PATHWAYS AND TERTIARY EDUCATION IN
Aged Care
DISCUSSION PAPER

CONTENTS

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Glossary

ACN – Australian College of Nursing

ACQS – Aged Care Quality Standards

AHPRA – Australian Health Practitioner Regulation Agency

AINs – Assistants in Nursing

ANMAC – Australian Nursing and Midwifery Council

AQF – Australian Qualifications Framework

ASIRC – Aged Services Industry Reference Committee

ASQA – Australian Skills Quality Authority

CALD – Culturally and Linguistically Diverse

CHART – Cooperative for Healthy Ageing Research and Teaching

CPD – Continuing Professional Development

EN – Enrolled Nurse

EVL – Equal Value of Learning

HE – Higher Education

IRNE – Independent Review of Nursing Education

ITO – Industry Training Organisation

KHDWP – Kaiāwhina Health & Disability Workforce Pathway

KWAP – Kaiāwhina Workforce Action Plan

LLN – Language, Literacy and Numeracy

NP – Nurse Practitioner

NZQA – New Zealand Qualifications Authority

NZQF – New Zealand Qualifications Framework

OQUs – Overseas Qualification Units

PATESIAC – Pathways and Tertiary Education Specific Interest Advisory Committee

PCW – Personal Care Worker

RN – Registered Nurse

RPL – Recognition of Prior Learning

RTO – Registered Training Organisation

SSO – Skills Service Organisation

TEQSA – Tertiary Education Quality and Standards Agency

TRACS – Teaching and Research Aged Care Services

UHW – Unlicensed Health Worker

UHCW – Unregulated Health Care Worker

VET – Vocational Education & Training

Introduction

This is one of a series of interlinking papers seeking feedback from aged care stakeholders like you to help the Aged Services Industry Reference Committee (ASIRC):

1. develop better prospects for career pathways among aged care workers

2. look at opportunities to build capabilities across the aged care workforce beyond direct or personal care

3. identify gaps in qualification pathways within and between Vocational Education and Training (VET) and Higher Education (HE) to support careers in the aged care sector and establish pathways where gaps exist.

In the wake of the Royal Commission into Aged Care Quality and Safety's call to bring aged care to a standard that care recipients, their families and the community expect, the Aged Care Workforce Strategy Taskforce ('the Taskforce'), via the ASIRC, established the Pathways and Tertiary Education Special Interest Advisory Committee (PATESIAC) to address the issue of educational and career pathways.

This series of discussion papers doesn't seek to address every issue or challenge within aged care, given that many of these, such as wages, working conditions, staffing arrangements and other matters, are outside our remit. **This paper focuses on qualification pathways where they are relevant to work pathways** given the link to competencies and occupational outcomes. We need to address what we can currently undertake and be adaptable to whatever recommendations arise from the Royal Commission or the various reviews when they are finally implemented.

Previous papers addressing education and training in aged care are titled *The Reimagined Personal Care Worker* (found here) and *An Evidence-based Discussion Paper on the Issue of Student Work Placements* (found here), which have been prepared on behalf of the Aged Services IRC.

Other reviews and reports, such as those commissioned and published by the Royal Commission Independent Review of Nursing Education's (IRNE's) *Educating the Nurse of the Future* 2019 report (found here), are currently under consideration by the Australian Government.[1] These may lead to recommendations and reforms which have an impact on the aged care sector. However, we need to start the process of identifying what can be addressed and adapted to, whatever recommendations are made.

Our ultimate aim is to have clearer career pathways and educational articulations within and outside aged care and within and between Vocational Education and Training (VET) and Higher Education (HE). We hope that by asking you what you think, you'll be able to critically and creatively consider these important issues, and stimulate the kind of constructive discussion that includes and involves all of us—service and education/training providers, learners and workers—to help create and facilitate these education and career pathways together.

The questions we'd like to ask you to consider are framed around three key areas:

- **what you know about existing qualification pathways**

- **what you consider might facilitate these pathways, and**

- **what you consider to be the barriers to retention and progression within the sector.**

Rather than drawing any particular conclusions or making any specific recommendations in this paper, we hope you'll propose some answers or solutions to enable those working in the aged care sector to have better career prospects. We hope you'll find the answers and solutions we need to address these problems, and perhaps even explore other questions, start new conversations and discover other possibilities on how to reimagine and improve qualification pathways together.

