



FAIRCLOTH McNAIR
& ASSOCIATES

Feasibility Study Report

WA Aged Care Training
and Workforce Centre of
Excellence

March 2024



Your innovation and impact partners

Faircloth McNair & Associates Pty Ltd

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Acronyms

ABS	Australian Bureau of Statistics
ACEPT	Australian Centre for Energy and Process Training
ACPR	Aged Care Planning Region
AHA	Allied health assistant
AI	Artificial intelligence
AIHW	Australian Institute of Health & Welfare
ARC	Australian Research Council
CHSP	Commonwealth Home Support Program
COE	Centre(s) of Excellence
COM	City of Mandurah
EN	Enrolled nurse
FMA	Faircloth McNair & Associates
HCP	Home Care Package
LGA	Local Government Area
LOTE	Language(s) other than English
MSW	Metropolitan South West (a Perth-oriented Commonwealth ACPR)
PCW	Personal care worker (usually in a RAC setting)
PDC	Peel Development Commission
RAC (F)	Residential Aged Care (Facility)
RN	Registered nurse
RTO	Registered Training Organisation
SW	Support worker (usually in a community setting)
TAFE	Technical & Further Education
VET	Vocational Education & Training



Executive Summary

Background

The City of Mandurah is implementing the Transform Mandurah program - a disruptive program to support economic growth, diversification, and job creation as well as expand educational opportunities and quality of living options for residents.

Deloitte Access Economics was engaged by the City of Mandurah to undertake economic analysis to support the identification of opportunities to pursue, challenges to address, and actions to undertake. Deloitte's Mandurah's Economic Opportunities report identified eight high-level opportunities for Mandurah's future economic development in the medium to long term which included building the capacity of the aged care workforce.

Key factors identified by Deloitte and COM include the following:

'Nearly 27 per cent of Australia's population (8.1 million people) are expected to be aged over 60 years by 2040, representing a rise of 46 per cent from 2020 – or 2.6 million more people. Locally, the Mandurah population aged 60 years and older is forecast to reach 40,279 by 2036, representing 33% of the municipality's total resident population. The aged care (and health) industry is a major employer in many parts of Western Australia and in particular the Peel region, comprising a diverse workforce and making a significant contribution to the local economy. Aged care consumers are diverse in age, cultural background, support structures and often have complex health needs, managing multiple chronic conditions. This complexity is set to increase into the future with people living longer and often entering the in-home or residential care system later in life with increasingly high care needs.'

In response, the Peel Development Commission and the City of Mandurah are investigating the possibility of providing a leading role in expanding innovative, future-proofed training to address significant forecast shortages of skilled labour in the aged care sector, initially within the region, leading to supporting the sector statewide. The possibility is being investigated within the context of a Centre of Excellence model.

Project Scope

The scope of work includes two phases: i) Needs Analysis and ii) Feasibility Study on establishing a WA Aged Care Training Centre of Excellence, located in Mandurah, to build the capacity of the State's aged care workforce. This report represents findings and recommendation of the second phase.

Feasibility Study Objectives

The Feasibility Study required an outline of the feasibility of establishing a WA Aged Care Training Centre of Excellence in Mandurah. The scope of the feasibility study includes the following elements:

- The establishment and ongoing operation of a COE (central or networked facilities) located in Mandurah
- Financial modelling that includes estimating the approx. cost to both establish and operate such a COE.
- Estimate the economic impact to WA and the Peel region if the COE was established in Mandurah, including the number of direct and indirect jobs potentially created.
- An outline any potential State / Federal Government sources of funding that might be available for the COE.



- An outline the potential for the COE's operational activities to operate on a cost neutral basis or whether it would need ongoing operational Government funding support.
- Through stakeholder engagement with local service providers and major stakeholders understand the appetite for a collaborative approach. Although there is competition between providers, the feasibility will explore the potential development of local aged care provider partnerships to offer combined training for the up-skilling of staff.
- An outline how the COE in Mandurah could align with ARIA in Flinders University to utilise its research programs and training resources.
- The provision of a summary of various delivery models (government, industry, public private partnerships) and propose a preferred model that addresses the demand and gaps identified in the Needs Analysis, and develop an innovative, robust and best practice model.
- Through the processes and research of the feasibility study activities, consider the potential future use of digital technology in aged care workforce training, such as telehealth, AI and assistive technology.
- Identify any supporting infrastructure and resources that might be needed to support the establishment of the COE.
- Utilise relevant case studies both within Australia and overseas to develop the feasibility and model
- Produce a Draft Report of the Feasibility Study key findings based on the requirements above, for review by COM and PDC.
- Deliver a Final Report, following feedback from COM and PDC.
- Produce a two-page summary (A4) with key data info-graphics of the key findings that could be used for advocacy.
- Produce a PowerPoint presentation (10-15 slides max), outlining the methodology and key findings of the Feasibility Study for Establishing a State-Wide Aged Care Training Centre of Excellence, in Mandurah.
- Deliver a presentation to COM Elected Members and PDC Board

Scope Developments

There were two significant changes to the original scope:

- Inclusion of a co-design process and workshop in addition to a model development workshop
- Redefining the Centre of Excellence from WA Aged Care Training Centre of Excellence to WA Aged Care Training and Workforce Centre of Excellence

Co-design

The purpose of the co-design process and the workshop was to:

- Bring stakeholders along the journey
- Increase the opportunity to shape out a COE design that maximises buy-in and future success
- Increase the opportunity to shape out a COE design that maximises creativity
- Increase access to industry knowledge and intelligence to the benefit of the project
- Reduce the risk of presenting model option/s that diminish partners' interest, participation or influence
- Define the scope/shape of the COE in a manner that supports a clear focus for the feasibility activities

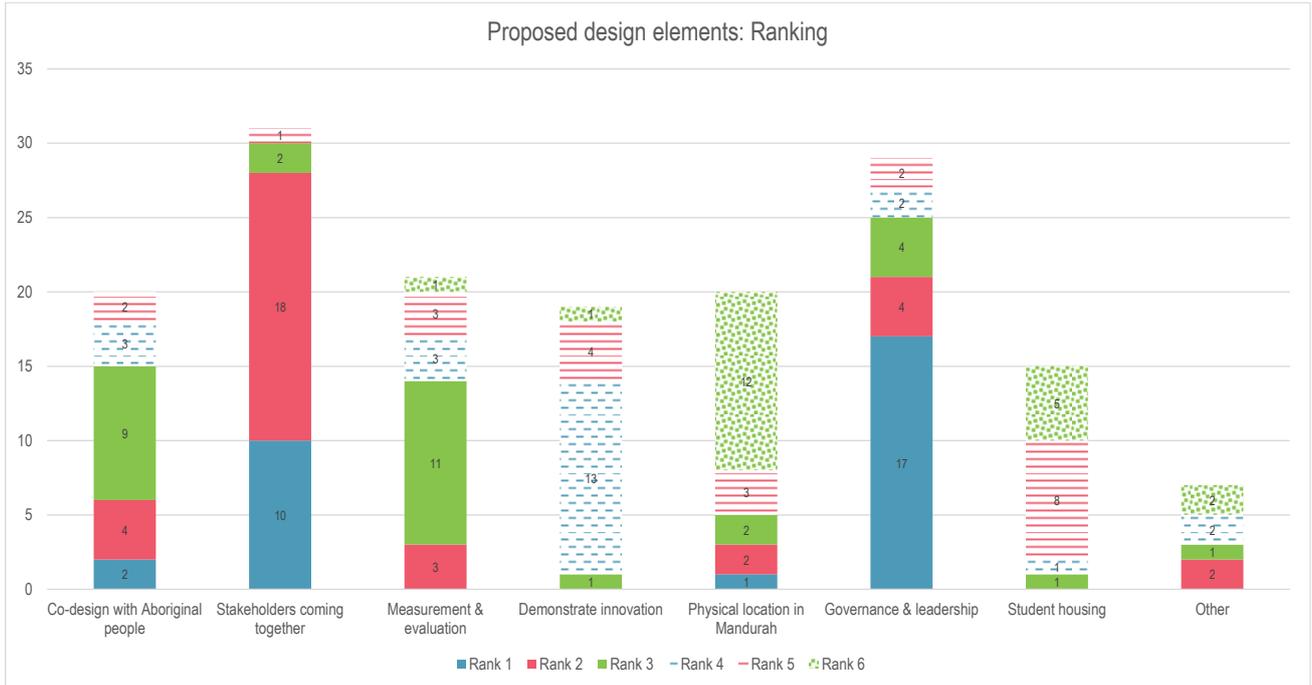


- Identify partners are who ready to do this work
- Foster participation of Aboriginal organisations and people in the development of the COE

The co-design workshop provided a framework and process that supported participants to shape the vision for the COE, increase their organisational and personal buy-in. The participants vital contribution has then been used as the framework for conducting the Feasibility Study.

30 participants and 22 organisations attended the co-design workshop, and through the course of the session provided the weighting shown in Figure 1 to the elements and process required for the COE.

Figure 1: Design Elements

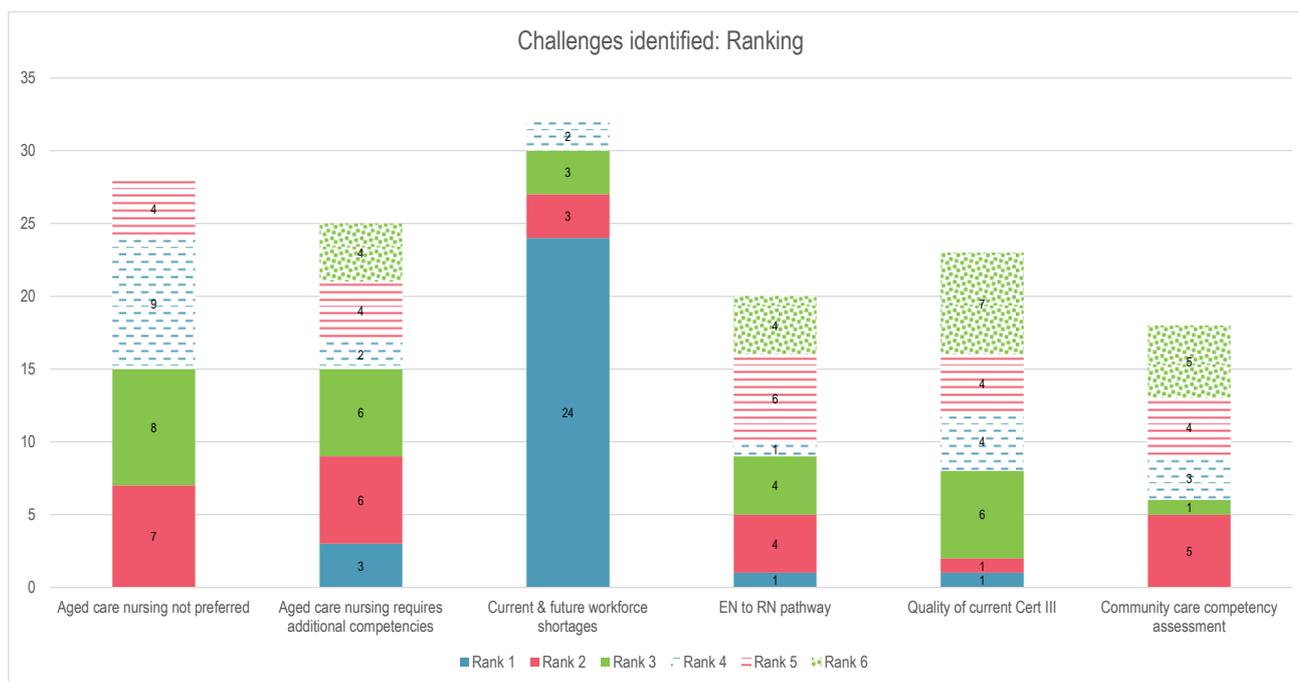


The prioritisation of these elements guided additional research activities and the development of the proposed model.

The co-design workshop participants gave further clarity and priority to the evidence identified in the Needs Analysis and the work of the COE as shown in Figure 2.



Figure 2: Challenges Identified and Priorities for Action



This prioritisation by the stakeholders confirmed the need for the WA Aged Care Training Centre of Excellence scope to be expanded as the WA Aged Care Training and Workforce Centre of Excellence.

Workshop participants confirmed that it was essential that co-design with Aboriginal and/or Torres Strait Islander people be embedded into the design and operation of the COE including issues relating to training, broader cultural competencies and the workforce. Similarly the participants positively embraced the requirement for CALD workforce development and practices to be incorporated into design, training outputs and operation of the COE.

While not directly addressed in the workshop, individual discussions with participants also prompted the consultants to ensure that the COE includes consideration for the particular design, training and workforce issues relating to LGBTIQ+.

A range of innovations, innovative approaches and technologies were presented during the workshop by participants and the facilitators. Where further exploration was considered to be important for the Feasibility Study, additional consultations and other research was conducted to potential build into the Cost and Revenue Plan and model design.

Implications

The co-design findings and buy-in set a more fine-grained agenda for the conduct of the Feasibility Study including the extent and content of further consultations and the related investigations. Findings from the co-design process also support the model development, the estimated costs, estimated economic impact and options/features presented at the model development workshop.

It is imagined that the COE partnerships and leadership will play a vital role in developing immediate evidence-based solutions trialled and improved in Peel and Mandurah, and then applied across WA in aged care training and workforce development. It is essential to understand that the quantum of workforce required and profession mix is directly interconnected to the service types and the capacity of those services to respond to the current changing care needs of the older population and carers.

The potential of the work of the COE in WA is that the activities and learning will result in the resolution of national issues in the Health Care and Social Assistance sector and aged care within the broader sector.



Model Development

The model development process drew together the preceding consultation, research, codesign workshop, model development workshop and economic analysis activities. The necessary cross sector collaboration and collective impact approach were identified and accepted by stakeholders as essential to solving this complex or “wicked” social problem.

Theory of Change

The theory of change has emerged out of a common social agenda expressed by stakeholders in interviews, and discussed and refined in the workshops. The Theory of Change is:

The Aged Care Training and Workforce Centre of Excellence is a vehicle that facilitates the application of collective impact to address factors that contribute to poor or inadequate training of students and that reduces the capacity of the sector to attract and retain candidates required to meet service demand.

Collective impact will focus expertise, innovation, research, leading practice, application of technology, leadership and the use of design thinking on addressing the quantum and quality of the aged care workforce required in Mandurah, the Peel Region and in WA.

The flow diagram (Figure 9: Achieving Change) outlines how the change will be achieved and the related outcomes and impacts.

Figure 3: Achieving Change

WHY	WHO	INTERVENTION	OUTCOMES	IMPACTS
<p>The aged care workforce skills are inadequate to meet the current and future aged care service needs.</p> <p>Aged Care is not seen as an attractive career choice for RNs and Allied Health.</p> <p>Graduating students are not work ready.</p> <p>The quantum including the occupation mix of the aged care workers is inadequate to meet current and future needs.</p> <p>The Health system has older people unnecessarily entering acute care and they are often staying unnecessarily due to a lack of appropriate discharge pathways</p>	<p>A collaboration of cross sector partners that include:</p> <ul style="list-style-type: none"> Universities RTOs Recruiters Aged Care Providers (Community and Residential) Peak Bodies (including carer & service user representatives) Technology Subject matter experts Government: <ul style="list-style-type: none"> Local Development Commissions State (multiple departments including Health) Commonwealth (multiple departments including Health) 	<p>Collective Impact to focus the skills and expertise of cross sector partners to lead, direct and contribute to:</p> <ul style="list-style-type: none"> co-designing training measuring & evaluating improving scaling-up <p>innovations and solutions that resolve the identified problems.</p> <p>Translating research into practice will be a key foci.</p> <p>The collective will advocate and support policy development.</p> <p>Migration including improved recognition of prior learning processes and screening for suitability</p>	<p>Aged Care will attract graduating students across all required occupations.</p> <p>Student placements and curriculum will ensure graduates are work ready.</p> <p>A longer length of stay in community with associated reduction in RACs and a reduction in the quantum of workers required.</p> <p>Reduced unnecessary hospital admissions and reduced length of stay of older people.</p> <p>Improved EN to RN pathway.</p> <p>Sufficient number of aged care workers across all occupations.</p> <p>Adoption of technology and innovation.</p> <p>Improved access to skilled migrant workers.</p>	<p>The quality and length of life of older Western Australians will be improved including Aboriginal and Torres Strait Islander people.</p> <p>The carers and families of older Western Australians will have improved wellbeing and economic outcomes.</p> <p>The State Government will ensure a functional Health system (avoid failure of the system) with resultant economic social impacts.</p> <p>The Commonwealth will be able to support National roll out of innovation and the translation of research to practice to support sustainability.</p> <p>The Aged Care workforce will have improved impact and satisfaction from their labour.</p>

Governance

An essential element of the COE is a backbone organisation with the skills and resources to keep everyone on track. Design elements should include:

- Identification/formation of a legal entity to operate/coordinate/backbone the COE
- A model of ownership that maximises ongoing buy-in
- Governance drawn from the stakeholders who have buy-in
- Opportunities for stakeholder participation that includes:



- Foundational Partners who will be invited to collectively carry the initiative forward confirming the critical model elements, proposed COE activities, form of organisation and governance and infrastructure requirements
- Critical Advisors will provide organisations and individuals with an alternate role providing expertise, specific advice and may be called upon by the Foundational Partners operating the COE. The Critical Advisors will also include particular advisory bodies such as but not limited to older people (including service users), carers.
- Supporters will provide ongoing interest and will be called on by the Foundational Partners to participate in consultation, workshops, surveys etc. Supporters will also receive ongoing communication regarding the progress being made. Other means of input may be developed by the Foundational Partners.

Location – Why Mandurah

The people of Mandurah and the Peel Region, aged care providers, the training sector (VET and universities), the Peel Health Campus, the City of Mandurah and the Peel Development Commission are seeking immediate action to provide the quality of care and answers to workforce shortages in aged care that are required. In addition, within Mandurah there is higher unemployment than the state figure resulting in an opportunity to recruit and train aged care workers from both unemployed and underemployed persons with the City of Mandurah.

These issues and the community's call for action have provided the context and opportunity for the Peel Development Commission and the City of Mandurah to take positive action. The City of Mandurah and the Peel Development Commission have demonstrated the leadership required to develop a workable solution in collaboration with the training/education and aged care provider sectors. This leadership is demonstrated in the commissioning of a Needs Analysis and this Feasibility Study, and leadership with a vision to create a WA Aged Care Training and Workforce Centre of Excellence in Mandurah with the attendant social and economic benefits. The vision extends to the capacity respond to the increasing issues related to aged care workforce shortages and the need to lift the quality of aged care training.

A particularly poignant outcome of engaging across relevant sectors in conducting these studies the interest, willingness and commitment of organisations who willingly support the concept of the COE and the role they may play in the operation of the COE when it is launched. The concept has been wholeheartedly embraced in a non-competitive manner. There is a clear recognition that no single organisation or person has the answers to solve this wicked problem but together there is hope. The breadth of sectors and people willing to be part of the COE based in Mandurah is diverse, and includes universities (as well as Flinders University ARIIA), the VET sector (private RTOs and TAFE), aged care providers, the peak body, recruiters, the City of Mandurah, and the Peel Development Commission. There is support from WA Health and interest and cooperation from the Commonwealth and state governments at this juncture.

This level of momentum is rare and is the most important factor to undergird the capacity to develop an effective COE.

Establishing a COE in Mandurah is particularly beneficial as the factors that will overtake the health system, the aged care system and the dynamics of the workforce challenges for the whole of WA are all current realities for Mandurah and the Peel Region.

The collective impact of the work of the COE on services and systems within this defined Region will showcase solutions, innovation and the adaptation of technology that can be adapted in urban, regional centres and rural communities across the whole of WA. Mandurah and the geographically contained and diverse Peel Region affords the COE a unique opportunity to research, implement, test and evaluate change while maximising the benefits of significant existing infrastructure; a factor not easily replicated in other locations.

Other Considerations

Other considerations in the model development process related to:

- Application of technology
- Funding sources (establishment, time limited and ongoing)



Model Development Workshop

This workshop brought 37 participants from 20 organisations together to consider:

- feasibility
- demand
- supply future needs
- leading practices
- proposed options for a Mandurah-based COE

Some of these stakeholders are also potential future customers of the proposed COE and therefore their buy-in is critical to successful implementation of the initiative.

