Old but not out – a snapshot of recognition and workplace training practices in the aged care sector

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Abstract

The Australian population is ageing at an alarming rate and caring for us all in our decline an increasing concern. There are growing demands for quality aged care provision. All facilities are required to meet accreditation standards. The aged care workforce is not expanding quickly enough to meet this skill need. The bulk of care giving is done by personal care assistants at AQF3 level. This workforce has low status and seemingly little accredited training.

There are mixed views on whether recognition of skills can or should assist this process. In a snapshot of the aged care sector workforce we ask the important questions of employers and staff: Why do we need to train existing worker in aged care sector? What type of training is needed? What are the barriers to training and skills recognition and how are these barriers being overcome?

This current NREC funded research project from the suite of existing worker research managed by NCVER considers these issues. The project is being conducted by staff at VEAC and the Centre Undertaking Research in Vocational Education (CURVE), Canberra Institute of Technology.

The research

1.   Background to the project

Healy and Richardson (NILS, 2003, p.1) have noted "several developments in Australia's demographic and social structures are causing concern about our future capacity to take good care of our infirm elders". A major concern is whether Australia will have a large enough, appropriately trained and skilled workforce to provide the range of services required by such a rapidly growing aged population. The diverse spread of service need results in an urgent requirement for a sufficiently large competent workforce. This in turn presents real challenges in relation to the appropriateness and accessibility of training for aged care workers.

A range of factors is currently causing pressure on service delivery and training and recognition practices in the aged care sector, including:

✧ a rapidly expanding demand for service and the higher level of care needs of residents and clients

✧ changing demands on industry regarding funding, regulation, accreditation and service delivery models

✧ human resource issues – particularly the need for a strategic human resource approach

✧ changing requirements in the VET sector relating to training and recognition practice

Each of these factors has implications in relation to current training and recognition activity in the aged care sector.

This research is investigating current practice in recognition and workplace training for workers in the aged care sector of the Community Services industry. It will identify barriers to the recognition of workers' skills and knowledge and the delivery of workplace training in this sector. It will develop models and strategies and outline features of good practice that could be applied to other sectors within the Community Services industry or to other industry areas with similar worker profiles: mature workers from diverse backgrounds with few formal qualifications but a wide range of life skills.

In order to focus the outcomes of the research, this project is addressing the training and recognition needs of staff in residential care facilities who are personal care workers. The project is currently underway and will be completed by June 2004.

1.1. Research questions

- Why do we need to train existing workers in the aged care sector of the Community Services industry and what type of training is needed?
- What are the barriers to cost effective recognition of skills and delivery of training to existing workers in the aged care sector?
- How are the barriers being overcome?
- What are the features of good practice in recognition and structured training for existing workers in this sector?

1.2. Methodology

- An environmental scan has been conducted including worker and organization profiles, legislation and other factors impacting on training, recognition, identified training and assessment needs and current training outcomes.

- Managers and personal care workers in residential care facilities are being interviewed to determine current approaches to training, experience of training and recognition and the importance of training and recognition to the organisations. Eight workplaces across NSW, VIC, ACT and Tasmania have been selected as interview sites. Most of them are conducting training and assessment against units of the aged care strand of the Community Services Training Package and training has occurred within the last 12 months. Staff of partner RTOs are also being interviewed to gain information on their views of their training and recognition provision.

- From this information, resources, strategies and models will be developed to assist RTOs to provide successful training and recognition in the aged care sector. The relevance of the strategies and models of good practice developed will be validated and evaluated by two industry representative focus groups. The models will also be posted on a project web page so that industry RTOs, assessors and workplace staff can provide feedback.

2. What we know about the aged care sector of the community services industry – environmental scan

The industry is significant and growing
Whereas in 1900 only 4% of the Australian population were over 65 years of age, in 1999, there were some 2.3 million people, or 12.2%, a trend which is predicted to continue. The Australian Bureau of Statistics suggests that in 30 years time those aged 65 and over will represent 21.3% of

the population and by 2051 they could represent 25%, or between 6.4 and 6.8 million people. This specifically includes an increase in the population aged 85 years and over, possibly to 5% or some 1.3 million people.