Lack of Career Pathways in the Aged Care Sector

Generally, the Personal Care Worker (PCW) role—which constitutes the vast majority of the aged care workforce—is perceived as a 'dead-end' role in terms of career pathways.[2] But this lack of mobility also extends to other workers throughout the sector's workforce, especially those outside nursing or direct care, such as hospitality and catering workers, maintenance and service personnel, and ancillary support staff.

Prior to the current pandemic, between a quarter and a third of both residential and home care workers had reported their intention to leave the sector within the next five years, with many of them citing the lack of educational and professional development opportunities and career pathways as a significant reason for doing so.[3] Clearly, we urgently need to look at how to retain existing workers and attract new workers by providing staffing structures and learner development models in aged care that support career growth. We then need to look at where and how existing education and training pathways can assist with this.

What's clear is that the sector faces key skill-mix and capability gaps,[4] along with significant recruitment and retention issues.[5] Despite rapidly growing demand for aged care, with projections of up to one million aged care workers needed throughout Australia in the next 20 years,[6] employers struggle to recruit and retain workers. While COVID-19 may have increased the availability of people prepared to undertake training to enter the workforce in the short term, these challenges will remain in the longer term unless the career structure and qualification pathways issues are addressed.

1. What do you know about existing qualification pathways in aged care?

Staff are the most important determinant of care quality.[7] As study after study has shown, there's a clear link between the breadth and depth of knowledge and skills on the part of those working in the sector and the quality of service and care that elderly people receive.[8]

The increasing prevalence of complex comorbidities and acute health conditions with which older people present, together with increasing intersections between aged care, health care and disability services, has made the need for skilled staff more essential than ever.

The Taskforce has suggested that **any** professional or worker involved in recipients' ageing journeys—namely, those who, for example, provide financial planning; primary health services or in-home care, as well as functional health care providers; specialist care providers; providers of acute and subacute care; system facilitators and navigators—should have a specific[9] aged care focus in both their training and continuing professional development (CPD).

The Independent Review of Nursing Education (IRNE), chaired by Emeritus Professor Steven Schwartz AM, recommended greater transparency in the accreditation of training programs,[10] and many stakeholders have called for a consistent, national accreditation and qualification recognition system,[11] with the Taskforce calling for the establishment of a national qualification and training framework.[12] The 2019 Australian Qualifications Framework Review ('the AQF Review') and the National Skills Commission are currently addressing these issues.[13]

There have also been calls for more accurate mapping of prior learning, knowledge, experience and skills across roles and qualifications, to enable both those already working in aged care and those seeking to enter the sector to have these competencies taken into account.[14]

Korn Ferry, the global organisational consulting firm, offered a number of potential 'future-state' job roles with greater mobility between them, including roles in customer service, ancillary care, functional health and business enabling, and this recommendation was discussed in much greater detail in its report to the Taskforce, *Reimagining the Aged Care Workforce.*[15]

However, there's a lack of consistency in recognition within both the VET and HE sectors, with many VET students finding it hard to gain recognition of prior learning (RPL) or recognition of their workplace experience or competencies. The AQF's training provider standards require RPL to be made available to all learners in VET and HE. Currently it's challenging for those already within the industry to be able to use their existing experiences or education to move beyond initial roles. Not only is the onus on the learner to request credit, but the process within the VET sector is complex and expensive, and gaining recognition can often cost the same as the entire course for which learners are seeking RPL. So there's a perceived lack of transparency and commitment on the part of the education and training sector in the facilitation of these practices.

In dual-role universities which offer both VET and HE, approximately 27% of learners enter via pathways from VET or another HE course. Fifty per cent enter with some form of credit, such as individually negotiated credit, in which all core subjects must be matched via a precedent database; or via internal articulation embedded into both VET and HE qualifications, to allow accreditation between sectors and qualifications; or as a result of RPL, in which work experience is considered for entry but not as a credit.[16] For matched credit, the onus is again on learners to provide evidence or the demonstration of learning outcomes, but generally many learners don't elect to match credit based on RPL.[i]

Mapping RPL is also costly and time-consuming for the education provider, and prone to inconsistencies due to differences in delivery and differences in curricula and learning volumes in different State and national jurisdictions and qualifications (such as the differences in legislation relating to poisons and scheduled medicines in different States, which variously restrict the administration of medication).