Stakeholder confirmation and alignment with other research findings supported:

- The core model
- The accompanying theory of change
- The work required to build and maintain the collective impact
- The work of the COE

A lack of consensus regarding infrastructure requirements necessitates FMA to only include in the model and the accompanying Cost and Revenue Plan, the costs and key space requirements associated with the administration and management offices of the COE.

A lack of consensus regarding the COE revenue earning service activities has resulted in FMA including only one revenue generating activity into the model as a demonstration of what may be possible and benefit to the objectives of the COE. This inclusion reflected in the cost benefit analysis in the economic assessment.

Proposed Model

It has been observed that collaboration across sectors is a vital element of a Centre of Excellence. When a Centre of Excellence model is applied to the specific issue being addressed in the Mandurah-based Aged Care Training and Workforce Centre of Excellence the intersecting sectors include: the City of Mandurah, the Peel Development Commission, Peel Region communities (with specific focus on older people and carers), the current and future aged care workforce, Aboriginal people and services, aged care providers, training providers (VET and universities), researchers, health services, recruiters, technology providers, and government. The number of different players with a stake in the problem and solution requires a new level of collaboration imagined in a Centre of Excellence.

The Needs Analysis and subsequent research activities in the Feasibility Study demonstrate that securing the size of the workforce required to meet demand and training a workforce with the skills and practices required to support aged care (residential and community) is a challenging problem.

The following summary points guide the proposed model:

- Sector engagement and the two workshops have been used to define the essential and optional elements of the model
- The WA Aged Care Training and Workforce Centre of Excellence is required and justified evidenced through this project



- The type of collaboration required to respond to the complex problem is collective impact which is a valid and leading practice method to respond to wicked or complex intractable problems
- The location in Mandurah is ideal as the issues that will affect all of WA in the future and being experienced now.
- Trialling and evaluating the solutions required within the Peel region will readily enable wider application in urban, regional, rural applications.
- The critical cross sector players have been recruited through the engagement activities of this project and are now the collaborators ready to act
- The proposed scope of work activities and the requirement for dedicated resources informs the model

Model Elements

Model Element 1: A Centre of Excellence confirming a COE's foundational design principles is required in particular cross sector collaboration, design and work activities required to implement solutions.

Model Element 2: The collaborative model uses a collective impact model using the inherent design principles of collective impact, including a backbone organisation with the skills and resources to keep everyone on track.

Model Element 3: the COE will be based in Mandurah with WA-wide impact based on the momentum of stakeholder engagement centred around Mandurah, the acute needs in Mandurah and the Peel region, the leadership of the COM and Peel Development Commission, the offer and opportunity to use existing infrastructure

Model Element 4: The COE will have dedicated resources and expertise to manage the activities required to maintain the efforts and impacts of the collaborating stakeholders.

Model Element 5: The COE will have dedicated resources and expertise to undertake the essential work activities of the COE as prioritised and directed by the COE partners and advisors. The work activities support the application and adoption of technology through engagement with providers, people with a lived experience, students and their training institutions and the range of research and evaluation activities to be undertaken by the partner Universities and their technology partners. The innovative inclusion into the COE of a Living Lab will facilitate these processes.

Model Element 6: Dedicated and shared spaces as required to facilitate the work activities of the COE and provide appropriate amenities for staff and volunteers.

Model Element 7: Revenue earning service activities. These activities should be undertake only where the activity fulfils the following requirements:

- Directly relevant to achieving the objective of the COE
- Not a duplication of activities conducted by partners unless required due to a lack of capacity to respond to unmet demand
- Is a vehicle to return value to the owners of the COE eg royalties earned from the sale of novel innovation in goods or services
- To assist in creating COE sustainability

Model Element 8: Ownership and organisational structure. Identify or form a new organisation that has a separate legal status to partner organisations. The legal status is essential to enable the COE to apply for and receive grants. It would be beneficial for the organisation to have tax deductible gift recipient status as some philanthropists will only provide funds to organisations with DGR status. In the initial start-up phase some member participants are likely to have DGR status supporting the capacity of the COE to seek funding in the early development of the COE.



Cost and Revenue Modelling

Based on the proposed model, a high level Cost and Revenue Plan was developed utilising Business Model Canvas concepts. This work considered:

- customers and beneficiaries
- customer relationships
- channels to the customers
- value propositions
- activities
- key resources
- key partners
- revenue, costs and results sought

The financial summary at the completion of this work is provided in Table 1.

Table 1: COE Financial Summary

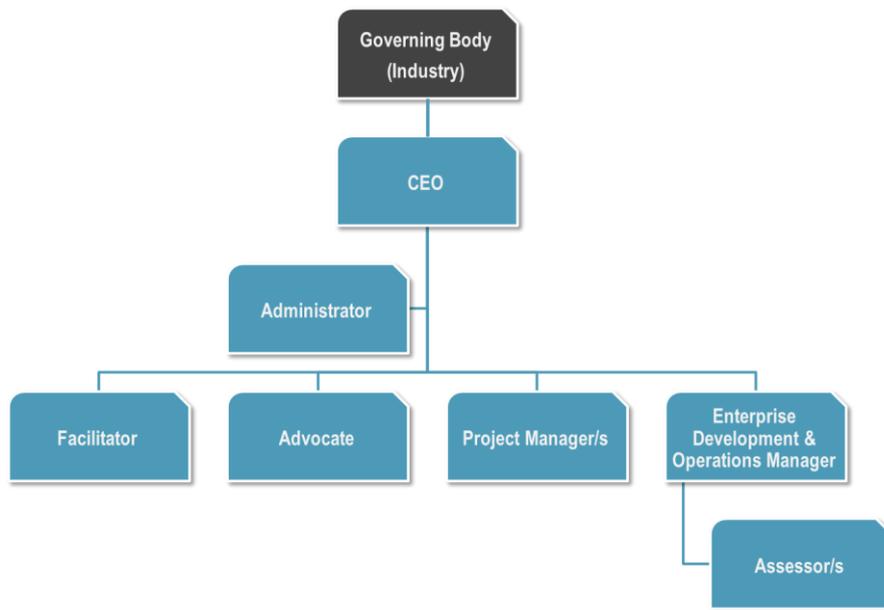
Annualised COE Financials		
Revenue	Grants	\$ 800,000.00
	Philanthropy	\$ 200,000.00
	Program funding	\$ 100,000.00
	Assessment services	\$ 672,000.00
	Venue Hire	\$ 30,000.00
Total Revenue		\$ 1,802,000.00
Costs	Employment	\$ 1,223,362.19
	Contracts and professional services	\$ 130,200.00
	Operational costs	\$ 282,500.00
Total Costs		\$ 1,636,062.19
Result	9.2%	\$ 165,937.81

COE Workforce

An estimated 10 FTE will be required based on the proposed model and activities as shown in Figure 4.



Figure 4: Proposed Organisational Chart



Key role descriptions and responsibilities are outlined in section 4.3.2 COE Workforce.

Economic Impact Analysis

Pracsys was commissioned to undertake an economic analysis and cost benefit analysis in relation to a Mandurah-based Aged Care Training and Workforce Centre of Excellence. The study demonstrates the benefits of the proposed model for the Peel Region and WA as a whole and includes the calculation of the direct and indirect employment created.

Recommendations

The following key points represent the key recommendations developed as a result of the Needs Analysis and Feasibility Study.

Establish the COE

Establish the WA Aged Care Training and Workforce Centre of Excellence.

The Centre of Excellence should be renamed as the WA Aged Care Training and Workforce Centre of Innovation. The use of the word innovation more appropriately describes the focus of the collaborative work of the partners.

Leadership

Peel Development Commission and City of Mandurah in partnership should maintain their leadership role until a backbone organisation agrees to assume the role (see Appendix 2 progress made with ARIIA in relation to this role).

Business Case

Undertake a business case in the WA Treasury template to aid the acquisition of funding.

ARIIA

Investigate the role ARIIA may play as a backbone organisation (see Appendix 2).



Key Next Steps

Proponents

Key actions for Peel Development Commission and City of Mandurah include:

- Presentation of project findings
- Finalisation of Feasibility Study Report
- Adoption of recommendations

Government Buy-in

Provide briefings with the goal of ensuring that government understands and accept the findings, implications and recommendations of the Needs Analysis and Feasibility Study and that the potential for funding can be canvassed and processes and timeframes for obtaining the funding are identified:

- Minister for WA Department of Training & Workforce Development (Feb 2024)
- Assistant Secretaries, Department of Health and Aged Care; Aged Care Workforce Branch (Feb 2024)
- Seek meetings with Commonwealth Minister for Aged Care (in progress)
- Seek meeting with WA Minister for Health (no action at this juncture)
- Seek meeting with WACHS CEO (no action at this juncture)

Stakeholder Buy-in

Actions include:

- Distribute the final Feasibility Study and Needs Analysis to all interested stakeholders (participants, advisors, supporters)
- Conduct a forum to outline next steps and maintain forward momentum and to receive feedback
- Confirm or modify or adopt the recommendations in section 5.1
- Work with stakeholders to develop the structures and processes that will enable the formation of the COE and the implementation of its reform agenda
- Work specifically with the local Aboriginal community/service to understand how they would like to participate in ongoing design and the formation of the COE

Securing Funding

The actions outlined above (and fully described in 5.2 Key Next Steps) will provide insights necessary to fully develop a strategy that adequate funding is secured to deliver the COE outcomes and impacts.

The range of options include:

- WA Government Departmental funding
- WA Government cross Department Funding



- WA Government and Commonwealth Funding
- Commonwealth Department of Health and Aged Care Funding
- Social Investment Bonds
- Small/large grant funding (eg LotteryWest)
- Philanthropy

All of these options may require dedicated human and financial resources with differing intensity to achieve the outcomes required.

Other Fundraising

It may be possible to raise funds through the sale of units in the cooperative however there is currently no obvious way financial returns can be secured for investors. The value return would have to be the prestige associated in solving this wicked problem, the access to innovation and knowledge resulting in improvements to participants commercials and operational returns and securing the structural improvements to the aged care workforce quantum and skills. This value proposition would need to be developed with and for the stakeholders. The lack of consensus in the model development workshop prohibited FMA getting a sounding on this potentiality from stakeholders.

Future financial returns may be possible if the work of the COE results in the development and sale of marketable goods and services.



1 Project Introduction

He who would pass his declining years with honour and comfort, should, when young, consider that he may one day become old, and remember when he is old, that he has once been young.

Joseph Addison 1672 – 1719

1.1 Background

The City of Mandurah is implementing the Transform Mandurah program - a disruptive program to support economic growth, diversification, and job creation as well as expand educational opportunities and quality of living options for residents.

Deloitte Access Economics was engaged by the City of Mandurah to undertake economic analysis to support the identification of opportunities to pursue, challenges to address, and actions to undertake. Deloitte's Mandurah's Economic Opportunities report¹, identified eight high-level opportunities for Mandurah's future economic development in the medium to long term which included building the capacity of the aged care workforce.

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In response, the Peel Development Commission and the City of Mandurah are investigating the possibility of providing a leading role in expanding innovative, future-proofed training to address significant forecast shortages of skilled labour in the aged care sector, initially within the region, leading to supporting the sector statewide. The possibility is being investigated within the context of a Centre of Excellence model.

1.2 Project Scope

The scope of work for the entire project includes two phases:

- Needs Analysis (completed)
- Feasibility Study on establishing a WA Aged Care Training Centre of Excellence, located in Mandurah, to build the capacity of the State's aged care workforce.

This report represents the second phase (the Feasibility Study).

¹ Deloitte Access Economics (2022), grey literature



1.2.1 Briefing Requirements for the Feasibility Study

The Feasibility Study required an outline of the feasibility of establishing a WA Aged Care Training Centre of Excellence in Mandurah. The scope of the feasibility study includes the following elements:

- The establishment and ongoing operation of a COE (central or networked facilities) located in Mandurah
- Financial modelling that includes estimating the approx. cost to both establish and operate such a COE.
- Estimate the economic impact to WA and the Peel region if the COE was established in Mandurah, including the number of direct and indirect jobs potentially created.
- An outline any potential State / Federal Government sources of funding that might be available for the COE.
- An outline the potential for the COE's operational activities to operate on a cost neutral basis or whether it would need ongoing operational Government funding support.
- Through stakeholder engagement with local service providers and major stakeholders understand the appetite for a collaborative approach. Although there is competition between providers, the feasibility will explore the potential development of local aged care provider partnerships to offer combined training for the up-skilling of staff.
- An outline how the COE in Mandurah could align with ARIA in Flinders University to utilise its research programs and training resources.
- The provision of a summary of various delivery models (government, industry, public private partnerships) and propose a preferred model that addresses the demand and gaps identified in the Needs Analysis, and develop an innovative, robust and best practice model.
- Through the processes and research of the feasibility study activities, consider the potential future use of digital technology in aged care workforce training, such as telehealth, AI and assistive technology.
- Identify any supporting infrastructure and resources that might be needed to support the establishment of the COE.
- Utilise relevant case studies both within Australia and overseas to develop the feasibility and model
- Produce a Draft Report of the Feasibility Study key findings based on the requirements above, for review by COM and PDC.
- Deliver a Final Report, following feedback from COM and PDC.
- Produce a two-page summary (A4) with key data info-graphics of the key findings that could be used for advocacy.
- Produce a PowerPoint presentation (10-15 slides max), outlining the methodology and key findings of the Feasibility Study for Establishing a State-Wide Aged Care Training Centre of Excellence, in Mandurah.
- Deliver a presentation to COM Elected Members and PDC Board

1.2.2 Scope Developments

There were two significant changes to the original scope:

- Inclusion of a co-design process and workshop in addition to a model development workshop
- Redefining the Centre of Excellence from WA Aged Care Training Centre of Excellence to WA Aged Care Training and Workforce Centre of Excellence



Co-design

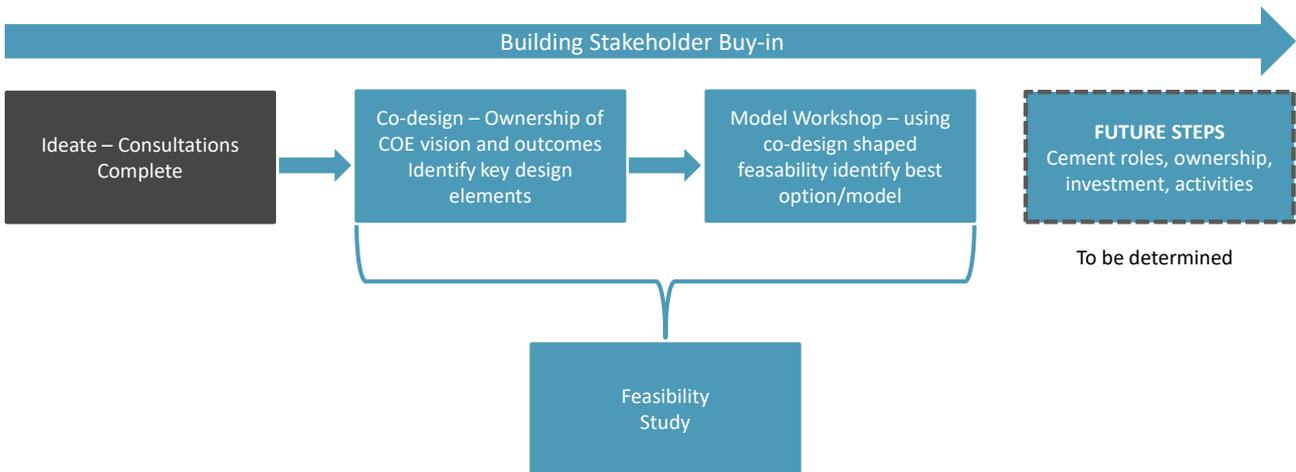
A high level of interest in the concept of a Centre of Excellence in Aged Care Training (COE) was evident in the positive, imaginative and welcoming contributions of stakeholders consulted as part of the Needs Analysis. This interest also demonstrated the possibility of PDC and COM having partners who will work collaboratively to achieve the vision.

The level of enthusiasm and the broad range of prospective partners is an extremely valuable asset and an enabling factor in realising the COE vision.

The Co-design workshop was developed to capture the energy and buy-in of stakeholder. The Co-design workshops added value to the project included:

- Bring the partners along the journey
- Increase the opportunity to shape out a COE design that maximises buy-in and future success
- Increase the opportunity to shape out a COE design that maximises creativity
- Increase access to industry knowledge and intelligence to the benefit of the project
- Reduce the risk of presenting model option/s that diminish partners' interest, participation or influence
- Define the scope/shape of the COE in a manner that supports a clear focus for the feasibility activities
- Identify partners are who ready to do this work
- Foster participation of Aboriginal organisations and people in the development of the COE

Figure 5: Map of Buy-in Rationale/method



Redefining the Centre of Excellence

The rationale for increasing the scope/focus of the Aged Care Training Centre of Excellence as outlined in the following discussion.

Within the context of Transform Mandurah Program and the advice of Deloitte Access Economics, specifically the recommendation to Build the Capacity of the Aged-Care Workforce, FMA was commissioned to undertake a Needs Analysis and subsequent Feasibility Study regarding an Aged Care Training Centre of Excellence located in Mandurah with statewide impact.

FMA completed the Needs Analysis in October 2023 and now presents this Feasibility Study. Both studies include consulting with the VET sector, aged care providers, universities, care workers, the peak aged care body and Government. We have also conducted a co-design workshop with the same representative groups. Key outcomes of all of this work to date is:



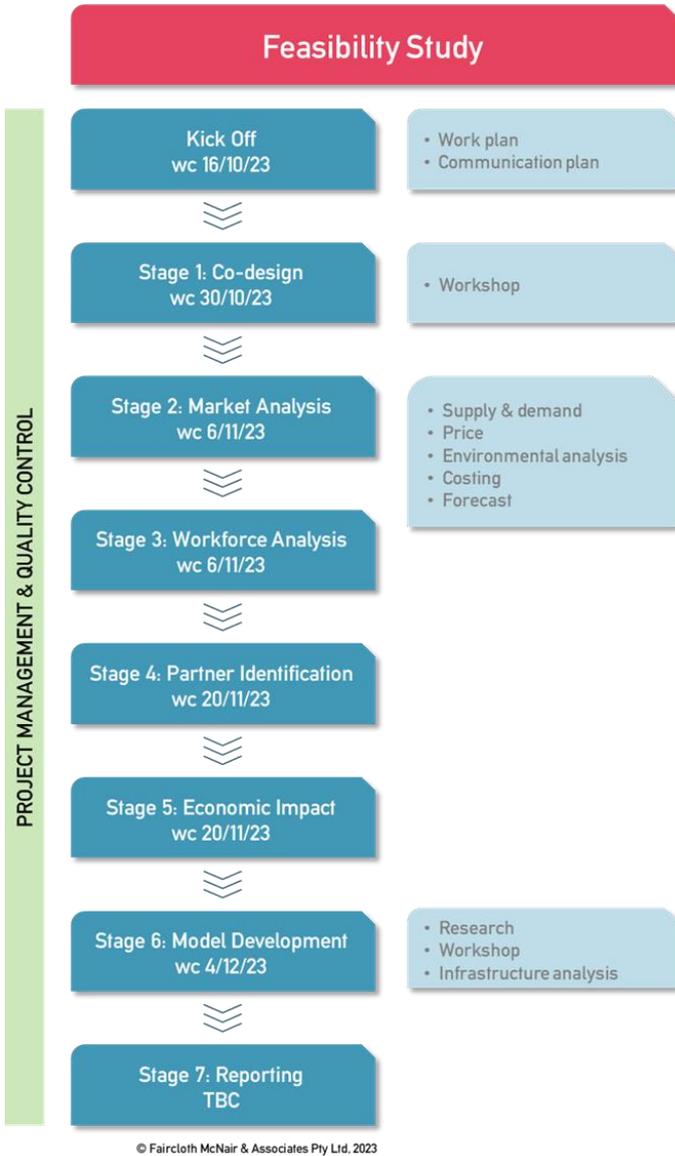
- Current workforce shortages are impacting the health system through increased unnecessary long stay patients (older persons), bed closures in the region, and a lack of development of aged care facilities to meet demand. In addition, restrained growth of community care is reducing options for discharge
- Future workforce shortages are likely to have a devastating impact on the region and the state's health system, the quality and length of life of older people, and the wellbeing of their families and carers
- The future supply (2031) of people into aged care is restrained by the available population to undertake the work, by the number of students electing to participate in aged care, and by high growth of the Health Care and Social Assistance sector as a whole (thereby creating competition for workforce and people entering the workforce)
- Growth to meet population-driven demand for community and residential aged care is restrained due to the availability of sufficient numbers of appropriately trained and qualified workers
- Training has a vital role to play in improving quality and safety of care
- Improved quality of care in the community has the capacity to increase the length of stay in community care and thereby reduce the time spent in residential care. This in turn will have an impact on reducing the quantum of aged care workers required
- A COE as a vehicle to respond to these findings will require a remit that goes beyond an Aged Care Training Centre of Excellence.

