have the right mix of skills and attributes? | (1) Occupation mix: FTE workers by occupation  
(2) Workforce diversity: Share of workers by demographic characteristic – culturally and linguistically diverse, age, gender, LGTBIQ status, and disability.  
(3) Skills shortage: Share of employers that are satisfied with the competencies of their workers in key skill areas  
(4) Relevant qualifications: Share of workers by type of post-school qualification held  
(5) Job-readiness: Employer satisfaction with the job-readiness of new workers  
(6) Training participation: Share of workers by type of training undertaken  
(7) Hours in training: Average hours spent in workplace training per worker |
| Is the workforce organised effectively? | (1) Hours per worker: Share of workers by number of hours worked in the past fortnight  
(2) Casual and agency: Share of direct-care shifts filled by casual and agency staff  
(3) Desired additional work hours: Additional number of desired hours of work  
(4) Use of time: Share of workers who believe too much time is spent, by type of task (administrative tasks, regulatory compliance, non-essential training)  
(5) Workforce planning: Share of organisations that use the standardised approach proposed in the Workforce Strategy to workforce planning  
(6) Use of IT tools: Share of workers who use IT tools in their work  
(7) Quality assurance process: Share of providers complying with select list of workforce quality assurance processes identified by Workforce Strategy (e.g. voluntary code of conduct, governance committee, feedback mechanisms) |
The proposed measurements were identified through first developing a longlist based on a review of global best practice, policy use-cases and available data sources. First, a review of global practice benchmarked Australian practice. Data collection in the aged care sectors of twelve countries were analysed to identify the range of possible measures that could be relevant to policy priorities, and innovative methods of data collection. Second, domestic policy priorities were identified based on recent reviews of the aged care sector and thorough engagement with the industry, Workforce Council and policy teams at the Department of Health. Finally, domestic data sources were identified and data owners (e.g. ABS, AIHW) consulted to understand what data is and can be collected.

This longlist of measurements was filtered for relevance, practicality and robustness. The measures included in the Data Framework are intended to facilitate the collection of data which can be useful - useful to policymakers and useful to industry participants. Measures were excluded where they were not relevant to a policy concern or strategic decision regarding the development of the aged care workforce. Measures were also excluded where the data collection required to implement them were impractical and unlikely to occur. Where measures on the longlist were both relevant to a key question and practical to measure, they were excluded if the results of the measurement were unlikely to be a robust indicator. In applying these principles to the longlist of measures, the objective was to design a Data Framework that can generate data to support good decisions.

Exhibit 5: Measurements in the framework were informed by global best practice, input from policymakers and industry, and assessment against criteria.

3.2 The proposed Workforce Data Framework can be implemented through improved collection and reporting of survey, administrative and specialised data.

The proposed measures rely on existing and new data assets. Exhibit 6 provides a summary of the number of measurements in the Data Framework that primarily rely on each major type of dataset. A third of the measurements currently require new data. However, even for measures where data currently exists, that data will need to be more regularly captured or may require some steps to access. Successful implementation of the Data Framework will therefore require improved data collection and analysis across survey, administrative, and other data.
An updated Workforce Census and Survey could be more targeted and conducted more regularly to support regular monitoring and reporting on the aged care workforce. This four-yearly survey of providers is currently the source of almost all the information on the aged care workforce that is regularly collected. Delivering the Workforce Data Framework will require ensuring future versions are aligned to data priorities. The current survey includes approximately 50 questions for aged care providers about their workforce, and a further 80 questions for workers to complete about themselves. These questions vary in from core information like the number of workers, through to desirable data like open text fields asking workers what they most like about their job. These questions should be audited against measurements chosen for inclusion in the Data Framework and consideration of other available data sources.

Recommendation 1 - Audit the 130 questions that comprise the Workforce Census and Survey to reflect the most urgent data priorities, considering also alternate data sources that could supplement this dataset.

Countries like the United Kingdom and United States conduct similar surveys through digital platforms. The Australian Workforce Census & Survey is a labour-intensive and expensive process, partly because it relies on a paper form that is mailed out to all chosen care facilities. Data collection through a digital platform could make the data collection process less expensive, and the data analysis process significantly more timely.