For a PCW to identify a qualification pathway to a business or managerial role, the articulation from a *Certificate III in Individual Support* to the generic *Diploma of Business* is not self-evident or straightforward. Similarly, for allied health assistants the pathway from vocational qualifications to HE is also underdeveloped.

In contrast, some universities allow articulation pathways into undergraduate nursing programs by recognising VET Certificates at the III and IV level, or allow credit transfer into aged care-related courses even when RPL or work experience isn't aged care-related. Some also permit re-entry into Bachelor of Nursing programs when up to a third of Units are credited from previous Registered Nurse (RN) registration or prior learning. So while not perfect, at least nursing is well-regulated and accredited, with well-defined scopes of practice and clear pathways.

The limited articulation of pathways to HE qualifications via VET or work experience for other aged care workers, particularly for those from migrant, Indigenous or low socio-economic status backgrounds, inhibits their ability to pursue these pathways.[17]

i This issue is explored in greater detail in the Credit Pathways in VET and Higher Education Research Project Final Report, prepared for the Department of Education, Skills and Employment by the Ithaca Group, October 2018.

QUESTIONS

1. In terms of current qualification pathways:

    a. how can we make qualification pathways a reality in aged care?

    b. what changes to qualifications pathways would support this?

    c. how do we more clearly communicate information about the available qualification pathway options to workers, learners and potential recruits?

2. How can we support qualification pathways for entrant workers, ancillary staff and/or allied health professionals within the sector?

3. How can we more effectively recognise skills, competency or prior experience (including 'lived experience'), regardless of where or by what means these were acquired, specifically

    a. within qualifications themselves and by Registered Training Organisations (RTOs) in the VET sector and HE institutions?

    b. when these skills or experience were acquired in other jurisdictions, particularly by migrant workers?

    c. when these skills were obtained either in other sectors or within the aged care sector?

4. Given that the current RPL process is currently both cumbersome and expensive:

    a. to what extent is it adversely affecting the aged care workforce in terms of both recruitment and progression?

    b. is there room for improvement in the process, given the need to be mindful of the current AQF Qualifications Pathways Policy and the AQF Review's recommendations?

5. How can we make it easier to transition between VET and HE:

    a. in clinical pathways, non-clinical pathways and between the two?

    b. horizontally, at the same AQF level—for example, in moving between aged care support services into administration, management or lifestyle?

    c. vertically, to different AQF levels—for example, by moving from aged care support services to Enrolled Nurse (EN) or RN roles, or vice versa?

6. What role can vocational providers or dual-sector universities play in strengthening pathways and transitions?

2. What do you see as barriers to these qualification pathways?

Lack of Specific Aged Care Relevance

Many stakeholders feel the current entry-level *Certificate III in Individual Support* for PCWs needs more content with greater aged care relevance, particularly content dealing directly with working with recipients.[18] Additionally, the current Certificate III and the *Certificate IV in Ageing Support* qualifications were developed prior to the creation of the Aged Care Quality Standards (ACQS).[19]

In other HE health-related qualifications, such as nursing, medicine and allied health, there's also insufficient exposure to specific content relevant to working in the aged care sector,[20] despite older people now comprising a majority of all combined aged care, disability services and acute health care beds and places.[21]

Similarly, business and leadership qualifications for upskilling aged care workers into management roles are too generic and not sufficiently aged care-specific, and lack the necessary training, support or recognition that the sector requires.[22]

The Challenge of Aligning Unregulated and Regulated Qualifications

The Australian Nursing and Midwifery Council (ANMAC) determines which qualifications are recognised as being acceptable to enable VET graduates to apply for registration as ENs. At present the *Diploma of Nursing* must be awarded by an ANMAC-accredited RTO. While credit for certain Units from other qualifications, such as the *Certificate III in Individual Support* delivered by a non-ANMAC-accredited RTO, can be given, there is a perception of inconsistency regarding the quality of the delivery of the Units at non-ANMAC-accredited RTOs, which may lead to universities, in particular, being more reluctant to provide credit for subjects previously studied.