We considered that the COE focus should be shifted to an *Aged Care Training and Workforce Centre of Excellence*. This critical shift would enable the key issues identified through the project to be addressed as part of the activities of the COE. We also consider that this will broaden the potential funding available to support the start-up and operation of the COE.



1.3 Project Method

Figure 6: Feasibility Study method map



The Feasibility Study project method builds on the insights, findings and implications of the Needs Analysis and also the stakeholder relationships established in the process of completing the Needs Analysis. The steps detailed in **Error! Reference source not found.** are designed to respond to scope and requirements of the Feasibility Study and to ensure that positive momentum is maintained in relation to stakeholder relationships.

Within the method, the inclusion of the co-design workshop at the commencement of the feasibility study supports the identification of critical elements of the design and the feasibility of the COE. A core element of feasibility is the commitment and interest of vital stakeholders. Co-design genuinely acknowledges the creativity and expertise of contributing stakeholders in co-design and the impact their participation has in identifying the feasibility of a COE in Mandurah.



2 Co-design

2.1 Purpose

The purpose of the co-design process and the workshop was to:

- Bring stakeholders along the journey
- Increase the opportunity to shape out a COE design that maximises buy-in and future success
- Increase the opportunity to shape out a COE design that maximises creativity
- Increase access to industry knowledge and intelligence to the benefit of the project
- Reduce the risk of presenting model option/s that diminish partners' interest, participation or influence
- Define the scope/shape of the COE in a manner that supports a clear focus for the feasibility activities
- Identify partners are who ready to do this work
- Foster participation of Aboriginal organisations and people in the development of the COE

2.2 Participants

The co-design workshop provided a framework and process that supported participants to shape the vision for the COE, increase their organisational and personal buy-in. The participants vital contribution has then been used as the framework for conducting the Feasibility Study.

In total 30 participants and 22 organisations attended the co-design workshop.

2.3 Design Themes

In this section the design themes are discussed.

The themes were anchored in the findings and implications of the Needs Analysis. As a foundation to the design process the participants were able to confirm their understanding and acceptance of the evidence contained in the Needs Analysis. This evidence included the result of consultations and the guidance provided by stakeholders regarding the design elements essential to a COE.

2.3.1 COE Design Criteria

The following list identifies the key people and organisations required to deliver the COE as identified in the Needs Analysis consultation process and confirmed through the literature and co-design workshop. Required COE participants:

- Experts/researchers in aged care (includes subject matter expertise in areas such as dementia and behaviour management)
- Education (university and VET)
- Aged care providers (community and residential aged care)
- Funders (includes government)



- Government (as policymakers)
- Economists
- Technology leaders
- People with lived experience
- Cross-sector participants (eg recruitment, IT designers) for collective impact

2.3.2 Vision for the COE Impact

The concept of a WA Centre of Excellence in Aged Care Training was universally positively embraced as an opportunity to:

- Improve the quality of training
- Ensure training is meeting the specific needs of the sector
- Manage the sheer volume of need related to the ageing population
- Bring together universities, VET sector, funders, providers, people with lived experience, policy and research
- Almost all people and organisations would welcome opportunities to advance the concept

Note: the need to address the volume of the workforce and the related skill mix was observed by the participants to be a primary element of the vision for the COE. This insight led to the expansion of the scope of the COE to *WA Aged Care Training and Workforce Centre of Excellence*. This also change to the scope supported the articulation and confirmation of the key outcome sought by participants.

Key Outcomes Sought

The key outcomes identified through the Needs Analysis consultation were confirmed in the co-design process including:

- Integration of VET, universities, providers, students, people with lived experience, research
- Uplift of the quality and specificity of training (at all levels) to the standard required by the sector
- A responsive and flexible model that works with the sector
- Addressing the required volume of recruitment, training delivery and trainer workforce
- Innovation concerning work experience and traineeships for the community sector
- Promotion of the application of emerging technology

2.3.3 Design Elements

Key design elements articulated in the Needs Analysis were confirmed by participants as:

- Governance/leadership to create the scope of the model, manage the business of the COE and maintain the fidelity of the Centre of Excellence model/related roles to achieve the outcomes sought
- Co-design with Aboriginal people regarding how the Centre of Excellence could contribute to building an Aboriginal aged care workforce
- Leadership that brings all the stakeholders together including beneficiaries, customers, recruitment, skilled migration
- Development and implementation of a measurement and evaluation framework connected to continuous quality improvement



- Use the breadth and creativeness of Centre of Excellence innovations and a real-world demonstration site as a strong point of difference to attract student nurses, allied health students, and technology and management students from across WA and Australia to participate in training programs
- A physical location in Mandurah that accommodates: management, Living Lab, training facilities, technology such as a virtual design, demonstration home/room, simulated workplace, hosting spaces, learning centres. This may leverage partners' infrastructure (adding value to their model). The location may not require a new build.
- Development or supply of sufficient student housing

2.3.4 Aboriginal and/or Torres Strait Islander design requirements

The important work and contribution of South West Aboriginal Medical Service (SWAMS) is acknowledged. The following insights reflect PDC's consultation with SWAMS.

Aged Care for Aboriginal people is impacted by the lack of Aboriginal assessors (there are only 5 ACAT Assessors in the whole of Australia). The assessment processes lack cultural competencies with SWAMS citing examples. These insights underscore the need for all aged care workers to be culturally competent and able to deliver culturally safe services.

SWAMS proposes that:

- The COE champions initiatives that ensure all aged care workers are able to deliver culturally safe services as the first priority
- That the COE supports the development of an Aboriginal Aged Care workforce acknowledging that this will take time (Aboriginal workforce - non-existent at the moment)
- That an Indigenous assessment tool be developed
- Training curriculums for all occupations be updated to support culturally appropriate assessments, care planning and service delivery

The Australian Government states, "The number of community-controlled organisations providing care and support services will need to increase to meet the growing needs of First Nations communities and ensure culturally safe services are available. Streamlining regulation across the care and support system could help to support community-controlled organisations to expand current and more flexible service provision across each of the sectors within it.

Access to qualifications is a barrier for expanding the First Nations care and support workforce, and completing training away from Country can be an additional barrier for First Nations students. Community-controlled training organisations are well placed to deliver a mix of accredited and non-accredited training for First Nations peoples. They deliver tailored training in a culturally safe environment and often provide wrap around assistance for students to ensure they are able to successfully complete their program of study. "²

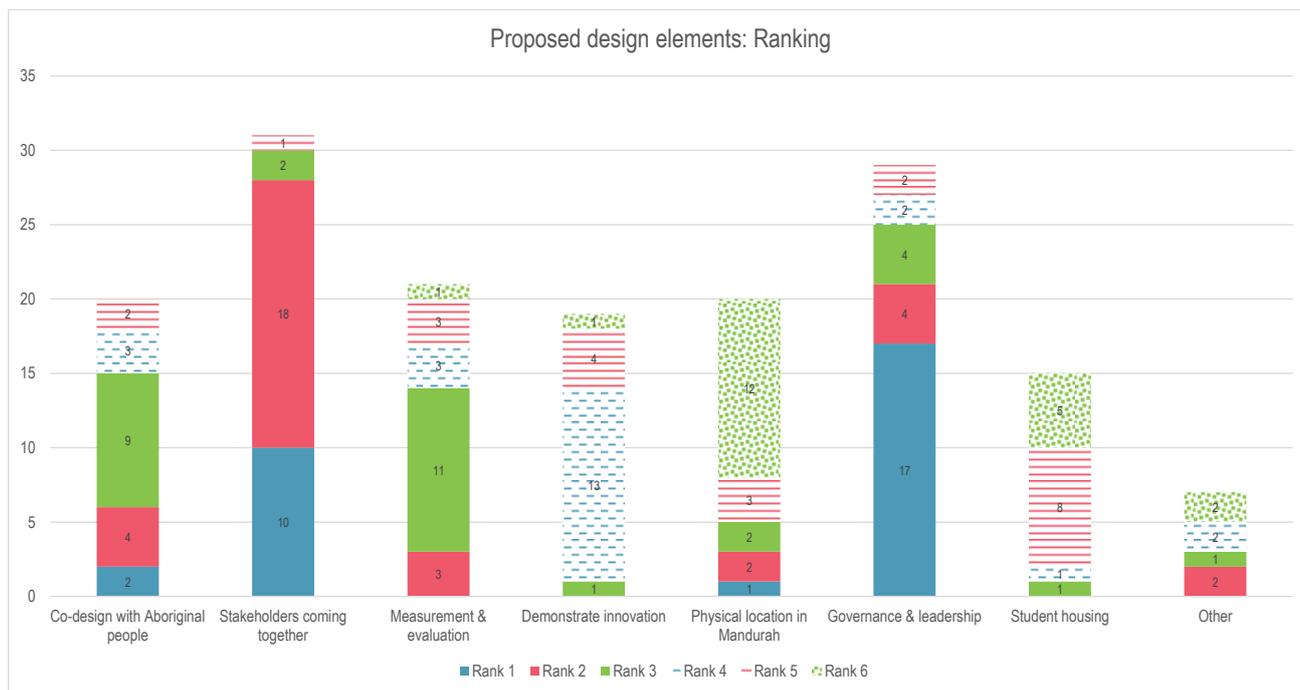
2.3.5 Prioritising of Elements

The co-design participants provided the following weighting to the elements and process required for the COE.

² <https://www.pmc.gov.au/resources/draft-national-strategy-care-and-support-economy/goal-1-quality-care-and-support/building-capable-skilled-sufficiently-large-workforce> accessed 08/03/24



Figure 7: Design Elements

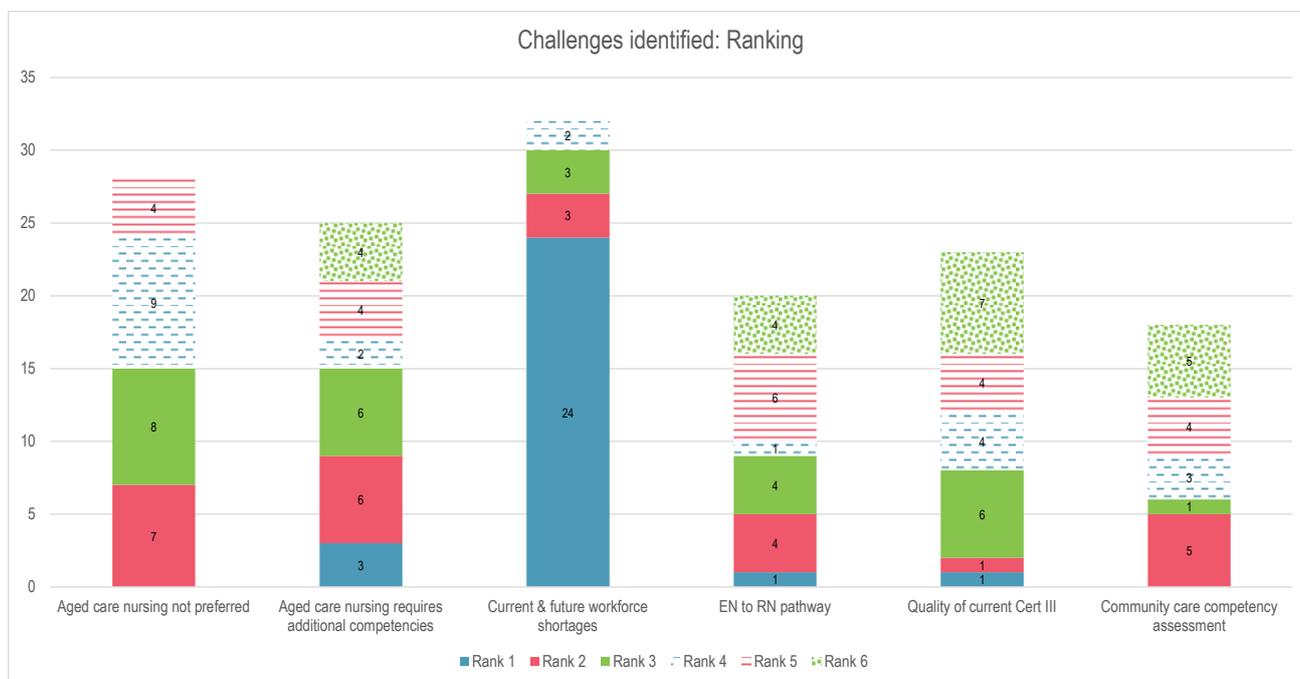


The prioritisation of these elements guided additional research activities and the development of the proposed model.

2.3.6 Prioritising the Challenges to be Addressed

The co-design workshop participants gave further clarity and priority to the evidence identified in the Needs Analysis and the work of the COE as detailed in Figure 8 Challenges Identified and Priorities for Action.

Figure 8 Challenges Identified and Priorities for Action



The prioritisation of these elements guided additional research activities and the development of the final model and recommendations. This prioritisation by the stakeholders confirmed the need for the WA Aged Care Training Centre of Excellence scope to be expanded as the WA Aged Care Training and Workforce Centre of Excellence.

2.3.7 Diversity by Design

The participants confirmed that it was essential that co-design with Aboriginal and/or Torres Strait Islander people be embedded into the design and operation of the COE including issues relating to training, broader cultural competencies and the workforce.

Similarly the workshop participants positively embraced the requirement for CALD workforce development and practices to be incorporated into design, training outputs and operation of the COE.

While not directly addressed in the workshop, individual discussions with participants also prompted the consultants to ensure that the COE includes consideration for the particular design, training and workforce issues relating to LGBTQ+.

2.3.8 Innovation Themes

The following innovations were showcased during the co-design workshop by participants and the facilitators. Where further exploration of the innovations was considered to be important for the Feasibility Study, additional consultations and other research was conducted to potential build into the Cost and Revenue Plan and model design.

Living Labs

The aged Living Lab see Appendix 2 of the Needs Analysis

The Buurtzorg model

The Buurtzorg model (Appendix 3 of the Needs Analysis) has been embraced and modified for local application by Chorus (aged care and disability support service). A Chorus team member presented the approach for consideration as the type of innovation that should be promoted through training and show casing of innovation by the COE.

Training Innovation

Coolibah Care and Skill Strategies International undertake training, work placements and assessments in the Coolibah Care facility with very positive results in terms of training outcomes, work readiness and quality of care.

VITA

A workshop participant presented to the group their experience of ViTA, a centre of excellence-type aged care model. ViTA was established in Adelaide to support skills training across three different types of care needs: restorative care, dementia care and complex unstable health needs. An aged care facility became a 'training' facility operated by ACH SA. The three distinct care needs were supported in three areas in facility dedicated to the different needs of the residents. ViTA developed a cooperative governance model that supported cooperation across, government, health services (including ACAT and discharge planners), universities, TAFE and aged care providers (including ACH). The model enabled ViTA to showcase best practice and develop insights and practices that lifted the quality and effectiveness of outcomes across all three domains of care.

Virtual Reality

Virtual reality (VR) is being used at Murdoch University's Mandurah Campus to support student experience and to enhance education and assessments. Silverchain is applying VR in nurse training.

Australian Centre for Energy and Process Training

Blair Marsh, General Manager, Training Services South Metro TAFE provided insight into Australian Centre for Energy and Process Training (ACEPT) which is located at the Munster Campus of South Metro TAFE. Transferable principles include:

- The essential nature of the governance model
- The seniority of participants in governance is crucial in supporting efficient and effective decision making
- The capacity of the training to be conducted in a manner that did not compromise individual providers' IP (including particular software systems and their related unique hardware)



- The capacity to manage the competitive needs of the key oil and gas providers with their common needs to develop discrete needs related to their operational and workforce needs now and into the immediate future
- The effectiveness of ACEPT to flexibly respond to changing priorities and needs of the key stakeholders
- An emphasis on skill development and attainments that ensure graduates are work ready rather than solely on qualifications
- The use of the ACEPT 'virtual plant' and the campus to meet work health and safety audits conducted by stakeholders (as if the facility was part of their facility)
- The use of the ACEPT facility to test and showcase technology including AI and robotics

2.3.9 Technology and Design

The most fruitful exploration of technology in co-design was in the context of the 'virtual reality' as a vehicle for training. Acknowledgment of other elements of technology included:

- The use and further development of back-of-house systems and technologies
- Passive and other forms of monitoring technologies
- Virtual technologies for the development of dementia care building and interior design

Discussion regarding the use of AI and robotics generally drew negative responses. Somewhat reluctantly some participants acknowledged their limited understanding of the opportunities for AI and robotics but were more certain about what they did not want.

2.4 Implications of Co-design Process

The co-design findings and buy-in set a more fine-grained agenda for the conduct of the Feasibility Study including the extent and content of further consultations and the related investigations. Findings from the co-design process also support the model development, the estimated costs, estimated economic impact and options/features presented at the model development workshop.

The depth and breadth of keen participation in the co-design process is a finding in itself. The level of interest, consensus and energy displayed demonstrated that a COE in Mandurah would attract the critical volume and mix of partners that would be required to develop an effective and sustainable COE.

With regard to technology, there appears an immature understanding and/or appreciation of how application of technology may impact the quantum of workforce required to deliver care and the quality (competencies) of the workforce.

The workforce quantum required to address shortages in community and residential aged care, and across professions, cannot be resolved or addressed within the scope of the WA Aged Care Training Centre of Excellence and therefore as a result of the Needs Analysis and co-design process the scope was broadened to the WA Aged Care Training and Workforce Centre of Excellence.

The broader scope suggests that critical COE partners should include; recruiters, skilled migration facilitators, and the Commonwealth Government.

The role of the Commonwealth Government in partnership with the WA Government is critical as a number of initiatives will be required to address the sheer scale of the need and the catastrophic impact of not solving the problems in relation to both the quality and quantum of the workforce required. Key considerations include:

- What will be required to increase community care availability and length of stay in community care
- How improved, and therefore more effective, restorative care may effect a reduction in demand for residential aged care



- How family carer services and supports (including training) need to be improved in anticipation of declining availability of family carers within the study window (2021 to 2031)
- Ensuring aged care workforce development initiatives can be managed in manner that guarantees that other parts of the Health Care and Social Assistance Sector are not cannibalised and vice versa
- The need to have common understanding and acceptance of the magnitude of the issues that are now primarily being driven by demographic factors

It is imagined that the COE partnerships and leadership will play a vital role in developing immediate evidence-based solutions trialled and improved in Peel and Mandurah, and then applied across WA in aged care training and workforce development. It is essential to understand that the quantum of workforce required and profession mix is directly interconnected to the service types and the capacity of those services to respond to the current changing care needs of the older population and carers.

The potential of the work of the COE in WA is that the activities and learning will result in the resolution of national issues in the Health Care and Social Assistance sector and aged care within the broader sector.



3 Model Development

3.1 Overview Model Development

The model development discussion integrates:

- The findings of the Needs Analysis and related research activities
- The finding and implications of the co-design process
- The findings and implications of the model development process
- Further targeted consultations
- Other targeted document reviews
- Cost and Revenue Plan
- Economic assessment

Within this section, the headings in this chapter and related narrative; relevant research findings, assumptions, analysis and implications are drawn together to demonstrate the validity of the COE Model documented in Chapter 4.

3.2 An Appetite for a Collaborative Approach

3.2.1 The Appetite for Collaboration

The following organisations have expressed support for the development of the COE and made contributions to Feasibility Study. Many of these people and organisations will seek to participate in ongoing collaboration. The type of participation imagined into the future may vary from advisory to COE partner.

