Care reflect

More meaningful care

A new solution in the areas of aged care workforce development and person-centred care.

In the future, half of us can expect to be reliant on help provided by paid care workers.

It's estimated the care workforce will need to triple over the next 40yrs.
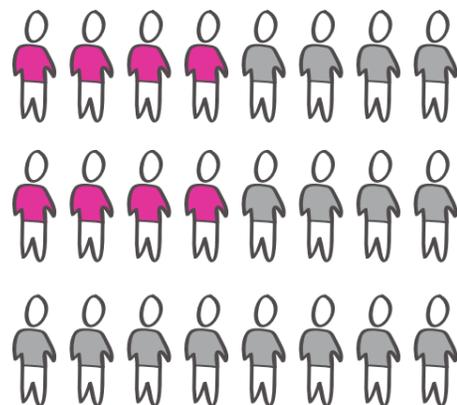
But agencies even struggle to retain existing care workers.

25% of workers leave in their first year.

75% leave within five years.

One aged care provider put the cost of replacing a single care worker at $12,000.

advertising
cover
interview time
uniform
training

$12,000 +

Our research points to 3 reasons why care workers leave:

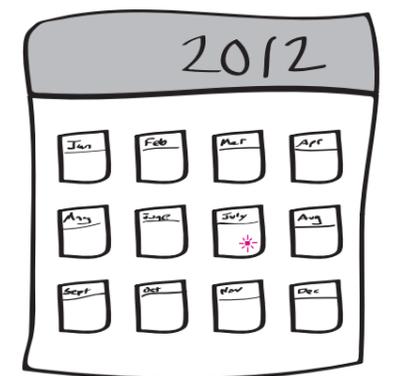"There's either care work or going into admin"

Little to no career path

"I guess I'm doing a good job because I follow the care plan..."

Little to no feedback on work
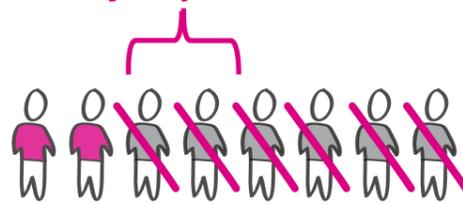
"I get manual handling every year - that's it."

2012

Little to no ongoing training

Through co-design we found 3 mechanisms to make care more meaningful for cared for people and workers.
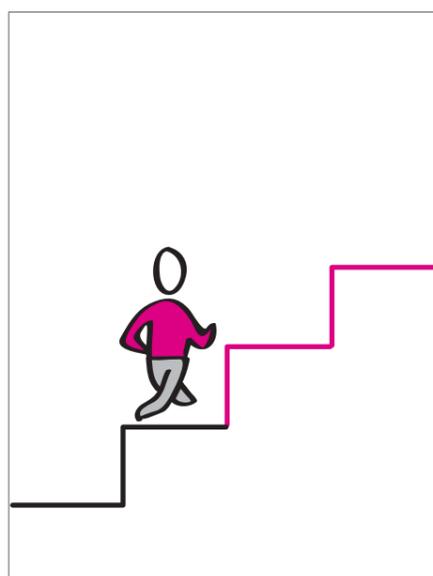
New higher status roles that challenge skilled workers to spread great practice.

Regular feedback for workers on their practice from peers and cared for people.

Ongoing improvement of practice & systems based on feedback.
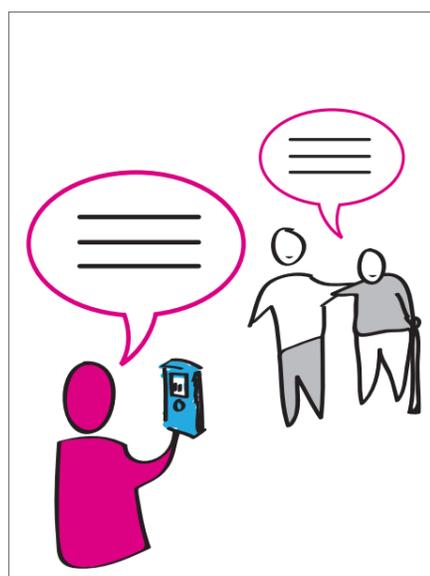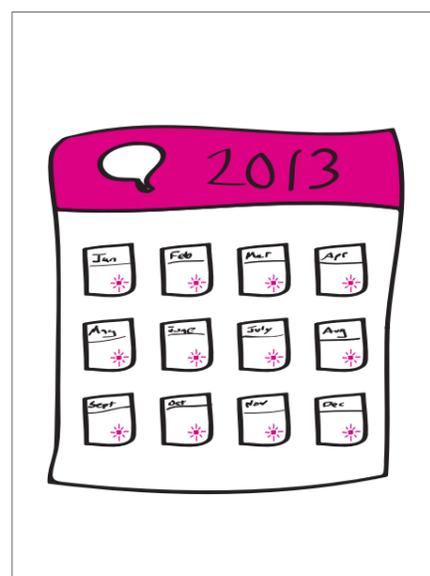

"I used to care for Elders at home. It was different to this. It was about caring."

Florence
(Care work student)

These mechanisms would provide a practical way to make commitments to 'person-centred' or 'relational' care a reality.

Practitioners

Nominating mentor workers

Cared for people

Photo Story
See how Care Reflect could look ...

we commit to...
- Changing what we do everyday in the pursuit of meaningful care and great living.