The challenge of PCWs being an unregulated workforce may present barriers in terms of clear pathways to undertake qualifications in regulated parts of the workforce.

Further Challenges to Career Progression

In addition, a lack of alignment between qualifications and skills recognition means it's often difficult to move from direct care roles into clinical pathways—or into other pathways, such as those leading to management positions—with little or no management or leadership training available in any existing pathway. This is especially true for ancillary and allied health workers, who have even less mobility in terms of transitioning from their current roles into care or management positions.

Although the concept of job families (as proposed by Korn Ferry and the Taskforce)—defined as *'a cluster of jobs that share a specific set of core characteristics such as skills, knowledge, behavioural attributes and accountabilities'*[23]—may offer ways of identifying potential career progression opportunities and workforce architecture across organisations and the sector, these 'families' can often result in the creation of silos within direct care, health care and management, rather than aggregating skill-mixes in an holistic or interdependent way.

Migrant Workers' Accreditation and Language, Literacy and Numeracy Skills Gaps

A growing proportion of aged care workers come from culturally and linguistically diverse (CALD) backgrounds[24] and, although they may have qualifications from their home country, these often aren't recognised.[25] These workers may also have significant language barriers precluding them from registering within Australia. They therefore face both significant hurdles and expensive retraining costs to gain accreditation or become registered, with little clear information on how to have these qualifications assessed. Responsibility for this is

assumed by specific accreditation authorities, such as ANMAC, the Australian Health Practitioner Regulation Agency (AHPRA) or individual State or Territory Overseas Qualification Units (OQUs).[26]

Migrant workers may need assistance in English language, literacy and numeracy (LLN) and digital literacy skills[27] in order to be 'work-ready', whether to better understand recipients' wishes; to be able to recognise pain in care recipients; to be able to respond to other needs;[28] or to be able to undertake further qualifications or upskilling.

The Cost of Upskilling

Reforms recently proposed by the Australian Government could significantly reduce the cost to learners of bachelor degrees such as Nursing.[29] Under the Australian Government's COVID-19 response, a number of short courses which articulate with existing degree courses are also currently being offered by universities at significantly discounted rates.

Salary increases in higher-level aged care roles don't always reflect the effort and resources (time, money, opportunity cost) needed to qualify for those roles. This situation has not been helped by the low/slow wage growth that Australia has experienced more generally in recent years. For PCWs becoming Assistants in Nursing (AINs) or ENs, the increased salaries in some jurisdictions are only $21 more a week, with aged care ENs only earning around 77% of their public hospital counterparts, which is around half the average full-time wage.[30]

With fees for Certificate courses (AQF levels 1–4) costing up to $3,745 without subsidy, and the *Diploma of Nursing* costing anywhere between $2,160 to $21,645, it's a significant financial commitment for low-paid workers to undertake.[31] While Diploma- and undergraduate-level qualifications may be eligible for student loans via the Federal Government's VET Student Loans or HECS-HELP schemes, Certificate-level qualifications are not.[32]

Inconsistency of Implementation and Outcome Quality

Due to the wide variability and discrepancy in prices and subsidies for qualifications at all AQF levels, learners may choose courses based on price or duration, particularly in vocational education. The quality of the training of PCWs is therefore variable, both in terms of content taught and the duration of delivery. The flexibility of the training package to allow for meeting the needs of employers of all sizes and in all regions has had a perverse outcome, in that many RTOs have packaged the qualifications around the lowest cost and least complex content to deliver, as opposed to those most relevant to specific employers' requirements. This lack of consistency in what's delivered in the base qualification makes articulation into other qualification pathways more challenging. However, the recent change to the *Certificate III in Individual Support*, which has limited the selection of electives to those with particular age care relevance, may go some way to rectifying this.

While learning volume isn't an indicator of course quality, and training duration isn't mandated in a competency-based system, it's inevitable that there will be discrepancies in the assessment and competency of graduates who've undertaken a course over three weeks versus those who've undertaken a course of nine months' duration.[33] These issues will be explored in more detail in a forthcoming discussion paper being prepared by SkillsIQ on behalf of the Disability Support Industry Reference Committee (DSIRC).