Table 2: Collaborators

Organisation	Position
ACCPA	Executive Officer
Aegis Care	Greenfields Facility Manager
Amana Living	Head of Human Resources
Amana Living	Chief of People and Culture
Amana Living	Head of Strategy
Amana Living Training Institute	Director
Anglicare Hopscotch Program	Program Coordinator
Benetas	CEO
Bindjareb Aged Care	Aged Care Coordinator
BLCW Program	Workforce Development & Community Engagement Specialist
Brightwater Care Group	Manager, Clinical Governance & Care Education



Organisation	Position
Chorus	CEO
City of Mandurah	Coordinator, Seniors & Community Centre
City of Mandurah	Healthy Communities Officer, Health Services
Community Skills WA	Executive Director
Coolibah Care	HR Manager
Coolibah Care	CEO
Coolibah Care	RN (graduate)
Cwth Dept of Health & Aged Care, ACT	Ag Asst Secretary, Aged Care Workforce
Cwth Dept of Health & Aged Care, ACT	Asst Secretary, Aged Care Workforce
Cwth Dept of Health & Aged Care, WA	Director, WA Sector Engagement
WA Dept Training & Workforce Development	Director, State Workforce Planning
Edith Cowan University	Director, Rural South West Dept
Flinders University, ARIIA	Research Director
Flinders University, ARIIA	Snr Research Fellow
In Casa	Managing Director
Murdoch University	AP Nursing, School of Nursing
Peel Community Care	Manager
Peel Development Commission	Board Member
Ramsay Health (Peel Health Campus)	Discharge Coordinator
Ramsay Health (Peel Health Campus)	Comprehensive Care Coordinator
South Metro Health Service	Health Services Planner
Skill Strategies International	Director
SM TAFE	Community Services, Head of Program
SM TAFE	GM Training Services
SM TAFE	ED AMEP, Access, Community & Health
SM TAFE	Executive Director, Engineering, Transport & Defence
University of Wollongong	Director, ADHERe, School of Nursing

In addition to the potential collaborators as advisors and partners, consultations were also undertaken with the following contributors.

Table 3: Contributors

Contributors	
VET sector business service planner consultant	Philanthropic Advisors
Noongar Elders	A social ventures expert (social investment bonds)
WA Health Consultant	VET students



Social Investors	Aged Care Technology providers
Aged Care Workers	VITA former manager
Older Persons Housing Specialists	Aged Care Developer

3.2.2 Collective Impact

Through stakeholder engagement, including consultations conducted for the Needs Analysis and Feasibility Study, and in the co-design workshop there is a pronounced appetite for a collaborative approach that can be characterised as a commitment and desire for a collective impact.

Participants (local service providers and major stakeholders) consider that their individual and unique service responses, expertise and innovations will not be diminished by the COE collaborations. Rather, they consider that their unique services, expertise and commercial interests will flourish in the environment where they can play a part in building an effective and integrated approach to workforce development and training. Participants are hopeful and expectant that Mandurah will be a location of choice for students and providers because of the excellence of training, skill development, work experiences, exposure to innovation and leading practice.

There is also an acknowledgement that there are activities essential to enable the outcomes sought that a dedicated COE would encompass, such as coordination, engagement, innovation and advocacy. The work required through the collective action of the COE will enable entrenched systemic issues to be addressed. Individual participants are unable to address these issues singularly but consider that collectively they must be addressed to deliver the dignity, quality of care and safety required by a rapidly expanding number of older people in Mandurah, the region and in WA.

The complex or "wicked" social problem is characterised by stakeholders and also identified in other research activities as:

- Demographics are driving rapidly increasing demand for aged care services
- There will be insufficient people of working age to ensure that the required aged care workforce is available by 2031
- The demand for an aged care workforce, the health workforce and NDIS workforce are likely to cannibalise each other as shortages become more acute
- Aged care is not a preferred career choice – it has an image problem
- Graduating RNs are not equipped with the skills they require for early career clinical and workforce leadership roles in aged care
- Certificate students are generally not ready for work in residential or community care: competency assessment in community care is difficult due to structural nature of the work
- Residential aged care investment and expansion is significantly dampened by workforce shortages and poor operational results
- A lack of discharge options for older people in hospitals now - and increasingly so into the future - will significantly compromise the entire health system
- Immigration as an answer to the workforce shortage is a complex issue that requires a new approach and collaboration at all levels of government
- Technology including AI has not been adopted or appropriately adapted in aged care
- Innovation is stifled in aged care



3.2.3 Collaboration is an Essential Element

Essential to the development of the COE is collaboration by stakeholders who bring creativity, experience, skills, resources, influence, subject matter expertise, leadership, willingness and commitment to resolving the issues that relate to the quantum and quality of the aged workforce required in WA. Sector engagement activities indicate that the COE has the interest and an appetite from participants that include:

- Community and residential aged care providers that include some with cross sector services and/or expertise (eg Chorus) in CALD and diverse communities (eg In Casa and Umbrella), carer services and restorative and transition care programs
- Aboriginal services and community members (more work is required in respect to building participation)
- The VET sector who are delivering aged care certificate and diploma training (private RTOs and TAFE)
- Universities (Murdoch and Edith Cowan) delivering higher level education for nursing qualifications and allied health
- Universities developing and delivering aged care workforce initiatives, research and evaluation which includes ARIIA at Flinders University and ADHERe at University of Wollongong, and their willingness to provide access and use of their research programs and training resources through the vehicle of a COE. These universities would also partner the COE with respect to grants and new research activities
- Recruiters including services that recruit and pre-train suitable persons for migration (some connections but further work required)
- Health services particularly assessment services, discharge planners/social workers and the complementary workforce development planners (currently through Peel Health Campus and WA Health). WA Health have expressed an interest in making sure that initiatives such as WAVED (WA Virtual Emergency Department) and the Residential Care Line are incorporated into COE knowledge and initiatives; it would also be desirable to involve WACHS
- Technology partners to support the use of and changes in practice that result from the application of current, emerging and new technology (this will be enhanced through the Universities as the COE formation is developed)
- Providers of student welfare, housing and housing for key workers (universities and TAFE WA are involved in student welfare and at least one major aged care provider may consider key worker and student housing collaboratively along with the COE initiative)
- Policy makers at Commonwealth and state level (more work required however the Commonwealth has progressively engaged during the process of the Feasibility Study)
- Aged care industry representation
- Leadership of the collective impact through the COE (Peel Development Commission and City of Mandurah)

3.2.4 Implications of a Collaborative Approach

Local and larger stakeholders are not seeking to duplicate existing services and programs but to coordinate and build service responses through using the collective knowledge and skills of participants and making better use of existing infrastructure. The common objective is to secure the quantum of aged care workers required across the required occupations and to improve quality and specificity of training and job readiness.

The notion of a Centre of Excellence as a structured vehicle for coordination, collaboration and congruent responses is endorsed and has created real hope. However stakeholders consider the specific work and activities of the COE has strong potential to shift the systemic issues that are holding the current entrenched or wicked problem in place.



3.3 COE Establishment and Ongoing Operation

3.3.1 Infrastructure

As discussed in 3.2, stakeholders seek to make best use of existing infrastructure to enable the COE activities. As an example; Murdoch University can provide access to virtual and simulated technology to facilitate improved assessments of student competency. A common expression used in stakeholder consultations is that we do not want to see the COE become some 'white elephant' building.

Some consultations have been 'commercial and in confidence' discussions with stakeholders considering residential aged care development in Mandurah and/or the wider catchment. These stakeholders are considering the development of new integrated aged care developments and are open to creating multi-use spaces. These spaces may facilitate activities of COE partners or the direct COE activities eg a Living Lab. Such initiatives and opportunities for innovation and the spectre of participating in the high profile activities of a COE may tip the scales in favour of proceeding in Mandurah. These discussions support the claim that the COE will create a momentum for aged care providers to develop new aged care services in Mandurah. It would be in the interests of the COE and its objectives, and those of COE partners, to collaborate and stimulate design thinking in relation to these development plans. These organisations are likely to participate as partners in the COE.

The COE partners are therefore promoting the use of a network of facilities across Mandurah.

It is advised that the COE work collaboratively to maximise existing infrastructure rather than developing new buildings. This approach provides the COE with the opportunity to foster activities and innovation in 'real world' settings.

COE Infrastructure and Office Requirements

The Cost and Revenue model proposes 10 FTE for the COE, with a requirement for an open plan office, a CEO's office, reception, kitchen, toilets, sufficient storage and a number of meeting spaces. The meeting spaces should include 2 small meeting rooms and a large board room. In addition, the administration centre will benefit from a large multi-use room to conduct forums etc however such a space is available by using existing infrastructure, this would be redundant. All meeting spaces and the CEO's office should include state of the art technology to support virtual meetings. There will need for parking including for COE staff parking, COE pool car and three COE cars (CEO, Enterprise Development & Operations Manager, and Advocate). Note roles discussed in 4.3.2 COE Workforce.

The staffing level is based on the work activities of the COE. The related costs are appropriate given the complexity of the problem to be solved and economic, political and social consequences of 'doing nothing'. A full discussion regarding the activities and economic case are documented in this study.

3.3.2 Key Operating Activities

The key operating activities of the COE will be dedicated work enabled by a cross sector industry and academic collaboration best defined in definition of a collective impact. This section unpacks what is meant by 'collective impact'. The weight of the work to be done by the COE and the consequences of getting it right for Mandurah, the Peel Region and WA require more than a network or a loose collaboration. What is required is a dedicated entity, the WA Aged Care Training and Workforce Centre of Excellence.

The term collective impact was coined by Kania and Kramer of FSG Consulting and discussed in the Stanford Social Innovation Review.³ The collective impact framework consists of five conditions drawn from case studies of collaborative projects that have achieved population-level change.

The Australian Institute of Family Studies in discussing the use of collective impact states it can be used to address "The complex or 'wicked' social problems in Australian communities that cannot be solved through traditional models of service-based program delivery."⁴

³ Kania J & Kramer M (2011). Collective impact (pp. 36-41). Beijing, China: FSG.



Collective Impact Definition⁵

"Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organisations."

Collective Impact is:

- A collaboration framework that engages across sectors and groups who share a common interest to address a complex social issue, in a given community.
- A common social agenda
- A shared measurement framework
- A shared plan of action for mutually reinforcing activities
- Open communication fostering genuine collaboration
- A backbone organisation with the skills and resources to keep everyone on track.

Based on this definition, the work activities of the COE are reflective of the elements of collective impact. This work will be made possible by the very strong interest, cross sector collaboration and commitment to find solutions. It is theorised that the changes sought will be achieved through collective impact.

Theory of Change

The theory of change has emerged out of a common social agenda expressed by stakeholders in interviews, and discussed and refined in the workshops. The Theory of Change is:

The Aged Care Training and Workforce Centre of Excellence is a vehicle that facilitates the application of collective impact to address factors that contribute to poor or inadequate training of students and that reduces the capacity of the sector to attract and retain candidates required to meet service demand.

Collective impact will focus expertise, innovation, research, leading practice, application of technology, leadership and the use of design thinking on addressing the quantum and quality of the aged care workforce required in Mandurah, the Peel Region and in WA.

The flow diagram (Figure 9: Achieving Change) outlines how the change will be achieved and the related outcomes and impacts.

⁴ Smart J (October 2017). Collective Impact: Evidence and implications for practice. AIFS. at <https://aifs.gov.au/resources/practice-guides/collective-impact-evidence-and-implications-practice>, accessed 18/12/23

⁵ Adapted from Collective Impact at <https://socialoutcomes.com.au/toolkit/collective-impact/>, accessed 18/12/23



Figure 9: Achieving Change

WHY	WHO	INTERVENTION	OUTCOMES	IMPACTS
<p>The aged care workforce skills are inadequate to meet the current and future aged care service needs.</p> <p>Aged Care is not seen as an attractive career choice for RNs and Allied Health.</p> <p>Graduating students are not work ready.</p> <p>The quantum including the occupation mix of the aged care workers is inadequate to meet current and future needs.</p> <p>The Health system has older people unnecessarily entering acute care and they are often staying unnecessarily due to a lack of appropriate discharge pathways</p>	<p>A collaboration of cross sector partners that include:</p> <ul style="list-style-type: none"> Universities RTOs Recruiters Aged Care Providers (Community and Residential) Peak Bodies (including carer & service user representatives) Technology Subject matter experts Government: <ul style="list-style-type: none"> Local Development Commissions State (multiple departments including Health) Commonwealth (multiple departments including Health) 	<p>Collective Impact to focus the skills and expertise of cross sector partners to lead, direct and contribute to:</p> <ul style="list-style-type: none"> co-designing training measuring & evaluating improving scaling-up <p>innovations and solutions that resolve the identified problems.</p> <p>Translating research into practice will be a key foci.</p> <p>The collective will advocate and support policy development.</p> <p>Migration including improved recognition of prior learning processes and screening for suitability</p>	<p>Aged Care will attract graduating students across all required occupations.</p> <p>Student placements and curriculum will ensure graduates are work ready.</p> <p>A longer length of stay in community with associated reduction in RACs and a reduction in the quantum of workers required.</p> <p>Reduced unnecessary hospital admissions and reduced length of stay of older people.</p> <p>Improved EN to RN pathway.</p> <p>Sufficient number of aged care workers across all occupations.</p> <p>Adoption of technology and innovation.</p> <p>Improved access to skilled migrant workers.</p>	<p>The quality and length of life of older Western Australians will be improved including Aboriginal and Torres Strait Islander people.</p> <p>The carers and families of older Western Australians will have improved wellbeing and economic outcomes.</p> <p>The State Government will ensure a functional Health system (avoid failure of the system) with resultant economic social impacts.</p> <p>The Commonwealth will be able to support National roll out of innovation and the translation of research to practice to support sustainability.</p> <p>The Aged Care workforce will have improved impact and satisfaction from their labour.</p>

The Common Agenda

The common agenda is to address the quantum and quality of the aged care workforce required in Mandurah, the Peel Region and in WA. This is grounded in the essential social outcomes of:

- Providing a dignified safe and high quality aged care system that upholds human rights of the older person and their families this includes the right to age in the community of choice
- The essential and urgent action required to ensure older people are not inappropriately entering or staying in hospital with:
 - the associated impact on the older person’s quality and length of life related to inappropriate hospital stays
 - the impact of long stay older people restricting other hospital users requiring access to the health services necessary for their health
 - the very high cost of hospital cost that could be avoided when older people do not inappropriately enter hospitals or remain in the hospital longer than necessary
 - the transfer of costs that should be borne by the aged care system being transferred at perversely high costs to the state
 - the real potential that the health system will experience a catastrophic failure
- Ensuring the aged care workforce development initiatives do not cannibalise the disability and health workforce

A Shared Measurement Framework

The ongoing energy, commitment, creativity and activities to achieve the goals of the COE require that all stakeholders agree to what the measures for the COE will be. The shared measure framework will be best described in a well-developed program logic. The program logic details the elements necessary to deliver the change (answer the problem) described in the Theory of Change. Program logic elements:

Inputs are factors which are controlled and influenced by COE including funding received

Throughputs are the activities and tasks that help to transform inputs into outputs



Outputs reflect the quantum produced by the activities and tasks

Outcomes detail the measurable benefits for the primary beneficiaries that include the older people, their primary carers, the aged care workers, aged care providers, VET providers and universities

Impacts are how the Aged Care Training and Workforce COE influences and/or changes the entrenched problem in the broader communities and for the benefit of government (local, state and Commonwealth). Impacts are successfully captured in social and economic measures. In the case of the Aged Care Training and Workforce COE, the economic analysis provided in this report will be monitored to ensure that government and communities understand and accept the validity of the claimed impacts. This ongoing work will help maintain the capital or operational funding essential to the work of the COE and the funders interest in ensuring that the agreed social agenda is answered.

A Shared Plan of Action for Mutually Reinforcing Activities

Key work activities of the COE are:

- Organising collective forums, decision making leadership and governance of the COE operation
- Initiating, implementing and coordinating actions that are required to co-design and prototype with COE beneficiaries, who include older people, carers, aged care providers, health services, VET providers, universities, recruiters, migration services, industry peak bodies and technology partners. This will include activities related to initiatives such as a Living Lab
- Collaboratively undertaking research, assessments, evaluations and reporting
- Maintaining standing representative groups of advisors and collaborators including local Aboriginal people/organisations, CALD providers, LGBTQI+ providers, older persons, carers
- Managing and developing customer relationships (funders)
- Developing and growing funding from government and philanthropy
- Developing enterprises that are calculated to respond to a gap in services and that support the fulfilment of the mission of the COE; and operating these enterprises
- Advocacy and ongoing communication to beneficiaries and partners including through media and social media

An appropriately qualified and skilled complement of staff will be employed to undertake these work activities. The work of the COE will be overseen by a governance group established by the partners.

Governance Group - A Backbone Organisation

An essential element of the COE is a backbone organisation with the skills and resources to keep everyone on track. Consultations with ViTA proponents identified that while ACH's CEO was the driving force in this COE model, positive outcomes were achieved. Several factors occurred that resulted in ViTA being disbanded (mainstreamed). These factors included the impact of COVID, a change of CEO, the board of ACH not seeing ViTA as a priority. The lessons from ViTA suggest an alternate response should be developed to create a backbone organisation for the WA Aged Care Training and Workforce Centre of Excellence. Design elements should include:

- Identification/formation of a legal entity to operate/coordinate/backbone the COE
- A model of ownership that maximises ongoing buy-in
- Governance drawn from the stakeholders who have buy-in
- Opportunities for stakeholder participation that includes:
 - Foundational Partners who will be invited to collectively carry the initiative forward confirming the critical model elements, proposed COE activities, form of organisation and governance and infrastructure requirements



- Critical Advisors will provide organisations and individuals with an alternate role providing expertise, specific advice and may be called upon by the Foundational Partners operating the COE. The Critical Advisors will also include particular advisory bodies such as but not limited to older people (including service users), carers.
- Supporters will provide ongoing interest and will be called on by the Foundational Partners to participate in consultation, workshops, surveys etc. Supporters will also receive ongoing communication regarding the progress being made. Other means of input may be developed by the Foundational Partners.

Research

Research will be an essential element in the work of the COE. In particular the COE would need to be able to demonstrate that it can develop and implement solutions in response to the needs identified in these studies that includes:

- Developing solutions that improve; attraction, recruitment, retention and the quality of the aged care workforce to meet industry needs such as occupation mix, diversity (age, gender, language, background, Aboriginality, culture), volume, job readiness, skill mix
- Reducing the overall quantum of workforce required by increasing the length of stay in community care with a corresponding reduction in residential aged care demand (community care requires a smaller workforce)
- Building capacity of the aged care sector to meet demographically driven need while reducing the negative impact on health

Important research questions emerge in relation to these solutions. These questions include:

- How can people be supported to remain in community aged care for longer? (what role does technology play?, what skills are consistently required?)
- If the length of stay in the community is extended, how must practices be improved in relation to monitoring unstable health and better maintaining stable health?
- If length of stay in the community is extended, what is the impact on residential aged care and to what extent does it reduce the demand for workers?
- How are unnecessary hospital admissions from community and residential aged care reduced?
- How are skills, practices and workforce required to increase restorative care practices developed?
- How are skills, knowledge and care practices of family carers to enable longer stays in community care increased?
- How is the stock of suitable older persons' housing that is adaptable to changing care needs including mobility and dementia increased?
- How are potential workers prequalified/prescreened – particularly if recruiting overseas workers?
- How is migration of an overseas workforce to meet the demand planned and supported?
- How and who develops the student and key worker housing to support industry growth (training and aged care services)?

3.3.3 Location – Why Mandurah

Positive Actions and Responses

The people of Mandurah and the Peel Region, aged care providers, the training sector (VET and universities), the Peel Health Campus, the City of Mandurah and the Peel Development Commission are seeking immediate action to provide the quality of care and answers to workforce shortages in aged care that are required. In addition, within Mandurah there is higher unemployment than the state figure resulting in an opportunity to recruit and train aged care workers from both unemployed and underemployed persons with the City of Mandurah.



These issues and the community's call for action have provided the context and opportunity for the Peel Development Commission and the City of Mandurah to take positive action. The City of Mandurah and the Peel Development Commission have demonstrated the leadership required to develop a workable solution in collaboration with the training/education and aged care provider sectors. This leadership is demonstrated in the commissioning of a Needs Analysis and this Feasibility Study, and leadership with a vision to create a WA Aged Care Training and Workforce Centre of Excellence in Mandurah with the attendant social and economic benefits. The vision extends to the capacity respond to the increasing issues related to aged care workforce shortages and the need to lift the quality of aged care training.

A particularly poignant outcome of engaging across relevant sectors in conducting these studies the interest, willingness and commitment of organisations who willingly support the concept of the COE and the role they may play in the operation of the COE when it is launched. The concept has been wholeheartedly embraced in a non-competitive manner. There is a clear recognition that no single organisation or person has the answers to solve this wicked problem but together there is hope. The breadth of sectors and people willing to be part of the COE based in Mandurah is diverse, and includes universities (as well as Flinders University ARIIA), the VET sector (private RTOs and TAFE), aged care providers, the peak body, recruiters, the City of Mandurah, and the Peel Development Commission. There is support from WA Health and interest and cooperation from the Commonwealth and state governments at this juncture.