Recommendation 2 - Identify the portions of the Workforce Census and Survey that may be conducted through a digital platform. A simple product should be chosen for early trials of a digital survey before investment in a tailored solution.

The approximately 130 questions included in the Aged Care Workforce Census and Survey vary in urgency. Data on occupation mix or workforce size may need to be updated every quarter, for example, to monitor workforce shortages and the impact of initiatives to boost workforce size. Meanwhile, data on worker sentiment or participation in training may be better collected over longer periods of time. At the same time, policymakers expressed a strong desire to minimise the burden on industry of regular surveys and information disclosure. A subset of relevant data could therefore be collected more frequently, including using a sample survey rather than a census.
Recommendation 3 – Identify the portions of the Workforce Census and Survey that can be measured more regularly, including with a sample survey of workers and providers.

Administrative datasets should be used to address questions about workforce size and the demand for care. The Multi-Agency Data Integration Project ("MADIP") is a perfect illustration of what is possible with linked administrative data. MADIP brings together information from sources like tax and Medicare records to provide a way to understand, in the aggregate, various aspects of Australians' lives. Relevantly, this could include observing the number of people employed in aged care over time, their highest qualifications, and employment history. The "Linked Employer-Employee Dataset", currently only available for 2015 data, is another example of a similar dataset. However, since these data assets are emerging and there is still uncertainty over the ways in which data can be accessed and extracted, direct experience is required to understand the extent of their feasibility for answering key questions about the workforce.

Recommendation 4 – Apply to use MADIP, LEED and similar datasets to explore whether they are able to answer important questions about the aged-care workforce.  

Administrative data collected during the provision of aged-care services, but not limited to the workforce, is also useful to answer some measures in the data framework and to provide important contextual information. For example, data collected from complaints registered on myagedcare, or disclosed by providers as part of the Mandatory Quality Indicator Program, or the Serious Incident Response Scheme all provide relevant information on the outcomes delivered by the aged care workforce. Similarly, information collected as a part of physical inspections can be better stored to enable aggregate analysis.

Recommendation 5 – Compile and report data collected through existing quality assurance processes to address the question of whether the workforce is providing high-quality care.

Recommendation 6 – Identify a practical method of storing data collected during physical inspections in a machine-readable format. This may be as simple as requiring physical inspectors to input certain key data fields into a digital form at the conclusion of each inspection.

The use of specialised economic data and approaches can address data gaps that must be urgently filled to understand workforce shortages. Each of the above recommendations are designed to create a sustainable Workforce Data Framework. However, in the short-term, there is an urgent question to be answered on what workforce shortages exist and whether they are likely to persist. Our latest view on the aged care workforce is from 2016, with much of the review activity and commentary relying on anecdotal evidence. Specialised economic data and approaches can help provide a more up to date answer to this question. For example, Burning Glass is a subscription-only service that scans a significant share of online job advertisements in Australia and allows analysis of workforce and skill shortages, along with pay rates, at a regional and occupation level. Similarly, previous research done for the Aged Care Workforce Taskforce used economic data to analyse factors driving attraction and retention. Data from small-business service providers may also be able to be analysed to understand workforce growth, pay and investment in key enablers of an effective workforce such as training and IT infrastructure.

Recommendation 7 – Investigate the feasibility of specialised economic data to analyse workforce shortages, including assessment of attraction and retention challenges.

The timely sharing of collected data can improve the decision making of both policy teams and industry participants. Regular information on the size, growth, and dynamics of the aged care
workforce can support policy teams start and evaluate policy initiatives. It can also support aged care industry participants to develop the workforce – from providers investing in attracting workers through to workers investing in training or making decisions about qualifications or moving into the aged care workforce. To support this, data that is collected should not simply be stored passively awaiting data requests. Instead, regular circulation of the available data to policy teams and broader publication can encourage the better use of data. It can also facilitate further data collection as users of the resource understand its value.