QUESTIONS

1. Would the inclusion of specific aged care-focused skills or components in both VET and HE qualifications improve the articulation pathways between qualifications? If so, what specific areas should be included?

2. What other solutions could be considered to make pathways between qualifications within and between disciplines clearer?

3. How do we deal with pathways between unregulated and regulated parts of the workforce?

4. What approaches could be established to ensure that previously acquired qualifications and/or the experience of migrant workers or those with CALD backgrounds are able to be recognised, while ensuring those workers are proficient in LLN and digital literacy skills?

5. What recommendations should be made to the National Skills Commission in relation to funding the cost of upskilling workers in the aged care sector?

3. How might these pathways be facilitated?

Micro-credentials and Short Courses

As the Taskforce recommended, we need to find new and alternative ways to accredit workers' acquired skills and recognise their prior learning and previous experience. This will help to enable them to find clearer pathways to upskill and advance their professional paths, by ensuring:[34]

- the nesting of qualifications, where lower qualification levels are described as 'nested' within the courses leading to qualifications at the higher levels, and

- the capacity for skill-specific certifications that allow organisations to have their employees' capabilities independently verified.

This may also offer opportunities to draw on a wider and more diverse potential talent pool and allow many disciplines outside direct care, such as exercise physiology, fitness, lifestyle, allied health and other industries and professions, to enter aged care, as well as addressing gaps in aged care-specific skills and skill-mixes, capabilities and competencies.

The AQF Review recommended:[35]

- revising the AQF Qualifications Pathways Policy

- simplifying and more flexibly promoting the equal value of qualification types across VET and HE

- greater fluidity between VET, HE and schools

- the de-coupling of knowledge and skills

- the AQF recognition of micro-credentials, similar to the process recognised by the New Zealand Qualifications Authority (NZQA), which has aligned 59 micro-credentials to the New Zealand Qualifications Framework (NZQF).

The Federal Government has accepted the aims of the above recommendations contingent upon further discussions with State and Territory governments.[36] However, prior to any formal recognition of micro-credentials, many stakeholders want those credentials to have further definition and guidelines, incorporating the standards of the Australian Skills Quality Authority (ASQA) and the Tertiary Education Quality and Standards Agency (TEQSA) before they're aligned to the AQF and accredited by service providers and regulatory bodies.[37] According to a definition developed by Deakin University's Emeritus Professor Beverley Oliver and used by the AQF Review, a micro-credential is *'a certification of assessed learning that is additional, alternative, complementary to or a component part of a formal qualification'.*[38]

This further definition might apply to existing skill set courses, which allow a credit pathway to an AQF qualification, or part of an AQF qualification. The MicroMasters program for post-graduate learners[39] offers accredited short courses that accrue credit points towards master's degrees, which are split into Graduate Certificates, Graduate Diplomas and other degrees, depending on the duration and credit points awarded. Other options might include industry-recognised and regulated Continuing Professional Development (CPD), such as courses offered by professional or regulatory bodies such as the Australian College of Nursing (ACN).[40]

Online Training Delivery and Qualification Accounts

In the wake of COVID-19 isolation and lockdown, many providers have moved to increased online delivery. An example where an online aged care training program may be of value is the online-only *Certificate in Health and Wellbeing (Level 3)* offered by the Open Polytechnic of New Zealand. This program is designed for people who currently work as health care assistants, support workers or aged care workers. Because these students concurrently undertake clinical practice with theoretical learning in their jobs they have an opportunity to consolidate theory and practice.[41]

This approach of upskilling those in the workplace with targeted online delivery may be appropriate for CPD and

qualification delivery, provided the right mechanisms to ensure quality of delivery and assessment are in place.