This level of momentum is rare and is the most important factor to undergird the capacity to develop an effective COE.

Capacity to Develop and Test Solutions

Establishing a COE in Mandurah is particularly beneficial as the factors that will overtake the health system, the aged care system and the dynamics of the workforce challenges for the whole of WA are all current realities for Mandurah and the Peel Region.

The collective impact of the work of the COE on services and systems within this defined Region will showcase solutions, innovation and the adaptation of technology that can be adapted in urban, regional centres and rural communities across the whole of WA. Mandurah and the geographically contained and diverse Peel Region affords the COE a unique opportunity to research, implement, test and evaluate change while maximising the benefits of significant existing infrastructure; a factor not easily replicated in other locations.

The Peel Health Campus is experiencing the challenges relating to older long stay patients who have limited or no discharge pathway within the Region. This situation (limited or no discharge pathways) will increase in severity due to a lack of investment into new residential aged care beds and a current under supply in the region.

Combinations of operational issues are impacting supply of residential aged care in Mandurah and Peel; these issues extend more broadly into the South West region. The issues include:

- Workforce shortages particularly RNs and allied health professionals
- Commonwealth aged care policy requiring minimum nurse:client ratios and 24/7 RN coverage has caused some beds to be taken off line in the region due to the inability of providers to meet the minimum requirements due to the shortages of RNs
- Providers are reluctant to make the investment into new facilities due the current operational losses experienced by the majority of residential aged care providers, due to the Commonwealth aged care funding model

The Royal Commission into Aged Care Quality and Safety Commissioners reported:

"Funding for aged care is insufficient, insecure and subject to the fiscal priorities and wide-ranging responsibilities of the Australian Government. This affects access to, and the quality and safety of, care."

"The aged care system has been affected by piecemeal approaches and policy compromises that detract from quality care. For several decades, one of the priorities for governments dealing with the aged care system has been to restrain the growth in aged care expenditure. This priority has been pursued irrespective of the level of need, and without sufficient regard to whether the funding is adequate to deliver quality care. This has occurred through limiting expenditure without accounting for the actual cost of delivering services, rationing access to services, and neglecting reform of the funding model."

"These should not be thought of as inadvertent errors in the design of the aged care system in Australia. These are design features." ⁶

⁶ Commonwealth (2012). Royal Commission into Aged Care Quality and Safety, Final Report Volume 2, p 188



Operational losses in residential aged care

The average operating results for residential aged care homes in all geographic sectors was an operating loss of \$15.98 per bed day (Dec-21 \$10.31 pbd loss) for mature homes (which exclude the outliers). This represents a loss of \$5,295 per bed per annum, and a continuation of losses for over 5 successive years. Extrapolating the deficit per bed represents a residential sector loss in excess of \$575 million for the six month period.⁷

Link between financial health and quality of care

A key observation of the Royal Commission was to make the link between provider financial health and the delivery of safe high-quality care: The Australian Government has an interest in managing prudential risk. It also has a broader financial oversight responsibility with respect to aged care providers.⁸

- Providers can offset operational losses against surpluses created through the non-operational activities. The non-operational activities relate to the investment of Residential Aged Deposits (RADs) and therefore locations that have high property prices (that increase value of the average RAD) are favoured over areas where the RADs may be lower such as Mandurah and across Peel and the SW Region
- Delays and uncertainties relating to the development of new residential aged care due to materials and workforce shortages in construction and related uncertainties regarding the final cost of construction
- Increasing reliance on agency staff at a higher cost to maintain operational requirements and minimum client staff ratios

A number of factors are restraining growth of the community aged care sector that include:

- Policy changes that require minimum shifts to be two hours and transport costs between clients to paid without subsidies being increased pay for the requirement; this has a greater impact on operations in rural and regional areas than urban areas.
- Operational uncertainty impacting Home Care Packages and Commonwealth Home Support. The issues are well articulated in the call out box below and reinforced by consultations with providers in the region

Home care operational climate

Home Care continues to operate in a climate of operating issues. Uncertainty as to design of the Support at Home program (implementation date is 1 July 2024 *Now moved again to 2025*) and the potential implications, have caused a policy void which has led to a stagnation of innovation for many providers.

Consistent with residential aged care, staffing remains the most crucial concern, and this coupled with the current complicated regulatory environment has seen the financial performance declining. The current operating result has decreased to a surplus of \$2.54 per client per day (Dec-21 \$4.51 pcpd). Revenue utilisation has decreased to 84.5% of available package funding and unspent funds have increased to an average of \$11,241 for every care recipient (unspent funds are now in excess of an aggregate \$2.4 billion)⁹

- Workforce shortages
- Reducing availability of carers and poor support of carers particularly post the cessation of the Commonwealth Carers Respite Centres and replacement with the far less effective Carers Gateway
- Reduced access to residential respite due the previously mentioned issues impacting residential aged care

⁷ StewartBrown (2023). Aged Care Financial Performance Survey Report: 6 months ended 31 December 2022. Note data from 1,138 residential aged care facilities across Australia

⁸ Aged Care Quality and Safety Commission (2023, February). Financial and Prudential Regulatory Insights: Why money management matters – learnings from the Royal Commission. At <https://www.agedcarequality.gov.au/news-publications/bulletins/financial-and-prudential-regulatory-insights/financial-and-prudential-regulatory-insights-february-2023>

⁹ StewartBrown (2023). Aged Care Financial Performance Survey Report: 6 months ended 31 December 2022. Note data from 1,138 residential aged care facilities across Australia



3.4 Application of Technology

This study demonstrates through the consultations that there is no coherent vision and strategy for the adoption of technology to aged care service delivery or to aged care training. The findings are echoed by Asha Neil: “The aged care industry traditionally has been relatively slow in embracing the digital transformation, often encumbered by bureaucratic inertia, budgetary constraints, and a lack of digital literacy among the older population. However, the increasing complexity of the aged care landscape, marked by a burgeoning elderly population with varied and complex needs, has brought to the forefront the imperative of integrating technology into the core of aged care strategies.”¹⁰

While Neil’s point is well made, consultation findings suggest that an important aspect of the work of the COE will be to move from an imperative to the adoption, in practice, of technology. Technology will be an essential element in developing innovation as a vehicle for training delivery, for training assessments and in service delivery. Technology will also be an essential element in supporting longer stays in community aged care and improving restorative care practices.

3.4.1 Assessments

The consultation findings identify that competency assessments for certificate students are not easily or consistently managed through placements as community care workers normally work alone and the funding model inhibits this approach. Virtual technologies and virtual aged care infrastructure could support simulated scenarios that would improve the capacity for competency assessments. These technologies have been developed and are in place at Murdoch University. The COE can solve this assessment challenge through the adoption of this technology with the result that aged care workers will be job ready.

3.4.2 Monitoring

There are a myriad of monitoring devices and technologies that have been adapted to the aged care environment. Devices and technologies include:

- Devices that monitor and broadcast vital health status indicators
- Technologies that can measure and broadcast; falls, unusual movements, toilet use that is unusual. Some of the technologies have algorithms that are predictive of changing health conditions

Arguments against the adoption of these technologies are more often to do with imagined resistance from older people, ethics and privacy concerns. Most of these issues are relatively easily resolved: it may be more about the workers who resist any technology that they perceive to take away from their professional judgement.

An extensive three year Australian multi-provider trial of a monitoring system that reported on the activities of daily living in aged care using smart devices to broadcast the observations made by direct care workers¹¹ produced the following unexpected result. The direct care workers were very happy to use the system as they felt that any concerns that they observed would be responded to. Senior management appreciated the real time information they had regarding the condition of the people in their care. Case managers and/or care coordinators commonly ignored the information and the alerts produced if the system identified the need for a proactive intervention. They resented the use of observations from “uneducated” direct care workers and the need to respond to technology-generated alerts. Deeper probing suggests that the resistance was because the observations gained during their client visits may not be as necessary, and this was a part of their work they really enjoyed. Their resistance was based on a view that their job would be replaced by ‘technology’. This example identifies that the adaptation of the monitoring technology requires cultural change that begins with education and training.

In addition, feedback from this trial demonstrated that older people and carers were very appreciative of the use of the monitoring technology: commonly feedback was “anything that keeps me safe at home is welcomed.”

¹⁰ Neil A (2023, September 12). The Ultimate Guide to Harnessing Technology for Aged Care. At <https://shiftcare.com/blog/the-ultimate-guide-to-harnessing-tech-for-aged-care>

¹¹ Assessments of the technology were conducted by the authors. The provider and trial sites are commercial and in confidence.



Two cross sector Living Labs that the authors have been involved in over the last two years demonstrates that co-design with end users will increase the use and suitability of monitoring technologies and resolve most privacy concerns.

In the co-design workshop, Silverchain reported use of virtual reality in their community care. The Ageing Agenda reported “Silverchain has advanced its virtual care services by adopting a new remote monitoring platform. The platform – developed by American technology firm Datos Health – will allow clinicians to remotely manage Silverchain’s homecare clients’ healthcare by monitoring changes in their wellbeing, enabling care teams to intervene in real-time to reduce adverse events. Silverchain’s clients will also be provided with a patient care app. The client-facing app gives clients increased access to their own health and care information,” said Dr Barker. “They have greater control of their care, and it empowers them to interact more effectively with their Silverchain team.”¹²

ARIIA report AI is being used in monitoring, citing examples including:

- PainChek® A universal pain management app that can be used to identify the presence of pain, even when it’s not obvious, using AI technology
- HomeGuardian: Uses AI to look at a room/area and determine what is and what is not normal. It can be used to detect curtains being closed in the afternoon or an oven left on, and is able to make a phone call or activate an alarm in response.¹³

3.4.3 Social Engagement

Social engagement technologies support older adults to keep in contact with friends and family.

Social engagement technologies became particularly important to many older people in aged care settings during the pandemic. For example, an Aboriginal aged care provider in Northern NSW bought iPads and set up wifi capability for a large number of clients who previously had no or very limited connectivity. The package (internet connectivity and iPad) were paid for out of the Home Care Package. The provider used the capacity to host virtual yarning and to provide health information to great effect.

A multi-cultural provider in Perth includes access and support to use the internet as part of their day care program. For many participants it has supported them to connect with family overseas.

These examples demonstrate that older people with no or low computer literacy can be supported to gain skills and adapt to the use of technology. Both of the examples provided required support and planning initiated by the provider, and demonstrate capacity for older people to learn.

Social engagement may extend to gaming and activities such as virtual travel eg University of the Third Age (U3A) regularly host armchair travel sessions.

3.4.4 Telehealth and Virtual Assessments

There are well-developed processes and application of the use of devices such as cameras, smart phones, satellite phones, Zoom and Teams to undertake specialist and other medical assessments. For example, the Loddon Mallee Aged Care Alliance adopted telehealth community care health, geriatric and other specialist consultations in their community care program as early as 2010.¹⁴ Prof Len Gray has been conducting virtual (remote) geriatric assessments in residential aged care settings using telehealth for more than 15 years. He states that he uses the assessment process as an added opportunity to improve the skills of the RN involved.¹⁵

¹² Australian Ageing Agenda (2023, October 5). Silverchain adopts remote care technology. At <https://www.australianageingagenda.com.au/technology/silverchain-adopts-remote-care-technology/>

¹³ ARIIA (nd). Artificial Intelligence. At <https://www.ariia.org.au/knowledge-implementation-hub/technology-in-aged-care/types-technology-aged-care/artificial-intelligence>. accessed 20/01/2024

¹⁴ Faircloth D (2023), consultation and documentation of this model

¹⁵ Sullivan M (nd), consultation



Most of the barriers to the adoption to these innovations have been the specialists.¹⁶

3.4.5 Dementia Care Technologies

There are technologies available, but not consistently used, that could support architects and aged care providers to design dementia care residential facilities and ILUs. The technology includes goggles that simulates how a person living with dementia may perceive the design, including light, colour combinations and hallways.

Another technology-led solution is Snoezelen. Snoezelen or controlled multisensory environment (MSE) is a therapy for people with autism and other developmental disabilities, dementia or brain injury. It consists of placing the person in a soothing and stimulating environment, called the "Snoezelen room", a form of sensory room. These rooms are specially designed to deliver stimuli to various senses, using effects such as lighting, colour, sound, music and scent. The combination of different materials on a wall may be explored using tactile senses, and the floor may be adjusted to stimulate the sense of balance. The person is usually accompanied by an aide or therapist. There is room for wider adoption of Snoezelen through virtual and 3D technologies that would support community applications.

The application of technologies to manage sun-downing such automatic locking doors when an older person approaches the door at times of day when they are likely to wander in an agitated state could be investigated and evaluated within the work of the COE.¹⁷

Another example of the application of technology and application of AI is MATCH¹⁸ (Music Attuned Technology – Care via eHealth) as described in this example from the MATCH website:

MATCH: Music Attuned Technology – Care via eHealth

Imagine John, a man in his 70s who can get confused at times and who often becomes more agitated later in the day. He then frequently paces restlessly, following his wife around with talking constantly, and is sometimes hard to settle. Using the MATCH integrated sensors which have already "learned" what are typical behavioural patterns for John, MATCH can detect changes in his arousal levels and when he will be at risk of becoming agitated, which will make it more difficult for his wife to settle him. The app then selects suitable music based on John's preferences that contain musical features that "match" his agitation level. The music's tempo, style, and volume will then be continuously adapted to meet his current needs, regulate his arousal, and help reduce his agitation. As John becomes more calm, his confusion is lessened and he is more able to interact with his wife in ways that bring them both joy and connection.

3.4.6 Robotics

Dr Elizabeth Broadbent leads a team at University of Auckland examining how robots may be utilised to reduce carer duties and stress. She reports that "these robots are designed to help people with dementia stay in their homes for longer before needing to move into a memory care community.... [and] robots can help relieve caregiver stress. The burden on caregivers of people with dementia is very high... and caregivers often need a break during the day to get other things done. Robots can help provide extra care.'

"Robots can also help combat senior isolation that affects many seniors coping with dementia. One robot, a Japanese baby seal robot named Paro, is being shown to help calm anxiety in people with dementia while keeping them company, serving as a virtual pet. Another robot named Mario has been built and programmed to provide companionship and help someone with dementia stay engaged in activities and events.

"With individualized apps that promote social connection, the robot helps seniors with dementia feel less lonely."¹⁹

¹⁶ Faircloth D (20214). HACC Transport Review, DSS

¹⁷ The term "sundowning" refers to a state of confusion occurring in the late afternoon and lasting into the night. Sundowning can cause different behaviours, such as confusion, anxiety, aggression or ignoring directions. Sundowning can also lead to pacing or wandering. Sundowning isn't a disease. It's a group of symptoms that occur at a specific time of the day. These symptoms may affect people with Alzheimer's disease and other types of dementia. The exact cause of this behaviour is unknown. Graff-Radford J (nd). Sundowning: Late day confusion at <https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/expert-answers/sundowning/faq-20058511>

¹⁸ <https://www.musicattunedcare.com/>



Aged Care Research and Industry Innovation Australia (ARIIA) advises:

In aged care, robots have several different uses. They can direct exercises, provide emotional support, and encourage social interactions. Examples of robotic technology used in aged care include robopets such as PARO, care robots such as the Care-O-bot or Zora, assistive walking robots, and robots used to manage medication. Socially assistive robots (that assist humans to interact) can be used in aged care to support older adults to interact with others and prevent social isolation and feelings of loneliness.

Robots have the potential to improve quality of life for individuals receiving aged care. Robots can assist with daily functional tasks such as bathing, which can support care workers, and assist older adults to maintain their independence and dignity. Robots can provide mobility support for older adults and can assist individuals to get out of bed or stand up from a chair and walk, reducing the risk of falls. Socially assistive robots that encourage older adults to interact socially with others (e.g., robopets, companions, service robots, or both companion and service), can increase social interactions and reduce depression, loneliness, and agitation for older adults (especially those living with dementia). Robots can assist aged care workers by monitoring the health of older adults and supporting the safe distribution of medications.²⁰

Consultations in this study indicate that the majority of respondents did not see robotics to be a solution for reducing the workforce or direct relevance to training. FMA speculate that a lack of exposure to the technologies and their application may be supporting this outlook. A notable example of the application of robotics to a learning environment was the trialling and evaluation of robots at ACEPT's simulated oils and gas plant at Munster.

In discussing the human issues that impact the adaption of robotics in aged care ARIIA's research is summarised as:

- Robots can play a role in improving the wellbeing of older adults and provide opportunities for social and physical interactions.
- Some older adults have negative attitudes towards robots, which are often based on the mechanical creatures they have seen in Hollywood movies. Others were encouraged by the idea of robots, enjoying their novelty.
- Aged care workers were motivated to learn how to use robots to improve the wellbeing of their clients. Some were fearful that robots would increase their workload, endanger their jobs, and invade privacy.
- Service providers should be aware that despite the benefits, robots should not replace the 'human' aspects of aged care. For successful implementation of robots in aged care settings, the workforce needs to be educated in their appropriate and safe use.²¹

3.4.7 Assistive Technology

Assistive technology is any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities or older people affected by functional decline. There is a wide range of devices designed to support functioning including mobility, toileting, sensory support and reduced muscle strength. There are specialised applications for conditions such as Parkinson Disease.

Some of these devices are aimed to enable the older person to function with greater independence, while others are oriented toward supporting/assisting the family carer or support worker.

ARIIA's research provides the following insights:

¹⁹ Sauer A (2018, September 26). How Robots Could Help People With Dementia. At <https://www.alzheimers.net/robots-could-help-people-with-dementia>

²⁰ ARIIA (nd). Types of Technology in Aged Care: Robots. At <https://www.ariia.org.au/knowledge-implementation-hub/technology-in-aged-care/types-technology-aged-care/robots>, accessed 20/01/24

²¹ ARIIA (2023, September 20). Attitudes towards Robots. At <https://www.ariia.org.au/knowledge-implementation-hub/technology-in-aged-care/human-factors-evidence-themes/attitudes-towards-robots>, accessed 23/1/24



Assistive technologies used in aged care may include smart technology, such as sensors and monitoring systems, mobile devices and apps, mobility aids (such as wheelchairs or lifters), or home modifications such as rails. Assistive technology can be used both by people living at home and those living in residential aged care.

Potential benefits of using assistive technologies for older adults and their care team may include:

- Increased confidence, autonomy, social participation, and quality of life
- Improved communication
- Decreased anxiety and injury
- Decreased impact of supporting a loved one for carers and their families
- Allowing older adults to live in their own home for longer

Some assistive technologies used in Australia include:

- Accent 1400: A communication-speech generating device that can be used to support older adults communicate using the mouse, head tracking and/or eye gaze.
- Telstra visual signal alert: A device that provides a visual signal allowing a hearing-impaired user to see that the telephone is ringing.
- Talking watch: A battery operated talking watch with large numbers/characters that may be suitable for individuals with a vision impairment. The watch's voice output reports the time and can be activated by pressing a button²²

3.4.8 Future

Future adaptations such as driverless cars and an increased use of robotics coupled with AI to support the activities of daily living may be able to be co-designed and trialed and evaluated within the context of the COE and its partners.

The Aged Care Guide reports of a trial of driverless vehicles underway in Mount Isa. Aged Care Guide reports that Mount Isa residents who saw the trials were excited for the potential technology according to Queensland Department of Transport and Main Roads project lead Amit Trivedi: "There is a perception that elderly folks [sic] don't accept technology, but what we found was that most elderly folks who experienced the vehicle, they're basically asking me 'when can you buy one of these?'"²³ The article also discusses use of driverless cars in California.

3.4.9 Implications - COE Technologies

It is proposed that the COE will operate a Living Lab where innovation including technologies will be tested with service users and with the targeted industry involving universities and technology partners. Creating a deliberate interconnection between the current and emerging technologies through the Living Lab will impact end users, aged care providers, students and educators.

There is also potential that new applications or novel solutions developed through the Living Lab could also have a commercial application for the benefit of the COE and its partners.

²² ARIIA (nd). Types of Technology in Aged Care: Assistive Technology. At <https://www.ariaa.org.au/knowledge-implementation-hub/technology-in-aged-care/types-technology-aged-care/assistive-technology>, accessed 20/01/2024

²³ McManus D (2023, August 21). Are Self Driving Cars Safe for Seniors? Aged Care Guide. At <https://www.agedcareguide.com.au/talking-aged-care/are-self-driving-cars-safe-for-seniors>, accessed 21/01/2024



3.5 Funding Sources

In the Needs Analysis, Centres of Excellence are discussed in 'Vision for a Centre of Excellence' specific relevant sections include:

- 4.1 What is a Centre of Excellence?
- 4.2 Australian Initiatives and Examples

This section of the report provides additional information regarding funding for the COE.

