

# Chapter 30

## Aged Care, ICT, and Working Anywhere: An Australian Case Study

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### ABSTRACT

*This chapter examines how information and communication technology (ICT) and working anywhere was adopted in a not-for-profit aged care organization in Australia. The aged-care and services sector has grown over the last decade leading to shortages of skilled and experienced workers. At the same time, the sector is dealing with significant changes relating on how services are funded, an increase in competition from both not-for-profit and for profit providers, a rise in demand for services, changes in technology as well as variations in government regulations. Using ICT to streamline operations, communicate and collaborate has become critical for delivering efficient and effective services in both residential aged care and community care sections of the aged care and services sector. The not-for-profit case study in this chapter shows how a first mover in ICT adoption and utilizing working anywhere (telework) can support cost savings, provide the ability to respond to the changing regulatory environment as well as attract, recruit and retain skilled and experienced workers.*

### INTRODUCTION

The aged care and services sector (also known as long-term care, elder care, or social care) are institutions that provide care interventions for older (or elderly) persons who are 65 or older (Chomik & MacLennan, 2014); OECD (2016). In Australia, the government has moved to a consumer-centered,

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community-based, independence-focused model because it is more cost effective. Projections of growth in the aging population suggest that demand for aged services will increase. However, it is unclear how many people will live longer than 85+ and to what extent older people will be healthy or potentially living with disabilities and/or chronic health conditions (Baldwin & Chenoweth, 2015; Chomik & MacLennan, 2014). A substantial proportion of people may never need any care in their lifetime depending on their level of health (Chomik & MacLennan, 2014). The goal is to improve the life expectancy and healthy life expectancy gap (Kang, 2016).

In Australia, the aged care and services sector evolved from Church-based institutions providing care outside the family in the early 1900s to old person's hostels and nursing homes introduced in the 1960s, to some community-based services in the 1980s and 1980s. In 2012, a ten-year Living Longer, Living Better policy was introduced by the government to reform the sector to be consumer-driven and reduce costs (Chomik & MacLennan, 2014; Department of Health and Ageing, Canberra, 2012). The regulatory environment has changed significantly, from 1997 when the Aged Care Act introduced an accreditation framework to the Aged Care Amendment (Red Tape Reduction in Places Management) Act 2016 (Australian Government Department of Health Aging and Aged Care, 2016). Compliance costs, particularly for not-for-profit organizations, can be extensive.

In 2012, the Australian Government implemented a program called Living Longer Living Better, a ten-year program to move to a consumer-directed care model. The purpose of the program is to give people more choice and flexibility, particularly around home-based care and support. The policy is to keep people in their homes and communities for as long as possible, a policy that is similar to other OECD countries (Chomik & MacLennan, 2014).

There are two major services in the aged care and services sector. The first is residential care (in institutions), and the other is community care (support to stay at home and in the community) (Aged Community Services Australia, 2015; Chomik & MacLennan, 2014). Until recently, Australia relied on the not-for-profit sector to supply both residential and community aged care services. An exception is in rural and remote areas where some services are state-owned (government) hospitals or through multi-purpose services (MPS) co-funded by the state and Commonwealth governments. In more recent times, there has been an increase in private-for-profit ownership of residential aged care facilities (RACF) primarily in the metropolitan region and a reduction of government beds in rural and remote regions (Henderson, Willis, Xiao, Toffoli, & Verrall, 2016).

In 2012 there were 352,100 employees working in aged care. Of these, 202,300 worked in residential facilities and 149,800 in community outlets (King et al., 2013, p. 215). In 2014-15, the health care and social assistance (private) industry had an increase in employment of 51,000 (5%) due to an increased demand created by Australia's aging population (Australian Bureau of Statistics, 2016). At the same time, workers in this sector are aging which is increasing competition for skilled, flexible workers (Aged Community Services Australia, 2015).

The characteristics of the workforce are that it continues to be a female dominated, an older workforce in which a high proportion of workers hold post-school qualifications and where workers born overseas (and speaking a language other than English) are a growing subset (King et al., 2013). Also, three-quarters of residential facilities and half of community outlets reported skill shortages that included Registered Nurses, Personal Care Attendants and Community Care Workers. The main causes of the skills shortages were a lack of specialist knowledge, slow recruitment and geographical location. Only 15 percent of those surveyed reported low wages as a cause of skill shortages. The skills shortages are acuter in

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