Recommendation 8 - Circulate a regular dashboard of workforce measurements to all policy teams in order to support the development and evaluation of policy initiatives

Recommendation 9 - Share workforce data widely with industry through a public dashboard or through organisations such as the Workforce Council in order to encourage continued collection of data

The remaining sections provide a detailed guide to the data sources and measures identified above to support the implementation of the Workforce Data Framework.
PART B: IMPLEMENTATION GUIDE

4. Detailed description of proposed measurements

Detailed descriptions of the proposed measurements are being updated pending input from stakeholders.
5. Overview of available data sources

1. Productivity Commission (8 August 2011) Caring for Older Australians
2. Senate Standing Committee on Community Affairs (June 2017) Future of Australia’s Aged Care Workforce
6. PC report reference to workforce projection.
7. Productivity Commission (October 2017), National Disability insurance Scheme (NDIS) Costs, Study Report. See also: Department of Social Services (2019), Growing the NDIS Market and Workforce.
8. The number of people receiving Home Care Packages increased 28.6% from June 2017 to June 2018. See: Royal Commission Into Aged Care Quality and Safety (May 2019) Background Paper 1, Navigating the Maze: An overview of Australia’s current aged care system.
9. Royal Commission into Aged Care Quality and Safety (May 2019) Background Paper 3, Dementia in Australia: Nature, Prevalence and Care. Note that the Royal Commission notes the lack of rigorous national data and relies on modelled estimates from the Australian Institute of Health and Welfare (estimated 376,000 live with dementia as of 2018) and research commissioned by Dementia Australia (estimated 447,115 live with dementia as of 2019).
10. “Restrictive practices” refers to the use of physical or chemical restraints. See Box 5 in Carnell, K. and Paterson, R. (October 2017) Review of National Aged Care Quality Regulatory Processes
11. See Appendix for a summary of data-collection efforts in Austria, Canada, Denmark, Germany, Finland, France, Netherlands, New Zealand, Norway, Sweden, the United Kingdom and the United States of America.
13. For example, worker registration data is collected for health and allied health workers by the Australian Health Practitioner Regulation Agency (AHPRA) and published by the Department of Health. See: https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-workforce_data
14. Questions were tested with the Department of Health, the Australian Institute of Health and Welfare and Quality and Safety Commission, the Workforce Council, and other industry representatives to develop a consensus. They also reflect priorities identified in submissions to the Royal Commission, the Workforce Strategy, the Carnell-Paterson review, and Senate report on the future of the aged care workforce.
15. NHIS refers to the National Integrated Health Services Information Analysis Asset, led by a partnership between the Department of Health, the Australian Institute of Health and Welfare and the ABS. MADIP refers to the Multi Agency Data Integration project, spearheaded by the ABS. LEED refers to the Linked Employer-Employee dataset, also compiled by the ABS. See Part B for a full discussion of each data asset identified as relevant to the implementation of a Workforce Data Framework.
16. See Part B for a detailed description of what data sources go into each of the administrative data assets.
17. The Aged Care Workforce Census & Survey is comprised of two separate questionnaires: a census of aged-care providers (alternate versions for home/community care and residential care respectively) and a survey of aged-care workers. There are 130 questions across both questionnaires.
18. Complaints data is currently published by the Aged Care Complaints Commissioner.
20. New mandatory reporting requirements were introduced by the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019 (Cth).
21. [NOTE FOR REVIEWERS: This will be prepared pending finalisation of stakeholder input into draft list of measures.]
22. The detailed implementation guide in Part B identifies the measures which may best be suited for each administrative data asset.

24 For example, analysis of data from Xero has been used to monitor the impact of the take-up of digital tools among SMEs, including understanding revenue and employment activity. Such analysis could be repeated for the aged-care sector in particular. See: Xero Small Business Insights (2018) From little things big things grow. Available at: https://www.xero.com/small-business-insights/wp-content/uploads/2018/10/from-little-things-big-things-grow-how-digital-connectivity-is-helping-australian-smart-businesses-thrive.pdf. (Note: this report was prepared by AlphaBeta Advisors, who also prepared this report on the Data Framework).