3.5.1 COE Examples and Funding Sources

US Examples

Literature identifies that Centres of Excellence in the US are more commonly departments within large organisations producing innovation through semi-autonomous units within the organisation (such as the United States Army Mission Command Center of Excellence²⁴) which also suggests that they are fully funded by these organisations.

Other approaches include:

Walmart²⁵ has designated certain employee healthcare venues as Centers of Excellence. Since 2013, in several regions of the country (Dallas-Fort Worth; Northern Arkansas; Orlando, FL) Walmart offers employees free treatment when they use the designated CoEs. Treatments are administered to covered employees, who travel to the centers, along with a caregiver, for a course of treatment at the center. Depending on the budgetary outcome, Walmart will be sharing its operational results with other employers, as a method of controlling its healthcare costs.

Ford Motor Company²⁶ opened its Ford Ion Park Battery Center of Excellence, meant to centralize a cross-functional team to accelerate the development of battery and battery cell technology. Electrical batteries would then serve as the basis for all-electric vehicles.

An alternate funding model in the USA is the funding through grants made by the **National Institutes of Health (NIH)**. In 2023, NIH allocated \$24 million to create 10 maternal health research Centres of Excellence²⁷. In this example the 10 maternal health research centres are partnered with two Universities.

VITA

As discussed in the co-design section in this report, the South Australian example of an Aged Care Centre of Excellence (ViTA) was considered a very helpful example to include in this study. ViTA addressed the requirement to lift the quality of aged care training and used a real world teaching environment in a dedicated aged care facility operated by ACH. It was reported in the workshop and confirmed through consultations that ViTA achieved superior outcomes in developing discrete skills in students with respect to three distinct areas of aged care support; palliative care, restorative care and dementia care.

Funding included support from state and Commonwealth government, and from ACH.

²⁴ United States Army Combined Arms Center (nd). Mission Control Centre of Excellence. At <https://usacac.army.mil/organizations/mcccoe>, accessed 20/01/24

²⁵ Advisory Board (2023, March 20). Walmart offers its workers free surgery (with a catch): Now it wants others to do the same. At <https://www.advisory.com/daily-briefing/2019/03/19/walmart-coe>, accessed 20/01/24

²⁶ Flake J (2021, April 27). Ford accelerates battery R&D with dedicated team: New global battery Center of Excellence named Ford Ion Park. At <https://www.nasdaq.com/press-release/ford-accelerates-battery-rd-with-dedicated-team-new-global-battery-center-of>, accessed 20/01/24

²⁷ NIHHD (2023, August 17). Release: NIH establishes Maternal Health Research Centers of Excellence – Initiative to support research to reduce pregnancy-related complications and death and promote maternal health equity. At <https://www.nichd.nih.gov/newsroom/news/081723-Maternal-Health-Research-Centers>, accessed 20/01/24



Australian Research Council Centres of Excellence

The Needs Analysis details information regarding the Australian Research Council Centres of Excellence (Needs Analysis 4.2.1) noting: 'ARC is a government agency that supports research and innovation in Australia. The ARC Centres of Excellence are prestigious hubs of expertise that link researchers from different institutions within Australia and internationally to collaborate on challenging and significant research problems. ARC Centres of Excellence are selected through a competitive grant process and receive funding of up to \$5 million per year for up to seven years (\$35M per Centre).

ARC Centres of Excellence funded under the 2023 round:

- ARC Centre of Excellence for Carbon Science and Innovation
- ARC Centre of Excellence for Gravitational Wave Discovery
- ARC Centre of Excellence for Green Electrochemical Transformation of Carbon Dioxide
- ARC Centre of Excellence for Indigenous and Environmental Histories and Futures
- ARC Centre of Excellence for Indigenous Futures
- ARC Centre of Excellence for The Elimination of Violence Against Women
- ARC Centre of Excellence for The Mathematical Analysis of Cellular Systems
- ARC Centre of Excellence for The Weather of the 21st Century
- ARC Centre of Excellence in Optical Microcombs for Breakthrough Science
- ARC Centre of Excellence in Plants for Space
- ARC Centre of Excellence in Quantum Biotechnology²⁸

National Centre of Excellence in Intellectual Disability Health

National Centre of Excellence in Intellectual Disability Health (auspiced by University of NSW) is funded by the Australian Government Department of Health and Aged Care. In the October 2022 Budget, \$15.9 million was allocated for a total commitment of \$23.9 million over 4 years from 2022–23 for the centre. Funding will continue beyond those 4 years.

COE partners are:

- University of New South Wales (lead organisation)
- Council for Intellectual Disability
- First Peoples Disability Network
- Down Syndrome Australia
- Centre for Disability Studies at the University of Sydney
- Queenslanders with Disability Network
- University of Melbourne (including the Centre of Research Excellence in Disability and Health)
- Telethon Kids Institute in Perth

²⁸ Funding Outcomes. At <https://www.arc.gov.au/funding-research/funding-outcome>



- Mater Intellectual Disability and Autism Service in Brisbane.

The Commonwealth noted that the successful group worked closely with people with intellectual disability to prepare their grant application.

UNSW notes “The Centre’s work will be supported by a broader network of 20 partner and 36 collaborator organisations, including state health departments, universities, primary health networks, peak and regulatory bodies, First Nations community-controlled organisations and local health districts.”²⁹

Basketball Australia Centre of Excellence

The Basketball Australia Centre of Excellence, formerly the National Intensive Training Centre Program (NITCP) and AIS Basketball Program has been the world-leading junior development program since 1981.

As stated on the Basketball Australia website:

Dedicated to the development of future Boomers and Opals, the scholarship athletes are exposed to the country’s elite service providers and world-class facilities based at the AIS in Canberra.

The program takes a holistic approach to the development of elite international athletes and integrates education, basketball services, sports science and personal excellence into its daily training environment.

The centre also hosts the NBA’s Global Academy and the athletes in both programs formed a team that took part in the inaugural NBL1 season in 2019.³⁰

Funding is acknowledged from the Australian Government Sports Commission and commercial sponsorship; Ford, Seven Consulting, Footlocker, Signet, and Cygnett.

TAFE Centres of Excellence

TAFE Centres of Excellence enable nationally networked collaboration in critical sectors. They operate under the National Skills Agreement. This is an initiative of the current Commonwealth Government with the measures announced in 2023.³¹

The Australian Government will partner with states and territories to establish nationally networked TAFE Centres of Excellence which will help deliver a skilled workforce for strategically important industries to meet national challenges.

The COEs will increase collaboration between TAFEs, through partnerships with industry and universities and deliver the skills people need for good, secure work and careers. The benefits sought by the Australian Government are imagined as:

- Providing national leadership in the delivery of skills, education and training
- Bringing together employers, unions, universities and other education and training providers to develop and implement real work and practical solutions to meet skills needs
- Supporting industry and enrich students’ learning experience through applied research and problem solving programs
- Innovating the delivery of tertiary education, such as the development and delivery of higher apprenticeships in areas of high skills need
- Disseminating best practice across the TAFE network

²⁹ UNSW (nd). National Centre of Excellence in Intellectual Disability Health. At <https://www.3dn.unsw.edu.au/national-centre-excellence-intellectual-disability-health> . accessed 20/01/24

³⁰ Basketball Australia (nd). Centre of Excellence. At <https://www.australia.basketball/get-involved/pathways/centre-of-excellence> . accessed 20/01/24

³¹ Australian Treasury (2023, September 25). Media Release: Turbocharging TAFE Centres of Excellence and accelerating apprenticeships. At <https://ministers.treasury.gov.au/ministers/jim-chalmers-2022/media-releases/turbocharging-tafe-centres-excellence-and-accelerating>



- Enabling organisational innovation and teaching and training excellence.

TAFE Centres of Excellence will also respond to the Working Future White Paper finding that Australia’s future labour market will need more people with higher-level skills and a coordinated approach to deliver skills that meet industry need.

TAFE Centres of Excellence will strengthen capability and capacity of the VET system to provide high quality and responsive skills training for critical and emerging industries, including the transformation to a net zero economy, sustaining essential care and support services, ensuring our digital and technological capability, and sovereign capability. They will be the exemplars of quality training and learning.

The common characteristics will be that they are about partnerships and sharing practice. In the main they will be virtual entities, hubs, or networks. They will all have a focus on solutions where partners from industry and community, along with universities, can join with TAFEs from across the nation to problem solve. Sharing great teaching and learning practice will be core to their function. They will also all be TAFE led.

Funding: The Australian Government is investing up to \$325 million over five years to establish and operate up to 20 TAFE Centres of Excellence. States and territories will make a matched contribution.

3.5.2 WA Aged Care Training and Workforce COE Funding Implications

A finding of the Feasibility Study is that establishment and successful operation will require Government to commit to the majority of the funding. The COE’s proposed activities detailed in the Cost and Revenue plan will not support the COE to be funded at the required level as a result of its activities. The funding stream are detailed in this section.

A Special Grant

A special grant from the Commonwealth or State Government or both. This may be justified if Government is convinced that solving the intractable problems detailed in the Needs Analysis and the Feasibility Study can be resolved through the work of the proposed COE. As noted in the Needs Analysis, the Department of Health and Aged Care have a large suite of initiatives relating to the Aged Care Workforce. Given the importance of the issue and policy focus of the Commonwealth a special grant may be considered.

The authors note that the penalty for doing nothing is so significant that it would be rational for Government to grant sufficient funds to this proposed initiative. Therefore the authors recommend that every effort is made by the proponents to communicate with Government regarding the significance of the findings of the Needs Analysis and Feasibility Study.

Commonwealth Grant Schemes

The COE may achieve a grant that fits with a Commonwealth funding initiative such as ARC funding. A review of the Grant Connect portal demonstrates that a range of workforce grants have been made available for health and aged care workforce development over multiple years that include:

- Building a Sustainable Workforce Grant
- Improving Workforce Quality
- Implement Aged Care Workforce Strategy
- Indigenous Health Workforce³²

For example between 2020/21 Rural Health West received grants of \$4.4M Building Sustainable Workforce and \$4.7M for Improving Workforce Quality.³³

³² Grant Connect: Current Grant Opportunities At <https://help.grants.gov.au/getting-started-with-grantconnect/information-made-easy/current-opportunities>, accessed 20/01/22



Based on the grant history of these initiatives it is likely that these funding streams will continue into the future.

TAFE COE Grants

The TAFE COE grants priorities within WA do not include aged care. Other recipients for TAFE COE grants focused on aged care may seek and welcome partnership with the proposed COE however in this event it is likely a TAFE would need to enact the role of a backbone organisation.

Other Grant Schemes

The COE may also benefit from a range of smaller grants for research, regional development and community benefit. These grants may supplement or empower discrete projects within the COE's operation but could not be relied on to ensure that core funding is available to achieve the primary work of the COE.

ARIIA Grants

The ARIIA Grants program was established to support high-quality research studies and findings to address important gaps in aged care workforce capability and knowledge. ARIIA reports that these projects are leading to relevant, translational research findings for the benefit of the sector. ARIIA reports over the course of 2022-2024, six rounds of ARIIA Grants will be awarded in total. Each project has been funded to a maximum of \$160,000 (ex GST) and recipients have each co-contributed towards a translational research project which runs for a 12-month period.³⁴

The authors note that as ARIIA are interested in participating in the proposed WA Aged Care Training and Workforce Centre of Excellence that they may be an important partner to advocate for funding for core COE operations for a period exceeding 4 years.

Philanthropy

Success in obtaining large scale philanthropic funding is usually dependant on having relational/professional connections to the philanthropic organisation or the philanthropist. Once the proponents have agreed in principle to establishing the COE, a dedicated and resourced campaign would need to be launched and an application process entered into. A specialist consultant would likely provide the best advice and pathway to funding success.

Paul Ramsay Foundation (PRF) is a philanthropic organisation focused on progressing social agendas such as that proposed to be responded to through the COE. The PRF website states; "We invest in and partner with organisations and communities across Australia that focus on enabling people and places to thrive. We build the capability of organisations and the for-purpose sector and we aim to influence through collaboration and advocacy."³⁵ Note that "We do not accept unsolicited grant proposals, however we encourage you to subscribe to our mailing list to stay informed of any grant opportunities."

Other philanthropy that may have a direct interest in this project include:

- **The Wicking Trust:** JO & JR Wicking Trust was established in 2002 and is one of Australia's most significant charitable trusts, distributing around \$4 million annually to people, programs and research that significantly improve the quality of life and death for older Australians.³⁶
- **Mindaroo Foundation:** The Mindaroo Foundation takes on tough, persistent issues with the potential to drive massive change. The Foundation states that it: incubates ideas, advocates for systems change and accelerates impact. "We push the limits of what is believed possible and the Mindaroo Foundation is proudly Australian, independent, forward thinking and seeks effective, scalable solutions."³⁷

³³ Grant Connect: Rural Health Workforce Support keyword search At <https://www.grants.gov.au/Search/KeywordSearch?keyword=workforce+Rural+Health+West>, accessed 20/01/22

³⁴ ARIIA (nd). ARIIA Grant Funded Projects. At <https://www.ariia.org.au/projects>

³⁵ Paul Ramsay Foundation (nd). How We Work. At <https://www.paulramsayfoundation.org.au/how-we-work#approach>, accessed 20/01/2024

³⁶ The Wicking Trust at <https://www.eqf.com.au/philanthropy/jo-and-jr-wicking-trust>

³⁷ Mindaroo Foundation at <https://www.mindaroo.org/about>



Social Investment

Social Investment Bonds

An Australian example is the Newpin Social Benefit Bond. When outcomes are delivered by the program intervention, cost savings to government are used to pay back the upfront financing, along with providing a return on that investment.

Uniting's Newpin webpage reports:

"The welcome commencement of the SBB in July 2013 has enabled both expansion and various enhancements to the program, which Uniting has successfully operated since 1998. The Newpin program was chosen as Australia's first Social Benefit Bond Pilot in 2013. A Social Benefit Bond (SBB) is a financial instrument in which private investors provide upfront financing to service providers to deliver improved social outcomes. The following diagram demonstrates the structure of the bond.

Figure 10: Investment and Returns Newpin



Source: <https://www.uniting.org/services/family-services/newpin-child-restoration/newpin-social-benefit-bond>

In investigating the development of a Social Investment Bond for the Tasmania Government the costs associated with establishing bond were between \$500,000 and \$700,000. It is possible that with this approach that philanthropy would consider paying for the establishment of the bond. This approach provides positive insight into a true Private Public partnership.³⁸

From the author's experience, Australian social investment bonds are eagerly sought by social investors and many schemes are fully subscribed within hours of being released.

Social Investors

There is a strong growing sector of social investors. Social investors seek to use their capital to produce a financial return and social return. Many investors in this field do not see any reason why that when achieving a social returns that the financial return should be discounted. There are others who are prepared to accept a lower than commercial return to achieve the social return that they seek.

Typically a social investor will invest through recognised financial instruments such as bonds, units and shares. Some investors may through Australian Financial Services Licence holders provide wholesale loans directly to an enterprise to support start up or other capital requirements.

³⁸ Uniting (nd). Newpin Social Benefit Bond: Strong restoration outcomes fore families. At <https://www.uniting.org/services/family-services/newpin-child-restoration/newpin-social-benefit-bond>



Social Investment Implications

Within the context of the WA COE, unless it had revenue earning activities then social investors would not contribute however these investors would readily invest into a bond. A bond could be proposed to the WA Government as the economic case for the COE is so strong.

3.6 Model Development Workshop

3.6.1 The Workshop

A model development workshop was conducted with 37 participants from 20 organisations.

The model development workshop built on the findings from the Needs Analysis, the co-design workshop and the subsequent research of the Feasibility Study detailed within this chapter.

This workshop brought stakeholders together to consider:

- feasibility
- demand
- supply future needs
- leading practices
- proposed options for a Mandurah-based COE

Some of these stakeholders are also potential future customers of the proposed COE and therefore their buy-in is critical to successful implementation of the initiative.

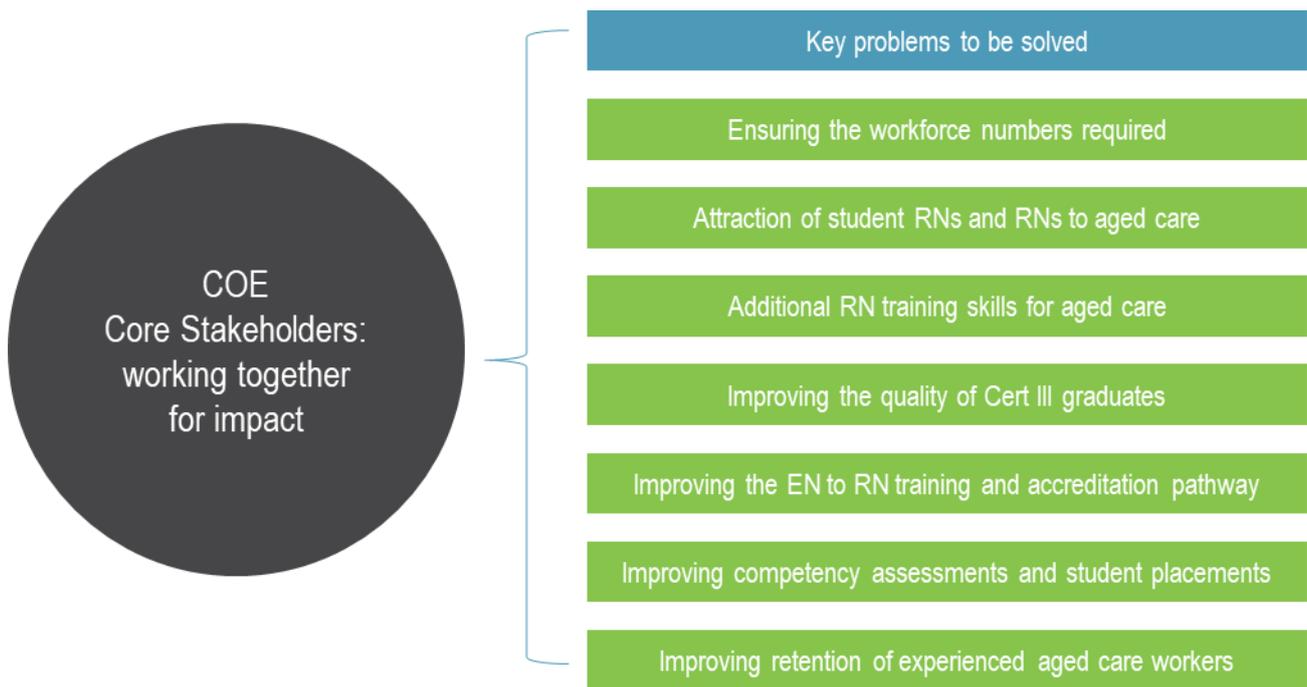
The process of conducting workshops and targeted engagement through consultations has also aided identification of partnerships and the potentiality for a regional coalition of providers purchasing training and professional development. This enabled FMA to consider revenue producing activities through the COE.

3.6.2 Problems and Issues to be Resolved

The consultations undertaken in the study and the workshop confirmed the problem to be solved as detailed in Figure 11: Problems to be Solved.



Figure 11: Problems to be Solved



3.6.3 Consequences of Not Acting

Consultations undertaken in the study and the workshop confirmed the consequences of not acting. In the workshop, the frustrations and some anger regarding the operational factors within aged care, the pressure on staff and management and the financial viability of aged care providers in the region came to the fore. The responses underscore the need for urgent and positive action. Participants suggested that most of these impacts are now being experienced in the region with a forward view that the intensity of these impacts would increase. One participant remarked “at the current rate I am not sure that I will be here in five years to solve the problem.”

