

# **Short Statement to the Productivity Commission's Health Workforce Study**

*Submitted April 2005 by Ms Margaret Rutherford, E. O., Migrant Resource Centre North-West, 45 Main Rd West, St Albans Victoria 3021*

## 1. Purpose

The purpose of this short statement is to identify and to register with the Productivity Commission's Study Team a current and projected staffing shortfall in an important area of the broad Australian health workforce, so that more accurate analysis of this shortfall may be made and some solutions may be generated.

This staffing shortfall relates to the serious lack of supply of bilingual, aged care qualified (Certificate III) direct care workers- (personal carers, home carers and respite carers)- to serve the large and growing population of culturally and linguistically diverse (CALD) elderly persons, who need practical home and community care services to prevent them from being admitted to residential care and, in many other cases, occupying beds in the hospital sector.

## 2. Nature of the Problem

The phenomenon of the rapid ageing of the Australian population has been highlighted in many reports over the last decade, as has the proportionally more rapid ageing of those persons who speak a language other than English at home and who come from non-English speaking countries.

Home and Community Care Services and Community Aged Care Packages form a critical element in the interconnected health and aged care service system for the CALD elderly in Australia. These services are particularly important not only because they meet client cultural preference but because they represent a highly cost-efficient service substitution option to residential care and hospitalization.

To be fully effective in sustaining the CALD elderly in the low-cost community care system, these services must be staffed by persons who are not only qualified in personal and community care competencies, but also by persons who can clearly and effectively communicate with their clients in their own languages. Services, however, often fail on both counts. Many existing staff not only continue to work without the nationally recognized and required qualifications for Home and Community Care work but many of the direct care workers do not understand or speak the language of their clients.

This situation is unacceptable both from a health and safety perspective and from the point of view of providing quality, culturally sensitive care for vulnerable people.

The Victorian State Government has expressed its concern at this workforce capacity problem by establishing a Home and Community Care Bilingual Workers Project to look at innovative ways of attracting more bilingual workers into aged care services. Nevertheless, this problem also needs systemic attention at a Federal level, where policy options in the domains of workforce planning, employment and training may be more readily brought into play.

### 3. Towards Solutions

In summary, with the ever-growing demand for home and community care services by the elderly, there is already a shortage of certificated workers in general and a shortage of bilingual, certificated workers in particular to meet current need. The situation in both areas is likely to get worse under current policy settings.

The positive elements in the workforce planning mix are that nationally accredited personal, home and community care qualifications do not require excessively high levels of pre-service education for course entry and the duration of the training is relatively short by comparison to traditional trades.

While the MRC does not have the requisite data to offer a definitive prescription for this shortfall of qualified, bilingual staff in community aged care services, it can confidently offer the following suggestions to the Productivity Commission for its further consideration:

- Conduct an occupational category analysis to identify the nature and size of the gap between the current and projected supply of, and demand for, Certificate III-qualified aged care workers in general, and for bilingual Certificate III-qualified aged care workers for CALD communities in particular, to service the needs of the community care aged service industry.
- Expand the capacity of the TAFE training system to meet these current and projected skill deficits, possibly through:
  1. Funding more Certificate III Aged Care training places according to need
  2. Providing targeted entry assistance to these Certificate III places, for bilingual students from CALD communities.
  3. Providing training providers with extra publicity and promotion resources to attract persons from CALD communities to their courses.
  4. Providing students from CALD backgrounds with additional English language support and other academic support, to assist them to achieve the competencies required by the Certificate III.
- Expand the capacity of the employment and income maintenance systems for prospective Certificate III workers from a CALD background, possibly through:
  1. Examining the operation of "prior qualification" restrictions to eligibility for traineeships in Certificate III (Aged Care) for migrants who are experiencing difficulty in obtaining work in the field of their first qualification.
  2. Exploring a job start incentive for mainstream aged care providers to employ newly graduated Certificate III bilingual workers with a CALD background.
  3. Examining the income support levels associated with the current traineeship arrangements to ensure it does not provide a barrier to persons wishing to study the Certificate III qualification.

- 4 Matching the Victorian State Government initiative which offered a number of scholarships to persons with a CALD background to assist them to complete the accredited training.

Thank you for allowing the migrant Resource Centre to register this issue for further study in the context of your Health Workforce Study.

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