Organisations such as the Business Council of Australia have called for a 'lifelong learning passport' or block-chained lifelong digital learning account (similar to those in Korea, China, Singapore and the European Union) to enable learners and workers to accrue skills and qualifications in a cohesive portfolio, with these skills and qualifications 'stored' for 'down the chain' pathways.[42]

These online qualification accounts may potentially offer ways to more accurately collate and align qualifications, RPL and other learner data between qualifications, institutions, VET, HE and AQF levels, as well as allowing for systemic scaling, if undertaken in a co-ordinated way. However, many aged care workers, as noted above, may lack the necessary LLN and digital literacy skills to effectively use and engage with online content.[43] This challenge must be addressed in any proposed solutions to improve learner pathways.

Meaningful Work Placement and Training Partnerships between Education and Service Providers: How Learner-development Cultures Support Career and Education Pathways in Aged Care

The Taskforce reflected many stakeholders' views that innovative, meaningful work placements based on collaborative partnerships between education and industry offer substantial and sustainable assessment, training, work and care outcomes for all stakeholders involved, as well as excellent recruitment opportunities.

The future retention of aged care workers is often determined during their first year of employment, and research supports service providers and agencies providing formal induction programs such as mentoring and structured training, to assist new workers in adjusting to their roles and workplaces, especially by having experienced workers assisting in the induction process.[44]

Since 2019, the WA Department of Training and Workforce Development has been offering pre-traineeship

pathways in aged care and disability support, offering subsidised places to concession-holders and learners aged 15–24.[45] These pre-traineeships are supported by work placements with employers who are offered funding to supervise learners and provide them with the opportunity to acquire a 'taste' of aged care before going on to further training, with their *52841WA Certificate II in Introduction to Aged Care* or *52840WA Certificate II in Introduction to Disability Care* accredited towards Certificate III-level qualifications and reducing the duration of a Certificate III study program by three months.[46]

A number of universities, including Curtin and Edith Cowan in Western Australia; La Trobe in Victoria; UniSA and Adelaide in South Australia; Newcastle and Sydney in New South Wales; and James Cook and the Sunshine Coast in Queensland, have piloted work placement projects in collaboration with employers across a wide variety of disciplines, qualifications and professions.[47]

Flexible Qualifications, Job Design, Job Roles and Pathways

In addition to creating flexible ways of learning, and in order to maximise mobility and flexibility in education and career pathways, equally flexible qualifications and job roles might need to be considered to enable aged care workers to plan viable career pathways and increase the likelihood of their remaining in the sector.

This means that to enable more realistic and attainable career progression opportunities and pathways we'll need to radically restructure workforce organisations and roles, offering possible pathways for competent workers to move between jobs or to transition into management positions outside direct care or health care pathways. It will also allow for the evolution and development of new roles and skill sets as conditions, needs and demands change. A number of Teaching and Research Aged Care Services (TRACS) pilot programs have discovered that, while the majority of aged care roles have been designed around care provision, there might also be

new roles to support training delivery. Some possible roles identified and created include Learning and Clinical Facilitators, Student and Work Placement Co-ordinators, CHART (Cooperative for Healthy Ageing Research and Teaching) Liaisons and Mentors, and Innovation Leaders and Researchers.[48]

At present the resourcing of learner development sits within the education and training sector. However, it's clear that learners need to be strongly bedded within an industry aged care setting. The success of the partnership between training and industry needs to address resourcing to restructure aged care providers, so that they are able to support this type of learner development.

Standardised Job Descriptions, Designations and Pathways

The Taskforce called for nationally recognised, standardised job descriptions and designations to improve the understanding of the sector amongst potential recruits,[49] which might also make mapping skills and skill-mixes, roles and potential pathways easier to standardise between organisations and jurisdictions. ENs, RNs and Nurse Practitioners (NPs) already have legally protected titles and clearly articulated education and training pathways.[50]

One potential pathways framework to consider might be New Zealand's Kaiāwhina Workforce Action Plan (KWAP) and the Kaiāwhina Health & Disability Workforce Pathway (KHDWP).

Kaiāwhina Workforce Action Plan and Kaiāwhina Health & Disability Workforce Pathway

In New Zealand, personal care and other non-regulated aged care, health care and disability support workers are designated *kaiāwhinas*, a Māori word roughly translated as 'assistants', 'helpers', 'counsels' or 'advocates'.[51] Although it doesn't replace specific job titles, it's an overarching term used to empower aged care workers, and although it isn't a legally protected title, it's considered to be a *taonga,* or culturally significant treasure.[52]

The Kaiāwhina Workforce Action Plan was instituted in 2013 by the NZ Ministry of Health. It's implemented by Careerforce—an Industry Training Organisation (ITO) similar to Australian Skills Service Organisations (SSOs) like SkillsIQ—after sector-wide consultation with stakeholders across aged care, health care and disability support, resulting in greater engagement and investment. It's a 20-year vision, split into five-year action plans, and framed around clearer access to education, technology and jobs.