The Community Services and Health industries combined have been the fourth fastest growing industry sector in Australia, expanding at the rate of 14% in the five years to May 2003 (DEWR Job Outlook August 2003). It is expected that projected job growth to 2009-10, will be a further 3.3% per annum which is the third fastest projected growth behind property and business services and retail trade. This makes up 19.9% of the total projected growth of all industries. The increase in workforce demand is directly linked to the ageing population, changes in health/community service delivery patterns and changes to government policy and spending at both national and state levels. The rapid expansion of this sector incorporates a broad range of worker roles and professions, which leads to questions about the human resource requirements and skills development for this expanding workforce.

The industry is complex particularly regarding funding
The industry is based on two models, residential care and community care, to support older people in their homes. Residential aged care is financed and regulated by the Commonwealth Government and provided primarily by the non-government sector (religious, community and private providers). State Governments, with funding from the Commonwealth Government, operate a small number of aged care facilities, as do a small number of local government bodies.

The main types of residential aged care in Australia are high level care (previously called 'nursing homes'), and low level care ('hostel'). As part of the changing nature of the industry, there are also changes in regard to levels of care. Although the two levels of care might appear quite distinct, one of the objectives and effects of the Aged Care Act 1997 was to allow older people to 'age in place' (AIHW, p. 32). AIHW notes, while some aged care facilities will continue to specialise in either low or high level care, many homes offer the full continuum of care, and allow residents to 'age in place', that is, allow low care residents to remain in the facility when their dependency needs increase, rather than move to a different high level care facility.

In practice, this means that some facilities that were previously classified as low care, are effectively beginning to provide high level care to those of their residents who, over time, develop a need for greater support and care. Although the rationale for this policy is sound, some existing low care facilities which are retaining previously 'low care' clients as 'high care' clients, may be struggling to provide the requisite level of facilities and staffing to accommodate these higher level needs of people. For example, they may not have doorways that accommodate wheelchairs, nor may they have the same level of nursing staff as a dedicated high level care facility would have. Most new facilities are being built as low care – but with some capacity to accommodate high care residents.

The industry is regulated by national accreditation standards linked to a funding formula but not they do not mandate necessarily qualifications for personal care workers. In 1998 the Commonwealth government introduced a new accreditation system designed to improve the quality of residential care in Australia. To achieve accreditation, and with it, Commonwealth funding, aged care facilities are assessed against the 44 expected outcomes of the Accreditation Standards. These Standards, legislated in the Aged Care Act 1997, cover four main areas:

✧ management systems, staffing and organisational development

✧ health and personal care

✧ resident lifestyle and

✧ physical environment and safe systems.

The standards are assessed by auditors on outcomes and are not directly linked to training and/or qualification requirements.

There are issues of importance for different target groups of consumers

A number of issues arising from the environmental scan which relate to different groups within the aged care industry are listed below. This data, drawn from State figures, is detailed in table 1:

Issue	Comment/ reference
The changing ratio of seniors to the whole population	Currently, one in six Victorians are 'seniors' – aged 60 years or more – whereas by 2021, one in four Victorians will be seniors. www.health.vic.gov.au/agedcare/documents/Seniors
The relationship between the figures for indigenous aged people, and aged people generally	In NSW, 4,345 persons over 60 years are indigenous, which equals 4% of the indigenous population and .4% of the total NSW population over 60. www.dadhc.nsw.gov.au/NB/rdonlyres
	In Victoria 5% of indigenous people are over the age of 60. www.health.vic.gov.au/agedcare/documents/Seniors
	The significantly smaller percentage of aged Aboriginal and Torres Strait Islander peoples is directly related to their life expectancy continuing to be up to 20 years less than other Australians (ABS).
The numbers of aged people born in non English speaking countries.	13% of people over 65 in NSW were born in a non-English speaking country www.dadhc.nsw.gov.au/NB/rdonlyres
	"There has been little work undertaken to date to map the demand for aged care services in culturally diverse communities" (Wheeler, p. 9).
The geographic spread of the aged between rural and urban centres	In regional Victoria, for example, the proportion of seniors is increasing more rapidly than in Melbourne. It is predicted that by 2021, large municipalities like Geelong and Mornington Peninsula are expected to have the highest numbers of senior Victorians, and West Wimmera and Strathbogie will have senior populations exceeding 50% of the total local population. www.health.vic.gov.au/agedcare/documents/Seniors

Table 1: Identified issues relating to the ageing population

The issue of the care of older Aboriginal or Torres Strait Islander people is of particular importance, given the poor health outcomes that have been achieved to date and the demographic, geographic and health challenges that continue to face this group of Australians.