Table 4: Do Nothing Impacts

Impacts		
<ul style="list-style-type: none"> Inability to deliver aged care to meet population needs 	<ul style="list-style-type: none"> Political fall out 	<ul style="list-style-type: none"> Economic impacts of carers withdrawal from the workforce
<ul style="list-style-type: none"> Residential Aged Care Growth restrained (particularly RN impact) 	<ul style="list-style-type: none"> Aged Care provider growth and profitability restrained 	<ul style="list-style-type: none"> Reduced investment into the construction of aged care facilities
<ul style="list-style-type: none"> Failure in aged care transfers Federal costs into State health care 	<ul style="list-style-type: none"> Reduced quality and length of life for older people 	<ul style="list-style-type: none"> Reduced capacity of Government to invest into broader services
<ul style="list-style-type: none"> More complex health and end of life care into hospital – more long stays 	<ul style="list-style-type: none"> Community and family negative effects on wellbeing 	<ul style="list-style-type: none"> Carer burnout, poor health, financial stress
<ul style="list-style-type: none"> Catastrophic failure of the health system 		



3.6.4 A Model to Solve the Problem

Core of the Model

The core of the model of the Centre of Excellence is 'stakeholders working together for impact'. The work and change sought described as a theory of change is:

The Aged Care Training and Workforce Centre of Excellence is vehicle that facilitates the application of collective impact to address factors that contribute to poor or inadequate training of students and that reduces the capacity of the sector to attract and retain candidates required to meet service demand.

Collective impact will focus expertise, innovation, research, leading practice, the application of technology, leadership and the use of design thinking on addressing the quantum and quality of the aged care workforce required in Mandurah, Peel and more widely across WA.

Building and Maintaining Collective Impact

The workshop participants confirmed the activities/work that would be required to build and maintain collective impact. This finding is consistent with all other research activities of the study.

Figure 12: Work to Build and Maintain Collective Impact



Work of the COE

Workshop participants confirmed the range of work activities required to solve the problem as detailed in Figure 13.

University participants in particular stressed the importance of research, testing new solutions and evaluating outcomes. Other stakeholders in the workshop and through consultations stressed the importance of working with existing initiatives and current trials. Stakeholders also stressed the importance of not duplicating the innovation or commercially successful initiatives of the stakeholders (some are identified co-design workshop section of this report).



A key point in relation to vocational training was that stakeholders considered that a key objective should be to reduce the number of students participating in substandard online only training (not all online training is substandard). The net result would be commercially beneficial to all VET stakeholders in the collaboration and supports reason for shared innovation and collaboration.

The sentiment of the VET providers is more broadly held by the other stakeholders: the COE should not duplicate services they are providing but should aid better outcomes through collaboration, advocacy, showcasing, design, research and sharing knowledge/innovation. The net effect will be that all stakeholder agencies will be helped to deliver solutions through their sustainable program funded activities.

Figure 13 details the fields of work required through the work of the COE

Figure 13: Work of the COE



Infrastructure Requirements

The workshop explored the infrastructure required to support of the work of the COE. The discussion immediately raised concerns that focused on:

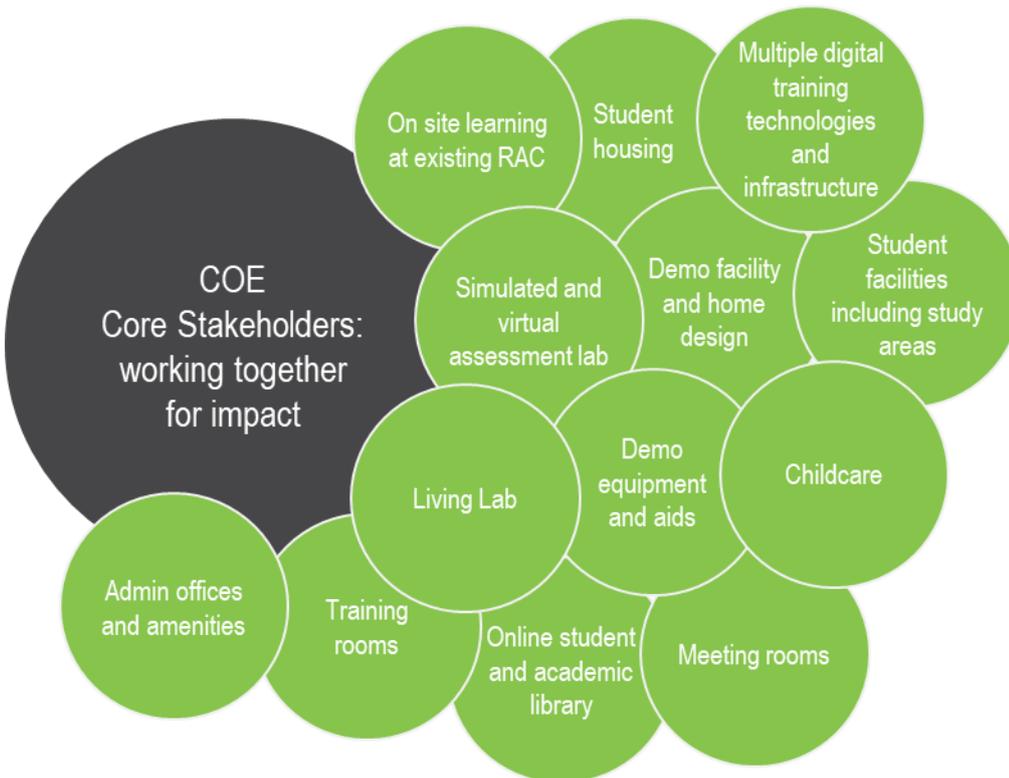
- The importance of not seeing the COE as a building
- The potential to use significant existing infrastructure



- The potential for their to be operational benefits to stakeholders through the use of existing infrastructure

The nature of the discussion suggests that prior to starting up the COE, and when the partners are confirmed, the availability of the required infrastructure to facilitate the work of the COE should be confirmed with appreciation for the costs, the conditions of use and related practical considerations. This may include the degree to which one organisation/stakeholder is inappropriately commercially favoured through the arrangement. The model detailed in Chapter 4 details a modified approach based on consultations, workshop feedback and the findings of the Feasibility Study.

Figure 14: Suggested Infrastructure Requirements



COE Revenue Generation

The potential for the COE to develop revenue earning service activities was canvassed through the workshop including the proposed activities and rational for considering the activities. There was a lack of consensus regarding the requirements for this in the model and efficacy of doing so. Due to the lack of consensus, FMA sought further clarification through consultations and also one on one discussion with workshop participants.

Key issues raised by the stakeholders who did not approve of COE revenue generating strategy included:

- Risks involved in putting energy into revenue earning rather than the primary activities of the COE
- Duplication of the commercial activities that stakeholders were better placed to deliver
- Uncertainty and/or inappropriateness at this stage of the evolution of the COE that revenue earning service activities could or should be considered

Other stakeholders urged FMA to ensure that revenue earning service activities remained in the model due to their view that there are gaps services are currently delivered that require an alternate model to be developed and delivered. The position they have adopted is that if the activities directly support the COE mission and that they can be done so in a sustainable manner they should be included.



Figure 15: Proposed Range of Revenue Generating Service Activities is included here to support the range of revenue earning activities that could be considered in the future COE.

FMA has included in the Cost and Revenue Plan the role of an Enterprise Development and Operations Manager to develop and manage a range of service responses that are designed to support the mission of the COE, solve industry problems and to complement the work of partner organisations.

A key enterprise solution developed as part of the proposed Cost and Revenue Plan is deployment of assessors to enable competency assessments for VET students engaging in community care to be conducted in a virtual/simulated environment. The case is built on the funding model that would support a separate assessment activity to be incorporated into the delivery of VET training. This would potentially be managed as a sub-contracted activity supporting the training provider. The need for improved and practical competency assessments in community care was identified and documented in the Needs Analysis and subsequent co-design workshop.

Figure 15: Proposed Range of Revenue Generating Service Activities



COE: what type of entity?

FMA facilitated discussion regarding:

- What type of organisation structure is best suited for the COE
- Ensuring leadership of the COE was sufficient to maintain sustainability and to keep it on track
- Legal status of the COE
- Ownership of the COE

Due to the varying organisation roles, appreciation of organisational theory and understanding of governance, there was a lack of consensus from the workshop as a whole. There were no specific objections to information presented however FMA considers drawing on the broader consultations regarding the vital nature of governance and the seniority of those sitting on the governance



committee to be the essential guidance for the model. In addition, FMA considers that its organisational theory expertise, particularly with reference to recipients of government funding, that this expertise should be relied on to shape the model.

3.6.5 Implications - Model Workshop

Stakeholder confirmation and alignment with other research findings supported:

- The core model
- The accompanying theory of change
- The work required to build and maintain the collective impact
- The work of the COE

A lack of consensus regarding infrastructure requirements necessitates FMA to only include in the model and the accompanying Cost and Revenue Plan, the costs and key space requirements associated with the administration and management offices of the COE.

A lack of consensus regarding the COE revenue earning service activities has resulted in FMA including only one revenue generating activity into the model as a demonstration of what may be possible and benefit to the objectives of the COE. This inclusion reflected in the cost benefit analysis in the economic assessment.

The model of governance, organisational design and ownership will be developed drawing on FMA expertise.



4 Proposed Centre of Excellence Model

4.1 Introduction

The model has been developed using insights into the purpose of Centres of Excellence and their application in Australia and other jurisdictions.

It has been observed that collaboration across sectors is a vital element of a Centre of Excellence. When a Centre of Excellence model is applied to the specific issue being addressed in the Mandurah-based Aged Care Training and Workforce Centre of Excellence the intersecting sectors include: the City of Mandurah, the Peel Development Commission, Peel Region communities (with specific focus on older people and carers), the current and future aged care workforce, Aboriginal people and services, aged care providers, training providers (VET and universities), researchers, health services, recruiters, technology providers, and government. The number of different players with a stake in the problem and solution requires a new level of collaboration imagined in a Centre of Excellence.

The Needs Analysis and subsequent research activities in the Feasibility Study demonstrate that securing the size of the workforce required to meet demand and training a workforce with the skills and practices required to support aged care (residential and community) is a challenging problem. The factors that make this so challenging include:

- The consistency and quality of certificate graduates results in many students not being ready for the work required of them and the quality of care required by providers
- Inconsistent work placement experiences of both certificate and RN students
- A large portion of the community and residential direct care staff have no qualifications at all
- Assessing competencies of certificate students in community care placements is very difficult
- RNs are not trained or prepared for the early career leadership roles required of them in an aged care setting
- Student RNs do not have consistent exposure to aged care while studying, particularly when compared to their exposure to the acute care settings
- Student RNs lack sufficient training in geriatric care, particularly dementia and older persons' mental health care
- Aged care is not a preferred career path for allied health professionals and RNs
- The current RN workforce in aged care is ageing and many RNs would prefer to work in another setting
- The Health Care and Social Assistance sector is the fastest growing sector in WA and Australia – the growth means that disability care, health care and aged care are all competing for a workforce that is not matching the growing demographically driven demand
- By 2031 the working age population will be insufficient to meet the employment growth/demand in WA which includes the demand of the Health Care and Social Assistance sector of which aged care is a sub group
- Workforce shortages, regulatory requirements for minimum staff numbers in residential aged care and operational losses in residential aged care are leading to a lack of investment into new residential aged care place in Peel and WA as whole
- When older people are not able to be cared for in aged care they will enter acute care
- When there is insufficient suitable aged care places older acute care patients requiring aged care are not able to be discharged
- The cost of care in the acute care setting is commonly 10 times higher than care in the aged care system



- There are insufficient acute care beds to house the long stay older people in the Peel Health Campus now and this situation will increase for the region and WA into the future without radical changes in relation to the aged care workforce quantum and quality

The range and complexity of issues, the intersecting interests and competing funding and policy demands make this a 'wicked problem'. The current decision making and siloed approaches will not create the solutions that are required. The demographically driven demand for health and aged care services is driving the timeframe for action and the significant penalties for doing nothing.

The communities of Mandurah, Peel region and WA as a whole demand, expect and deserve that this intractable problem be solved.

The factors outlined in this discussion support the need for a Centre of Excellence and the primary use of collective impact. Collective impact (as described in 3.2.2) is described by the Australian Institute of Family Studies as a method used to address "The complex or 'wicked' social problems in Australian communities that cannot be solved through traditional models of service-based program delivery."³⁹

Implications for the Model

The following summary points guide the proposed model:

- Sector engagement and the two workshops have been used to define the essential and optional elements of the model
- The WA Aged Care Training and Workforce Centre of Excellence is required and justified evidenced through this project
- The type of collaboration required to respond to the complex problem is collective impact which is a valid and leading practice method to respond to wicked or complex intractable problems
- The location in Mandurah is ideal as the issues that will affect all of WA in the future and being experienced now.
- Trialling and evaluating the solutions required within the Peel region will readily enable wider application in urban, regional, rural applications.
- The critical cross sector players have been recruited through the engagement activities of this project and are now the collaborators ready to act
- The proposed scope of work activities and the requirement for dedicated resources informs the model

4.2 Model Elements

The project findings including consultation with 39 organisations/communities and more than 85 people (some on multiple occasions) supports the development of a Mandurah-based WA Aged Care Training and Workforce Centre of Excellence.

Model Element 1: A Centre of Excellence confirming a COE's foundational design principles is required in particular cross sector collaboration, design and work activities required to implement solutions.

Model Element 2: The collaborative model uses a collective impact model using the inherent design principles of collective impact which are:

- A collaboration framework that engages across sectors and groups who share a common interest to address a complex social issue, in a given community
- A common social agenda

³⁹ Smart J (October 2017). Collective Impact: Evidence and implications for practice. AIFS. at <https://aifs.gov.au/resources/practice-guides/collective-impact-evidence-and-implications-practice>, accessed 18/12/23



- A shared measurement framework
- A shared plan of action for mutually reinforcing activities
- Open communication fostering genuine collaboration
- A backbone organisation with the skills and resources to keep everyone on track.

Model Element 3: the COE will be based in Mandurah with WA-wide impact based on the momentum of stakeholder engagement centred around Mandurah, the acute needs in Mandurah and the Peel region, the leadership of the COM and Peel Development Commission, the offer and opportunity to use existing infrastructure

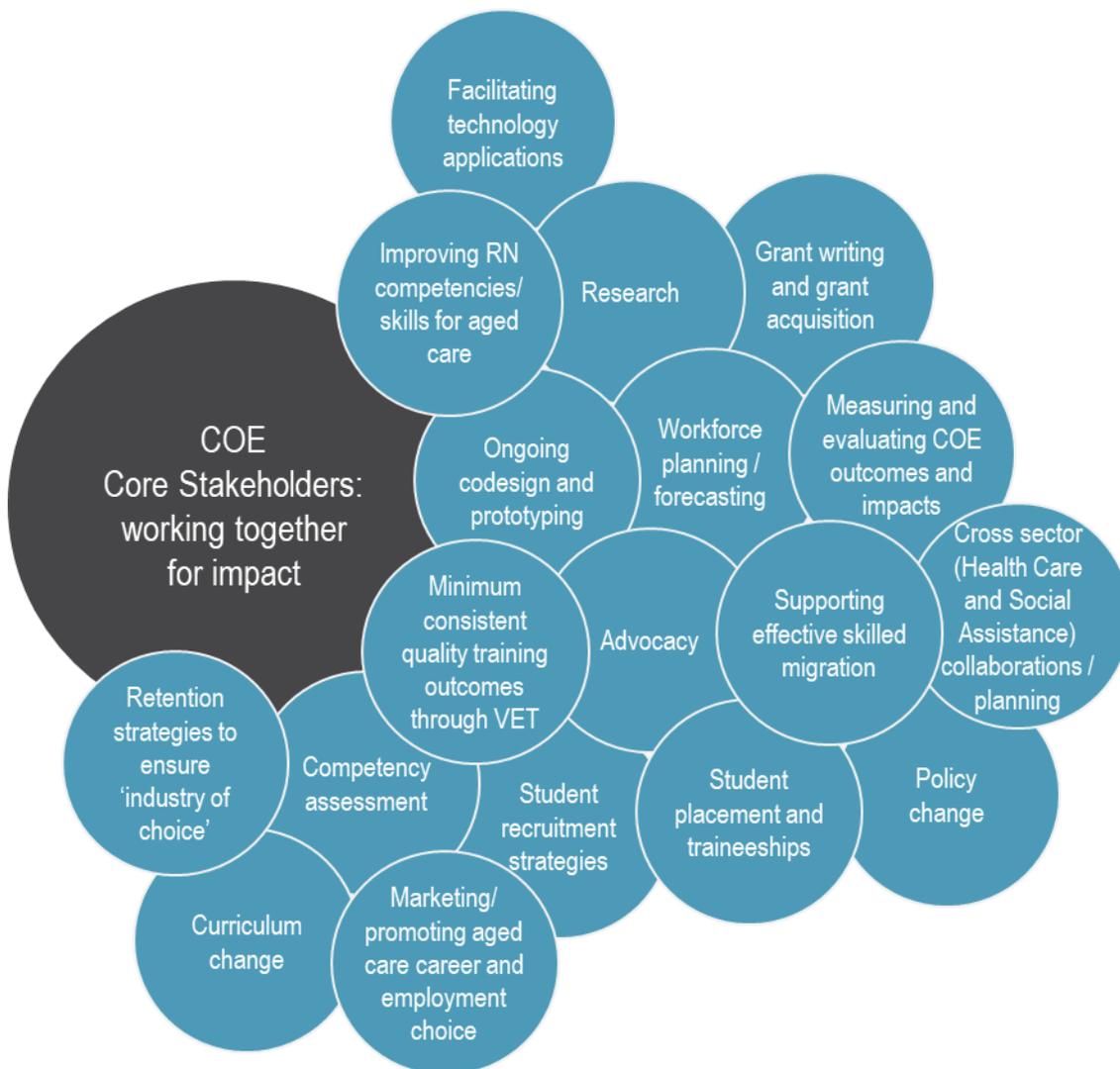
Model Element 4: The COE will have dedicated resources and expertise to manage the activities required to maintain the efforts and impacts of the collaborating stakeholders. Elements to facilitate this work include:

- Identification/formation of a legal entity (Model Element 8)
- A dedicated office
- Dedicated staff employed by the COE (proposed roles and activities detailed in the Cost and Revenue Plan)
- A volunteer governance group drawn from the COE partners

Model Element 5: The COE will have dedicated resources and expertise to undertake the essential work activities of the COE as prioritised and directed by the COE partners and advisors. These work activities are detailed in Figure 16.



Figure 16: Model Work Activities

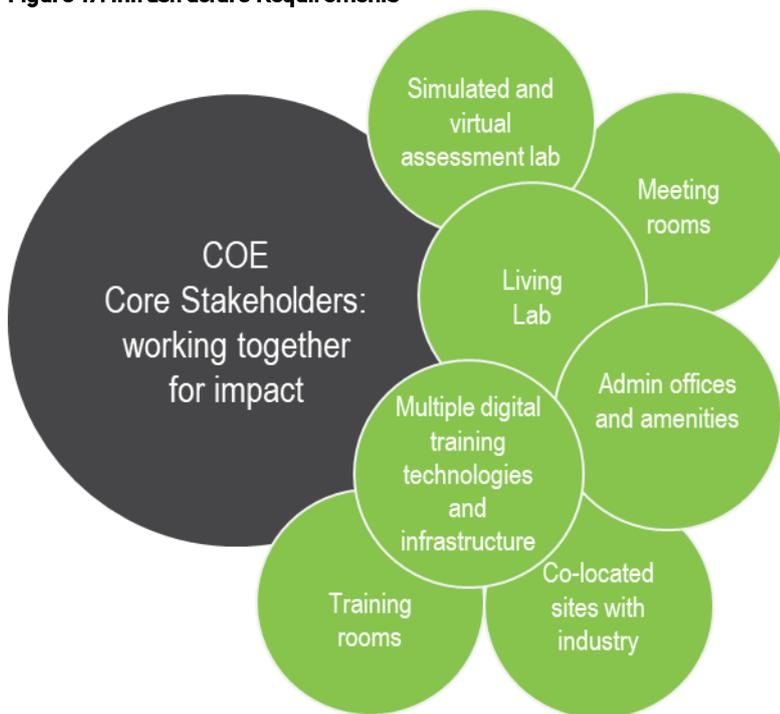


The work activities support the application and adoption of technology through engagement with providers, people with a lived experience, students and their training institutions and the range of research and evaluation activities to be undertaken by the partner Universities and their technology partners. The innovative inclusion into the COE of a Living Lab will facilitate these processes.

Model Element 6: Dedicated and shared spaces as required to facilitate the work activities of the COE and provide appropriate amenities for staff and volunteers.



Figure 17: Infrastructure Requirements



The core requirements are detailed in Figure 17 and the associated costs are documented in the Cost and Revenue Plan and have been used in the economic assessment cost and benefit analysis.

The model of required activities will seek to use infrastructure spaces that co-locate these activities with industry.

The plan details the use of funds to lease the COE administration centre as detailed in the business plan.