KWAP employs standardised job descriptions and designations; shared workforce database intelligence; career pathways and development; agreed and integrated RPL; and transferable skills recognition, with the first five-year action plan having been largely completed in 2019.[53] Training is employer-led and work-based, with government funding for training grants, scholarships and apprenticeships in targeted areas, such as mental health and Māori health, as well as additional LLN and digital literacy support to enable greater access to training and career development.[54]

One key component of the KWAP's Kaiāwhina Health & Disability Workforce Pathway is its clear qualification pathways that also reflect career pathways, with administration and digital literacy training from Level 3 (equivalent to Certificate III), and aged care, community and health care-specific business management pathways which incorporate leadership and management training from Level 4 (equivalent to Certificate IV),[55] offering kaiāwhinas with management or leadership aspirations greater opportunities to move into these roles from the start of their careers.

QUESTIONS

1. What mechanism could be used to address transition between qualifications (e.g. nesting) and transition more broadly across the sector?

2. What other mechanisms should be considered for upskilling workers across the sector, both in VET and HE (e.g. micro-credentials, short courses, digital 'badges', etc.)?

    a. How should these mechanisms be valued?

    b. Should they have an Equal Value of Learning (EVL) or be aligned to AQF levels?

3. Would CPD be a more appropriate approach?

    a. If so, how and when would this CPD be delivered, and by whom?

    b. Should there be one body that develops, accredits and tracks aged care-specific CPD?

4. Do you see online training delivery as being able to facilitate pathways in the aged care sector? Are there any risks that you consider to be associated with this approach?

5. Do we need a pathways framework such as New Zealand's Kaiāwhina Health and Disability Workforce Pathway? Can we connect all skills and roles to more clearly show vertical and horizontal pathways between them, as well as how skills might transfer or be accredited between them?

6. What new aged care job roles do you envisage being required in the next five years that will need to be addressed?

Conclusion

Aged care has changed incredibly in the last few years. Meanwhile, the world has changed even more profoundly in the last few months.

In addition to massive health risks, the COVID-19 crisis has been economically devastating,[56] with job losses of up to one million within the formerly 2.7 million-strong workforces of 'exposed' sectors such as education, retail, travel, tourism, hospitality, childcare, sports and physical recreation.[57]

Many of these workers will be unable to return to their previous jobs,[58] and many may seek new careers. Given that the aged care workforce is expected to grow by 250,000 jobs by 2023, some of these displaced workers may consider a career in aged care.[59]

With demand for aged care workers expected to increase even more in the next decade,[60] this offers an excellent opportunity to recruit thousands of much-needed workers from these exposed sectors, as well as from tangential sectors such as community and disability services, many of whom will bring the urgently needed skills that service providers and recipients require.[61]

To take advantage of this 'once-in-a-lifetime' opportunity, the aged care sector therefore needs to address the issues of recruitment, engagement, progression and retention that currently afflict it, to avoid these workers simply leaving once the economy recovers.

Care recipients now expect to have ongoing long-term relationships with their PCWs, especially given the increasingly intimate role these workers play in personal care, meal provision and emotional support. Training in itself, however, will not ensure quality of care. As the Taskforce has identified, many organisations are actively testing more holistic approaches that include potential recruits' behaviours, aptitudes, attitudes and competencies, in addition to their formal qualifications.[62]

This means that any changes we make need to be as profound and unprecedented as the changes the world is experiencing today, not just to address current challenges but to grasp potential opportunities as they arise.

Based on your input and insights, we hope we can shift the architecture of jobs and role design and create new positions to meet the growing demand for aged care as recipients' needs and expectations change. Our goal is to enable reimagined aged care workers to have viable, flexible and meaningful long-term careers in the aged care industry.

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