Older people of Culturally and Linguistically Diverse (CALD) backgrounds requiring care are likely to need specifically tailored support, including staff who demonstrate cultural awareness skills and abilities, and possibly language skills, so that care is adequate and accessible over time.

Each of these issues impacts on the development of aged care policy, which in turn impacts on the workforce and the need for suitably trained staff to ensure quality care which is accessible, appropriate and affordable.

The characteristics of the residential aged care workforce need to be considered

According to Monash Economic Forecasts (December 2001) 86% of the total aged care workforce is female, 62% of workers are aged between 40 and 54 years and part time staff comprise 52% of the workforce within sector.

The workforce comprises nurses (both registered and enrolled) and increasingly personal care workers. A review of workforce data has been conducted in 2003 for the Commonwealth government (Commonwealth Department of Health and Ageing, forthcoming). This analysis is preparatory to two in depth surveys of the aged care workforce, to be completed early in 2004, which should fill the gaps in existing data. This work will provide more details on current training and qualification levels for workers in the industry.

Some additional factors specific to this workforce will impact on the need for training. Census data in regard to workers in aged care shows that 19% of personal care/nursing assistants are from non-English speaking ethnic or cultural groups, while only a very small proportion of workers identify themselves as indigenous (NILS, 2003, p. 22). Some of these workers from non-English speaking backgrounds are likely to have quite specific training needs (for example if their English level is not adequate in terms of reading about drugs or specific procedures).

The dramatic increase in demand for care over recent years implies that there has been an accompanying increase in the number of suitable workers available to carry out the increased level of services, in both residential and community care. The majority of workers employed in aged care bring a wealth of life skills but few formal qualifications to the job. The assumption has prevailed, and possibly continues to do so, that this life experience and an attitude of commitment is sufficient for these workers to be effective and efficient in the workplace.
In addition a large proportion of the work of caring for older people is done by volunteers.

Staff need to be able to accommodate the changes occurring in the industry
Just as there are myths about aged care generally, some outmoded notions remain, including the view that some workers in the sector as unskilled, untrained, blue collar workers. However a contrasting attitude is shown by Wheeler who comments that 'the wide range of required services in aged care would seem to indicate the need for multi-skilled workers who can work across health, community services and other industry areas' (Myer, 2002, p.6). This attitude reflects the need for workers providing care that meets the required standards in:

✧ health and personal care

✧ resident lifestyle and

✧ physical environment and safe systems.

In its Review of the Community Services Training Package, the Community Services Ministerial Advisory Council (CSMAC) says that community services are increasingly being delivered in an environment of dynamic social, economic, political and technological change (CSHTA Review Report, April 2001, pp 12-14).

Key changes are identified as:
✧ greater emphasis on analysis of strategic need and defining outcomes in funding arrangements
✧ emphasis on developing community capacity to be a stronger partner in the design, delivery and evaluation of services
✧ provision of stronger integrated services across agencies, sectors, areas/regions and jurisdictions
✧ delivery of appropriate services, especially to remote and regional locations
✧ greater attention to prevention and early intervention strategies

Some of the policy impacts which were identified during the Review of the Community Services Training Package included:
✧ The introduction of 'ageing in place' under the Aged Care Act 1997
✧ The expansion of Community Care Aged Packages
✧ Implementation of standards (including HACC) & accreditation
✧ The Resident Classification System requirements for funding
✧ Approaches to 'ageing well' and healthy ageing

Providing services within this changing environment calls for a fluid, multi-skilled workforce with flexible, broadly applicable skills that equip them to work effectively in multi-disciplinary and/or multi-cultural teams where the focus of their work is on prevention and early intervention.

One element in building capacity is the provision of a better skilled and more flexible workforce. Development of this workforce should be undertaken within an agreed framework and direction, and with an informed base so that appropriate decisions can be made" (Myer, 2002, p.1).

Training for workers in the aged care sector needs to take account of these factors
Personal care workers are covered by the standards and qualifications set out in the revised Community Services Training Package CHC02.

The qualification currently most used in the industry is the Certificate III in Aged Care Work, with "one fifth of personal care workers having completed Cert III or IV. However 52% have not completed any qualification higher than secondary school "(NILS, p. 23). The suggested reason for this limited uptake of the qualifications is that there are no clear pathways for workers. This lack of pathways is challenged by Wheeler, 'Some work in defining career pathways has commenced in the aged care sector, including arrangements whereby Certificate 111 aged care workers can articulate to Certificate 1V and then into Registered Nurse training' (p.14).