Additional (but not primary) infrastructure includes the important enabling requirement for student and key worker housing. There would also be a benefit in having the capacity to showcase innovative design as part of an agenda of lifting skills and expectations of graduating students. Infrastructure of this nature will also aid research activities.

Model Element 7: Revenue earning service activities. These activities should be undertaken only where the activity fulfils the following requirements:

- Directly relevant to achieving the objective of the COE
- Not a duplication of activities conducted by partners unless required due to a lack of capacity to respond to unmet demand
- Is a vehicle to return value to the owners of the COE eg royalties earned from the sale of novel innovation in goods or services
- To assist in creating COE sustainability

Model Element 8: Ownership and organisational structure. Identify or form a new organisation that has a separate legal status to partner organisations. The legal status is essential to enable the COE to apply for and receive grants. It would be beneficial for the organisation to have tax deductible gift recipient status as some philanthropists will only provide funds to organisations with DGR status. In the initial start-up phase some member participants are likely to have DGR status supporting the capacity of the COE to seek funding in the early development of the COE.

A cooperative model of ownership would support all partners maintain strong ongoing buy-in and would provide:

- Ownership for each participant organisation as a unit holder
- Democracy in relation to the organisational strategy, objectives and governance
- Capacity to invite new participants into the cooperative through the allocation of units (shares)
- Membership (through unit holders) to individuals in the community (people with a lived experience)
- Open and accountable reporting

This form of organisation and ownership is likely to mean that some public institutions who are important partners may require an alternate or honorary membership status. Their governance role could potentially be written into the rules.



4.3 Cost and Revenue Plan

4.3.1 Modelling for the Cost and Revenue Plan

Customers and Beneficiaries

The customer is the person or entity that provides funding. The primary customer for the COE will be state and Commonwealth governments.

If enterprises are established by the COE, the potential customers are aged care providers. Potential and or proposed enterprises are detail in Chapter 4 Model.

COE beneficiaries will be: older persons and their carers/families, the VET sector, universities and aged care providers and the aged care workforce.

Customer Relationships

Government

Customer relationships with the primary customer are aided by clear and consistent and planned communication. The customer seeks to deliver reform and to prioritise funding within Government policies and priorities. An appreciation and knowledge of policy and government priorities aids the development of and maintenance of the relationship. In addition respecting the challenges faced by government in balancing competing needs is essential.

Maintaining government relationships with regard to the COE will require a dedicated communication strategy and resources. This will have complexities that relate to:

- The role and responsibility of both the Commonwealth and state government with respect to the issues and solutions that will be necessary to address the quantum and quality of the workforce required to meet WA's aged care services needs by 2031.
- The role of Departments within government with different responsibilities, legislative frameworks, policy frameworks, funding and policy priorities and the potential that siloed approaches will result in a lack of insight and or willingness/commitment to act regardless of the evidence that demonstrates the penalties of not acting.
- Maintaining communication with the Ministers, their advisors and with the bureaucracy
- The capacity to demonstrate the impact of the COE economically and socially in a manner that is understood and also accepted
- The maintenance of the COE's communication with the media

When funded, the essential nature of completing acquittals on time and to provide high quality outcome and impact evidence.

Other Customers and Beneficiaries

The COE's role in collective impact and the proposed range of communication activities will support strong customer relationships in developing enterprises. In addition these activities will support a strong and positive relationship with beneficiaries.

Channels to the Customer

For the primary customer and enterprise customers the channels will be:

- Face to face meetings with representatives trusted and respected by the government customer
- Clear and concise briefing papers
- Evidence-based reports



- Presentations to bureaucrats and/or other decision makers/executives
- Invitations to the customer to participate in COE forums and activities
- Responding with high quality applications to tenders and EOI relevant to COE operations and initiatives

For beneficiaries, the channels will be

- Social and other media
- Community meetings
- User groups
- Ongoing consultation and participation in design (eg Living Lab)
- Forums and symposiums
- Disseminating reports including the measures of outcomes and impacts
- Surveys
- Opportunities to participate in COE governance

Value Proposition

For the primary customer of the COE the value proposition is:

- An opportunity to co-design and prototype workable solutions with all critical participants working together with a single agenda and common measurement of success.
- Risks in bringing change can be contained and mitigated before wider system adoption
- Costs and benefits can be measured and presented to treasury in a manner that secures the funds required to achieve the outcomes that essential
- Avoidance of the negative political and social outcomes of failing to address the workforce shortages (avoidance the catastrophic failure of the health system)
- Political kudos related to addressing the problem
- A well-led and organisationally sustainable COE
- Innovation including through technology

For aged care provider customers the value proposition is:

- Solutions and services to effectively and efficiently improve the work readiness of graduating students in both community and residential aged care.
- Solutions and services to improve the efficiencies that can be achieved through innovation including technology
- Solutions and services that ensure the quantum and profession mix of the aged care workforce is available to meet service demand
- Consistent capacity to meet the requirement of aged delivery as required by the Aged Care Quality and Safety Commission

For beneficiaries:



- Services are available according to consumer choice/preference and to meet aged care needs within aged care system
- Service providers are able to expand services and operate in a viable manner to meet the demand for aged care services
- Hospitals are able to discharge older people to the most appropriate setting according to care needs and choice as soon as they no longer require care in a hospital setting
- Improved quality of training will translate to improved quality of care that will also lead to a reduction in hospital for aged care service participants
- Improved monitoring and proactive/preventative responses as a result of technology and improved workforce skills will result in longer stay in community care and reduction in the length of stay in residential aged care
- Improved quality of training and skill development coupled to access to the professions (RNs and Allied Health) will increase the instances of restorative care leading to less intensive care or no need for services
- Services are provided in a manner that ensures dignity, high quality and safety including for diverse community members

Activities

Key activities include:

- Gathering the partners together to problem solve and develop the action plan and priorities of the COE (using the collective, wisdom, skills and knowledge)
- Implementing the plans including ongoing co-design, prototyping, improving measuring and evaluating
- Facilitating the Living Lab to connect innovation, design and technology to end users and providers to test and facilitate innovation
- Building and maintaining consensus with partners, advisors and beneficiaries
- Building a spectrum of funding sources and maintaining high quality communication with the customers
- Building and operating profitable and sustainable enterprises to compliment and improve services to achieve the mission of the COE
- Coordinating with partners in a manner that achieves the goals of the COE and improves the partners services and commercial returns
- Measuring and evaluating
- Facilitating the development of student and key worker housing

Key Resources

Key resources include:

- Funding from customers
- Existing buildings, technology and service available through partners
- Surpluses generated through enterprise of the COE
- Knowledge, research, innovation, original design
- A dedicated administrative office with state of the art tele-conferencing facilities
- Student and key worker housing



Key Partners

The key partners include:

- Aged care providers (including those supporting diversity and/or delivering disability support services)
- VET providers
- Universities
- Aboriginal communities
- Recruiters
- Peak aged care body
- Health
- Subject matter experts
- Technology partners
- Immigration agencies
- Lived experience (older people and carers)

Revenue, Costs and Result

The estimate includes the development and operation of an enterprise (an assessment service). We would recommend that the COE will need to be operational from at least July 2024 to June 2034. Therefore at current \$ value funding will be \$11m will be required.

Table 5: COE Financial Summary

Annualised COE Financials		
Revenue	Grants	\$ 800,000.00
	Philanthropy	\$ 200,000.00
	Program funding	\$ 100,000.00
	Assessment services	\$ 672,000.00
	Venue Hire	\$ 30,000.00
Total Revenue		\$ 1,802,000.00
Costs	Employment	\$ 1,223,362.19
	Contracts and professional services	\$ 130,200.00
	Operational costs	\$ 282,500.00
Total Costs		\$ 1,636,062.19
Result	9.2%	\$ 165,937.81

4.3.2 COE Workforce

Chief Executive Officer

The CEO will be appointed by the governance group and report to the chair of the governance group.



The CEO will enact the roles of CEO/HR/Senior Manager.

Table 6: CEO Tasks

CEO primary tasks will include:		
<ul style="list-style-type: none"> • Participation as an ex officio member of the governance group • Governance subcommittee participation • Financial management • Representation • Relationship management with all stakeholders 	<ul style="list-style-type: none"> • Activity management • Quality management • Risk management • HR • Reporting including management of the Shared Measurement Framework 	<ul style="list-style-type: none"> • Staff supervision • Communication • Promotions/marketing • Business manager • Funding - tenders, grants and philanthropy

Facilitator

The Facilitator will be appointed by the CEO and report to the CEO.

Table 7: Facilitator Tasks

Facilitator primary tasks will include:		
<ul style="list-style-type: none"> • Facilitate Living Lab • Ongoing connection and collaboration with Aboriginal people and communities 	<ul style="list-style-type: none"> • Manage student placement activities • Facilitate ongoing collaborative co-design including with older people and carers 	<ul style="list-style-type: none"> • Reporting

Advocate

The Advocate will be appointed by the CEO and report to the CEO.

Table 8: Advocate Tasks

Advocate primary tasks will include:		
<ul style="list-style-type: none"> • Develop and manage a systems advocacy action plan • Draw together community and representative groups to focus on actions that can influence/change policy 	<ul style="list-style-type: none"> • Manage social media and media communications • Participate in industry groups • Report 	<ul style="list-style-type: none"> • Advocate for an improved outcome on behalf of individual COE partners and beneficiaries groups within the scope of the COE

Administration

The Administrator will be appointed by the CEO and report to the CEO.

Table 9: Administrator Tasks

Administrator primary tasks will include:		
Governance administration	<ul style="list-style-type: none"> • Support to the Chair • Communication • Management of action lists • Hospitality 	<ul style="list-style-type: none"> • Records management • Coordination • Support coordination of sub committees or special purpose committees
Facilities Management	<ul style="list-style-type: none"> • Bookings /communication • Management of sub-contractors cleaning and maintenance • Related administration and record keeping 	<ul style="list-style-type: none"> • Set up • Safety and maintenance audits/management • Hospitality



Administrator primary tasks will include:	
CEO Support	<ul style="list-style-type: none"> Support the CEO as required

Project Manager

The Project Manager will be appointed by the CEO and report to the CEO.

Table 10: Project Manager Tasks

Project Manger primary tasks will include:		
<ul style="list-style-type: none"> Coordinate and support research activities Develop enterprises Collect/record quality management and analysis of data within the ME Framework 	<ul style="list-style-type: none"> Implementation and project management of funding and grant activities Disseminate COE outcomes and impacts Disseminate knowledge 	<ul style="list-style-type: none"> Support funding - tenders, grants and philanthropy Manage Program Evaluation and economic assessments Reporting

Enterprise Development & Operations Manager

The Enterprise Development & Operations Manager will be appointed by the CEO and report to the CEO.

Table 11: Enterprise Development & Operations Tasks

Enterprise Development & Operations tasks will include:		
<ul style="list-style-type: none"> Co-design with stakeholders Prototype development Scale up 	<ul style="list-style-type: none"> Market assessments Continuous improvements to prototypes Business management 	<ul style="list-style-type: none"> Cost and Revenue Plan development Implement improvements Supervision of enterprise managers

Enterprise of the COE – assessment service

Assessor/s will be appointed by and report to the Enterprise Development & Operations Manager.

Assessor/s will conduct competency assessments as part of VET certification generating program income from the activities. A key enabler of this activity will be the use of virtual community aged care environments. Partner organisations have the technology and infrastructure required to deliver an enterprise of this type.

4.4 Economic Impact

Pracsys was commissioned to undertake an economic analysis and cost benefit analysis in relation to a Mandurah-based Aged Care Training and Workforce Centre of Excellence. The study demonstrates the benefits of the proposed model for the Peel Region and WA as a whole and includes the calculation of the direct and indirect employment created.

See Appendix 1.



5 Recommendations

5.1 Key Feasibility Study Recommendations

The following key points represent the key recommendations developed as a result of the Needs Analysis and Feasibility Study.

5.1.1 Establish the COE

- Establish the WA Aged Care Training and Workforce Centre of Excellence.
- The Centre of Excellence should be renamed as the WA Aged Care Training and Workforce Centre of Innovation. The use of the word innovation more appropriately describes the focus of the collaborative work of the partners.

Impacts and outcomes

The impacts and outcomes of the COE for Peel and WA as a whole are to:

- Facilitate the development of training and education services that increase the quality of care, completion rates in training programs, and work readiness particularly with respect to RN clinical and leadership skills
- Ensure the quantum of aged care workers are available to meet the demographically driven need for aged care services
- Ensure the quantum and mix of aged care occupations required are available to deliver the aged care services mix, matched to the current and future clinical care requirements and volume of people requiring the services
- Ensure that less labour intensive community aged care services are able to support increasingly longer length of stay with a corresponding reduction in the length of stay in residential aged care and corresponding reduction in workforce demand
- Ensure through the mix of services and quality of the workforce skills, a reduction in unnecessary entry into acute care and increase the capacity of the aged care system to support timely and appropriate discharge options
- Facilitate workforce volumes, occupation mix and improved skills of the workforce in the mix and volume required in rural and remote areas and to respond to diverse needs of older people
- Significantly reducing the economic social penalties associated with failures of the aged care system and associated impacts on health system
- Improve the quality and length of life of older people in WA and their carers
- Increase investment into aged care infrastructure
- Create direct and indirect local (Mandurah and Peel) employment related to the work of the COE

Achieving outcomes and impacts

The WA Aged Care and Workforce Centre of Excellence will achieve the outcomes and impacts through:

- Application of collective impact principles from cross sector stakeholders.
- Location of the WA Aged Care Training and Workforce COE in Mandurah benefits from the leadership offered COM and Peel Development Commission that has led to the Needs Analysis and Feasibility Study being developed and through these processes the achievement of significant buy-in from cross sector stakeholders for a Mandurah-based COE.
- Identifying, designing, evaluating and planning for current and future skills and training/education processes and curriculum changes requirements required to deliver the quality and mix of services required in both community and residential aged care services. This will include:



- carer support
 - choice, dignity and control
 - current and future clinical care needs
 - application of technology
 - continuous quality improvement
 - restorative care services
 - palliative care
 - dementia and mental health care
- Developing, trialling, evaluating, improving and scaling-up innovations calculated to achieve the outcomes and impacts including the application of technology working with people with a lived experience, researchers, technology providers, students, aged care and training/education services and Government.
 - Planning with and developing screening processes and training innovation with respect to attracting suitable aged care workers across the mix of occupations from overseas.
 - Cooperatively working with the other industry partners in the Health Care and Social Assistance Sector and the respective government departments to ensure that workforce development is managed in a manner that the sub sectors (includes aged care) avoid cannibalising each other.
 - Improving work readiness and competency assessments and the related methodologies.
 - Developing a new legal entity (a cooperative) to undertake the dedicated work of the COE which includes governance drawn by partners and a complement of appropriately skilled and experienced staff to successfully achieve the COE's outcomes and impacts.
 - Secure sufficient funding consistent with importance of resolving the workforce quantum and quality issues and the work activities required. The level of funding and period of funding should also be consistent with the penalties associated with failure to achieve the outcomes and impacts of the COE.

5.1.2 Leadership

Peel Development Commission and City of Mandurah in partnership should maintain their leadership role until a backbone organisation agrees to assume the role (see Appendix 2 progress made with ARIIA in relation to this role).

5.1.3 Business Case

Undertake a business case in the WA Treasury template to aid the acquisition of funding.

5.1.4 ARIIA

Investigate the role ARIIA may play as a backbone organisation (see Appendix 2).



5.2 Key Next Steps

5.2.1 Proponents

Key actions for Peel Development Commission and City of Mandurah include:

- Presentation of project findings
- Finalisation of Feasibility Study Report
- Adoption of recommendations

5.2.2 Government Buy-in

Provide briefings with the goal of ensuring that government understands and accept the findings, implications and recommendations of the Needs Analysis and Feasibility Study and that the potential for funding can be canvassed and processes and timeframes for obtaining the funding are identified:

- Minister for WA Department of Training & Workforce Development (Feb 2024)
- Assistant Secretaries, Department of Health and Aged Care; Aged Care Workforce Branch (Feb 2024)
- Seek meetings with Commonwealth Minister for Aged Care (in progress)
- Seek meeting with WA Minister for Health (no action at this juncture)
- Seek meeting with WACHS CEO (no action at this juncture)

5.2.3 Stakeholder Buy-in

Actions include:

- Distribute the final Feasibility Study and Needs Analysis to all interested stakeholders (participants, advisors, supporters)
- Conduct a forum to outline next steps and maintain forward momentum and to receive feedback
- Confirm or modify or adopt the recommendations in section **Error! Reference source not found.**
- Work with stakeholders to develop the structures and processes that will enable the formation of the COE and the implementation of its reform agenda
- Work specifically with the local Aboriginal community/service to understand how they would like to participate in ongoing design and the formation of the COE

5.2.4 Securing Funding

Error! Reference source not found. details actions that will provide insights necessary to fully develop a strategy that adequate funding is secured to deliver the COE outcomes and impacts.

The range of options include:

- WA Government Departmental funding
- WA Government cross Department Funding



- WA Government and Commonwealth Funding
- Commonwealth Department of Health and Aged Care Funding
- Social Investment Bonds
- Small/large grant funding (eg LotteryWest)
- Philanthropy

All of these options may require dedicated human and financial resources with differing intensity to achieve the outcomes required.

Other Fundraising

It may be possible to raise funds through the sale of units in the cooperative however there is currently no obvious way financial returns can be secured for investors. The value return would have to be the prestige associated in solving this wicked problem, the access to innovation and knowledge resulting in improvements to participants commercials and operational returns and securing the structural improvements to the aged care workforce quantum and skills. This value proposition would need to be developed with and for the stakeholders. The lack of consensus in the model development workshop prohibited FMA getting a sounding on this potentiality from stakeholders.

Future financial returns may be possible if the work of the COE results in the development and sale of marketable goods and services.



Appendix 1: Economic Assessment Report

To be inserted when finalised



Appendix 2: Backbone Organisation

Ongoing Consultations

FMA engaged with Aged Care Research & Industry Innovation Australia (ARIIA) throughout the Feasibility Study identifying ARIIA's interest in being a collaborative partner in the COE. In the time between presenting the findings of this report to the Peel Development Commission and the City of Mandurah, consultations with ARIIA have continued. In this process ARIIA have, in principle, agreed to become the backbone organisation for the COE.

The outcomes of the consultation provide further momentum and direction for the realisation of the goal to establish the WA Aged Care Training and Workforce Centre of Innovation in Mandurah. This appendix summarises the proposed role, implications and strategic benefits of ARIIA taking on the role.

A Backbone Organisation

As noted in the report the COE aspires to bring about large scale change. Essential to that change is the role of a backbone organisation with the skills and resources to keep everyone on track. ARIIA will continue (March to July 2024) to work with the CoM, the Peel Development Commission and the other collaborators (represented by a reference group) to shape out the organisational design and the legal framework of the COE entity.

Collective Impact Definition⁴⁰

"Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organisations."

Collective Impact is:

- A collaboration framework that engages across sectors and groups who share a common interest to address a complex social issue, in a given community.
- A common social agenda
- A shared measurement framework
- A shared plan of action for mutually reinforcing activities
- Open communication fostering genuine collaboration
- A backbone organisation with the skills and resources to keep everyone on track.

About ARIIA

ARIIA is an initiative of the Australian Government to shape the future of aged care delivery in Australia. ARIIA is owned by Flinders University. ARIIA operates under a dedicated independent Board.

ARIIA aims to build workforce capabilities around innovation and translation of research to embed evidence-based approaches to care, growth, and change. This includes growth in the use of products and technologies that will improve aged care service delivery.

ARIIA's activities include:

- Access to the latest research and resources
- Supports organisations and their staff to think 'outside the square'; they facilitate organisational change

⁴⁰ Adapted from Collective Impact at <https://socialoutcomes.com.au/toolkit/collective-impact/>, accessed 18/12/23



- Partner with experts to solve problems
- Fund innovations

ARIIA are setting up office locations across all States and Territories and therefore the COE initiative is perfect fit supporting ARIIA to establish there WA presence.

Funding Implications for the COE

Consultations conducted by FMA throughout the Needs Study and Feasibility Study with the Australian Government Department of Health and Aged Care have yielded the following direction regarding any potential for funding:

- A partnership with ARIIA is strongly recommended
- A partnership with ARIIA is in effect a partnership with the Australian Government
- Duplication will not be funded
- The COE should maximise its access and use of grant funding

Based on this direction there is significant tactical advantage in the COE having ARIIA as the backbone organisation.