However this pathway is only into the medical i.e. nursing, option, and Wheeler notes that 'Much of the current debate about increasing the supply of particular occupational groups is underpinned by a medical model of aged care/service provision' and raises questions about whether this medical model is the most appropriate one for the industry (p. 2). The report discusses the need to develop models of career progression that are compatible with clients' needs, not historical professional models of skills acquisition.

It is interesting that in the High Level Review of Training Packages, specific mention is made of skills development in the aged care industry:

> "In the case of personal services, whether we are concerned with retail sales or with aged care, the learning process necessarily involves considerable interaction with others in increasingly realistic situations. The core skills will ultimately be embedded within the workers themselves and involve the construction of new identities, the acquisition of new interpersonal and highly context bound skills as well as those that are more readily transferred" (ANTA, 2003, p.30).

This identification of core skills has implications for training and recognition programs established within the aged care sector.

Accessible training will increasingly be required for those working in rural and remote areas. These workers are less likely to have a range of avenues for their learning. This need arises from the demographics outlined earlier, in that a high proportion of the aged may be in rural and remote areas, and services (and staff) will be required there.

Training will also be required to meet increased quality service standards and good business practice. Aged care, like all successful businesses, needs to provide responsive and flexible solutions to customer needs. In service organisations such as aged care this provides particular challenges, where the quality of service in individual transactions between "servers" and customers, is inherently subjective and personal and not as easy to measure as tangibles such as waiting lists and bed days. (See Lawson, April 2003)

In some parts of the industry, these workers are disparagingly referred to as "blue collar" workers, "people off the streets", "unregulated" and "untrained". Some research in Australia and

New Zealand identifies that bullying by health professionals is a significant problem in the health workforce and contributes not only as a disincentive to retention of staff but has an impact on safe staffing strategies. (Youngson, 2001)

Training is therefore one of the essential features of a strategic HR approach to workforce development, being one way of creating workplace cultures that can deliver the range of quality of service demanded by the ageing population.

A move to a more strategic approach to the development of the aged workforce was acknowledged in August 2002, by the Minister for Ageing, Kevin Andrews, when he announced the establishment of a Ministerial Working Party to develop a National Aged Care Workforce Strategy.

> "This Workforce Strategy would enable better planning to meet the future demand for aged care nurses and other paid care workers with the appropriate skills ands qualifications to meet residents' care needs." (KA 74/2002 Media Release)

The provision of recognition of skills and experience for aged care workers is contentious
In terms of training for paid workers in the aged care sector, one particular challenge is around recognition of experience as part of the training process. The majority of workers in aged care are women, many with a breadth and range of life skills. It is not enough to presume that their existing (life) skill base will be sufficient for the role(s) they are required to perform. The range of services required, along with the pace of change in the industry, means that workers need both initial and ongoing training in a broad range of skills. These skills must also meet the required standards for their facility. Some examples are context based OH&S, the care and use of drugs, behavioural management, and the introduction of extensive documentation (Keevers and Outhwaite, 2002, p. 2 – 31).

Although an individual worker may simply 'pick up' this extensive range of skills informally in the workplace, to the standard required, it is unlikely they will have the underpinning knowledge to apply the skills appropriately, especially in a variety of contexts. (The High Level Review Phase One report, Section 1. Changing Work – Changing Workers, includes detailed discussion of changing notions regarding work and workplace learning relevant to this sector). It is equally important for an industry whose growth in labour force will rely on over 45's and an increasing number of males (with a range of workplace experiences) that appropriate recognition be offered and biased assumptions about incompetence not drive the recognition assessment process. (DEST, 2003).

Recognition of workers' skills can help contribute to the development of a strong learning culture in organizations, and would seem to support the aged care industry registration and accreditation requirement. With this ever changing industry sector, continuous learning is an expectation of the workforce and recognition can provide a means to support and encourage that learning.

While the benefits of a recognition process are widely applauded, there is very little research data either from RTOs or enterprises, other than a small number of case studies, that evaluate the outcomes of skills recognition (Bateman and Knight, 2003). A number of studies have commented on the relatively small number of employees who have actually gone through a process of having their existing skills and experience formally recognised (Wheelahan et al 2002b). Current research also points to a lack of evidence across the VET sector of the quality assurance of assessment conducted as part of a recognition process. Bateman and Clayton (2002) suggested that workplace pressures may influence decisions relating to assessment through recognition, as managers needed to have staff trained and in the workplace carrying out their core business.

Questions were raised during the strategic audit of the aged care industry in Victoria, where Hoffman et al (2002) reported on comments by their informants of the inappropriateness of recognition, when an industry or enterprise was attempting to implement major change. They reported that where the aged care industry is attempting to develop workers' skills to equip them to meet the changing demands of their job, and the needs of the growing aged care population, recognition should only be used if the workers concerned are able to demonstrate current knowledge and practices. In some workplaces conducting training may be a more appropriate way of supporting new processes and procedures.

The process of recognition is frequently seen as difficult. Wheelahan (2003, quoted in 'Bowman et al) observes that across all industry the gap between policy and implementation in respect to recognition is very wide. She observes that RPL requires candidates to have a complex skill set including self assessment, the ability to present oneself in a format appropriate to the context, and a thorough grasp of the standards and the range and amount of evidence required.

Other evidence supports the inappropriateness of the RPL process to deliver sustainable outcomes, saying that individuals do not engage with RPL for the following reasons:

✧ a preference for doing a course and revising skills and knowledge

✧ too time consuming

✧ too much work to prepare evidence

✧ lack of understanding of the process

✧ preferring interaction with fellow students

✧ inability to locate evidence (Bowman et al, p. 15)

Training and recognition of personal care workers needs funding and development - models currently being trialled for the industry using a range of technologies and learning methods

In the 2002 – 2003 budget, the Commonwealth announced it would provide $21.2 million over 4 years, to address some of the training needs of workers in smaller, less viable, residential facilities. The first thirteen of these projects, which aim to address the needs of aged care workers in small, regional, rural and remote facilities, are currently in planning or being implemented.

One project, the Satellite Technology Training Project, will provide training to 100 small aged care homes, through satellite television (ACSA, Tender doc. October, 2003). Although the concept is innovative, the training is likely to follow the 'risk management approach' noted above, with a focus on topics such as Food Safety, Fire Safety, Manual Handling, etc.

There is also a range of projects underway in the Community Services & Health (CSHTA) industries around recognition. CSHTA in a DEST funded project conducted a range of CSTP implementation and assessment workshops across Australia in early 2003 and have been further funded to focus on recognition assessment in greater detail through developing Recognition resources for Ageing and Disabilities, along with other community services areas.

A project currently being managed by the Western Australian state training authority involves the development of a resource manual for VET training in the aged care sector. The manual has resulted from a forum attended by over 70 industry representatives who identified relevant issues relating to training in the sector. One section of the manual is focused on skills recognition and provides practical advice for recognition candidates.

3.   Issues in our work to date

3.1. The research process
In bringing this project brief to life we have wrestled with some methodological issues. The project proposal was submitted in April 2003. Since being approved things have changed rapidly in the industry. There are now many training initiatives including satellite televised programs, auspiced traineeships and state peak bodies have developed models for recognition and training for their constituents.

As is usually the case we have needed to redefine the project much more specifically since developing the initial brief. As more information came to light it was necessary to narrow the focus so that we are now concentrating on personal care workers in residential facilities and not community care as there are so many different models of operation in this sector any comparison or analysis in this small project would be meaningless.

While we aimed to narrow the focus of the brief we were also asked to expand our inquiry to include training as well as recognition. This has changed the focus of the project significantly. To yield the most useful data on issues related to recognition we would need to interview only staff of facilities where accredited training has been conducted but in order to get really interesting information about the take up of training generally it would be appropriate to interview staff in facilities where there is no accredited training yet being done.

The requirements to comply with privacy legislation, while essential, are very time consuming and tax the researchers' budget. It can be difficult to track down the correct Head Office person to give consent for the project when we are interviewing staff in a tiny facility which is located in a remote area of Tasmania. In an industry such as aged care, where there is often huge anxiety on the part of facilities about audit and accreditation, formal consent requirements generally raise alarm bells on the part of the facility's staff. We have had to spend a long time reassuring staff and managers that our project has no connection to the accreditation authorities.

The art of site selection – the importance for national projects
Although in the initial project brief we planned to include several sites in four different states it was more important to reflect the wide range of facilities and their arrangements with RTOs among the interview sites. These included:

✧ community based, private and public sector facilities

✧ those with both community and residential facilities

✧ those catering for specific client groups eg multicultural, aboriginal

✧ those with specialist units eg for dementia patients

✧ facilities who are enterprise RTOs and others who work in partnership with an RTO

✧ rural facilities connected to the local area health service who offer a broad-ranging service

✧ facilities which are part of a large "chain" and offer central support with training

✧ facilities where the personal care workers have undertaken work based traineeships.

This list is not exhaustive but highlights the issues involved in working within a complex industry. It is often difficult at the outset even after having conducted initial research to determine and cost the most appropriate range of sites to include. In some cases even though the research needs to reflect the range of national issues it may be possible to have access to these issues by focusing the research in one or two states. The demise of state ITABs has not helped researchers to identify appropriate industry representatives and potential sites.

3.2. The educational issues

The brief considers training and recognition in the aged care sector but in some instances we have had difficulty defining recognition in a meaningful way to workers being interviewed. The concept of recognition presupposes that the worker has been exposed to accredited training or a Training Package qualification and in this industry; recognised (formal, structured) training is not necessarily the currency. Therefore it is difficult to have very detailed or fruitful discussion about the issues involved in achieving recognition in this context but is important to capture the range of other types of non-accredited training being undertaken at the site.

The project brief included an assumption that recognition is a good thing and that every worker should have access to it. However for complex reasons recognition may not be the appropriate approach in this industry. While skills learned through experience can be easily demonstrated eg. showering clients, the acquisition of underpinning knowledge of biology, physiology, psychology etc actually improves the quality of care and clients and also the confidence of the worker.

There are many wider problems impacting on this sector which have been identified in escalating publicity at the national level. The language of training has not been captured and does not appear to be significant as a solution to any of the problems of funding, viability, accreditation, poor status, conditions and pay for staff, and of course appropriate treatment for residents. Although not part of the project brief these issues inevitably come up during interviews with both facility and RTO staff and are hard to disentangle from the training and recognition issues that are the prime focus of our investigation.

4.   Some comments in conclusion - so far, we've had a good innings but…..

The language of training and recognition, 'VET speak', is not easily understood in the aged care sector. The two cultures need to be able to speak to each other more effectively. We have identified through the research process so far and the experience of training and recognition that practitioners really need to understand the industry and how things work to provide effective services. There are many issues impacting on the sector but the role of training and recognition are still not featuring prominently as a way that improvements and changes can be made.

The broader issues of viability and funding in the aged care sector are so great that for us as researchers there seems to be even more pressure to produce something that can make a difference, especially as the staff in residential facilities have been generous with their time, a precious commodity in the sector.

Although it is too early for conclusive statements there does not appear to be extensive use of recognition of skills and competencies for existing workers in the aged care sector. Because there is such pressure for change and demand within the industry and for new and expanded skills for workers, perhaps recognition will not be the answer to extending this skill base…..

References

Andrews, Kevin 2002 Media Release (KA 74/2002 Media Release)

Australian National Training Authority, *High Level Review of Training Packages, Phase 1 Report.* ANTA, Brisbane, 2003.

Australian Institute of Health and Welfare, *Australia's Welfare 2001.* Chapter 6, Aged Care.

Bowman,K., Clayton, B., Bateman, A., Knight, B., Thomson, P., Hargreaves, J., Blom, K., Enders, M. 2003, *Recognition of prior learning in the vocational education and training sector.* ANTA.

Commonwealth Department of Health and Ageing, forthcoming National Aged Care Workforce Strategy, Canberra.

Community Services and Health Training Australia, *Community Services Training Package Review Report,* April 2001.

Department of Education, Science and Training, 2003, *Engaging the Untapped Workforce. Training Solutions for the Health and Community Services Industry,* Community Services and Health Training Australia. Sydney.

Keevers, L and Outhwaite, S. *All in a Day's Work. Moving work Based Learning Forward.* TAFE NSW, 2002.

Lawson, Di, 2003, Address to the Health Leaders Conference, April 2003. Melbourne. www.hln.com.au

Monash, *Economic Forecasts*, December 2001.

Myer Foundation, 2002, Wheeler, L, *Resisting the Quick Fix, Workforce Planning to Deliver Services to Older Australians 2020.*

National Institute of Labour Studies, Flinders University, Healy, J, and Richardson, S., *Who Cares for the Elders? What we Can and Can't Know from Existing Data.* Adelaide, S. A. August 2003.

Youngson, 2001, *Work Restructuring a systems approach to designing the clinical workforce of the future, presentation at workshop, Building Clinical Leadership for Quality and Safety, Health Leaders Network, Sydney 2001*