Everyday we will
- Ask cared for people what we can do to help them live more meaningful lives.
- Give care workers time, space and responsibility to observe & enhance each other's practice.
- Develop & improve tools & systems.

The solution

Care Reflect is an organisation that partners with care providers and care certificate institutions to give care workers and cared for people the time, means and responsibility to develop more meaningful care.

Care Reflect is a new approach to workforce development.

Providers sign up as partners

Providers joining the partnership agree to the Care Reflect principles and make an annual financial contribution to the organisation.

Nominating mentor workers

Cared for people and care workers nominate the practitioners they think have great practice. Practice that goes above and beyond and contributes to great living. Care Reflect selects Mentor workers from the nominees.

Late stage dementia group

Mentors run Reflective Groups

Shopping & cooking group

Developing students

1 Observe

2 Explore alternatives

The Reflective Loop

4 Develop tools & systems

3 Try new strategies

Reflection Groups

Mentors are trained to run reflective groups and receive increased compensation for their new role. Groups may consist of workers from multiple aged care organisations. Workers move between groups over time, dependent on what they want to learn and get better at.

Some groups form around activities (e.g shopping and cooking); some around geographic locations; and others around specialisms such as working with late stage dementia. Groups can also cover mandatory training topics when required.

Developing students

Each reflective group includes a number of students from training agencies who are part of the Care Reflect partnership. Student placements are co-ordinated by Care Reflect HQ. The placements give students an opportunity to learn from and with practitioners and to observe real practice. Agencies benefit from better trained students and are able to spot the best new recruits.

The Reflective Loop

Groups are one part of the reflective loop. The loop has three steps:

1 Observe - Care work is observed and documented by peers using video, photos or audio.

2 Explore alternatives- Documentation of practice and feedback from cared for people is reviewed by peers who brainstorm and suggest improvements.

3 Try new strategies - Workers try new strategies inspired & supported by feedback from peers and cared for people.

4 New tools & systems - Care Reflect designs new tools to improve care. For example, tools to support multiple workers who care for the same person, and tools to get real-time feedback from cared for people.

Workers are encouraged to build upon the tools and create their own. New tools and systems created by one group of workers are spread to other groups through the Care Reflect platform.

Why is it needed?

Four gaps

Bobby, age 84, didn't want a meal cooked for her. She wanted to bake a pie for herself. "No, no, we don't have time for that." Bobby got a sandwich, and ate it alone.

This is one of hundreds of thousands of interactions older people have with care workers every day. 1.4 of the 2.8 million Australians over 65 need assistance with personal and everyday activities. By 2047 that number is expected to increase to 3.6 million[1]. The workforce will need to grow two to three times to accommodate such demand.[2]

Yet training and retention is poor. 25% of aged care workers must be replaced every year.[3] Less than 50% of workers report any formal peer support, mentoring, incentives to participate in formal education, opportunities to rotate jobs or take on more senior positions.[4]

Florence is an aged care worker of the future. For 6 hours a day over 8 weeks, she sat in a classroom to qualify for her Certificate III in Aged Care. She says she can't see herself in the job for more than a year. It's too menial, and too far away from what caring means to her. "I used to care for Elders at home. It was different to this. It was about caring."

Even Michelle, whose been on the job for 6 years, laments the lack of ongoing training and opportunities for growth.

The lack of high quality training & development opportunities costs aged care providers big money. Projections show that the the 25-40% turnover rate in aged care will cost the industry $5.39 billion from now to 2050.[5] We think a solution like Care Reflect can help to reduce the turnover rate, and most importantly, increase the quality of the caring experience for both carers and those they care for - giving future care workers like Florence a reason to put their time and energy into caring.

Florence, Michelle, and the other 304,000 care workers[6] talk about 4 gaps in their workforce experience:

1 Little to no ongoing training

0 to 3. That's the number of training days the care workers we met received in the year following their induction. Training was always in a classroom setting, and focussed on 'information' delivery rather than 'practice' improvement. Care workers described training on manual handling, flu and influenza, fire safety, occupational health and safety, first aid, and dealing with dementia. Chris told us, "We're so hungry for it that it's all useful, it's all better than nothing."

2 Little to no career path

2. That's the number of roles care workers have open to them over time. They can remain a care worker, or with a bit more training, they can move into administration and care coordination. "Administration, I can't think of anything worse!" was the response all of the care workers we met gave. Most got into care work because of a desire to spend time directly with people. They wanted to keep doing that but with more recognition and status, over time.

3 Little to no feedback

0. That's the number of days most care workers we met receive coaching or peer mentoring each year. The most regular feedback tended to come from satisfaction surveys - surveys which often had a 95% satisfaction score. Such a score reflects appreciation for care more than the quality of care. In the absence of feedback, workers had little idea if their care was making a difference and enabling great living.

4 No clear way to operationalise person-centred care

'Person-centred' care is a buzz word nearly all care workers know. Most aged care organisations we've met believe in the value of person-centred or relational care. They sponsor half-day trainings, put up posters, and publish brochures with those words splashed across the front. They don't want it to be a buzz word, but have few mechanisms to put it into practice, or reconcile person-centred care with resource constraints. We think Care Reflect offers a number of mechanisms. The most important of which is focusing in on the outcome of care: people living great lives.

How Care Reflect enables change

The theory of change below shows how we think new interactions will lead to changes in behaviour and to great living outcomes. We will test our assumptions during prototyping and use a refined theory of change to measure success.
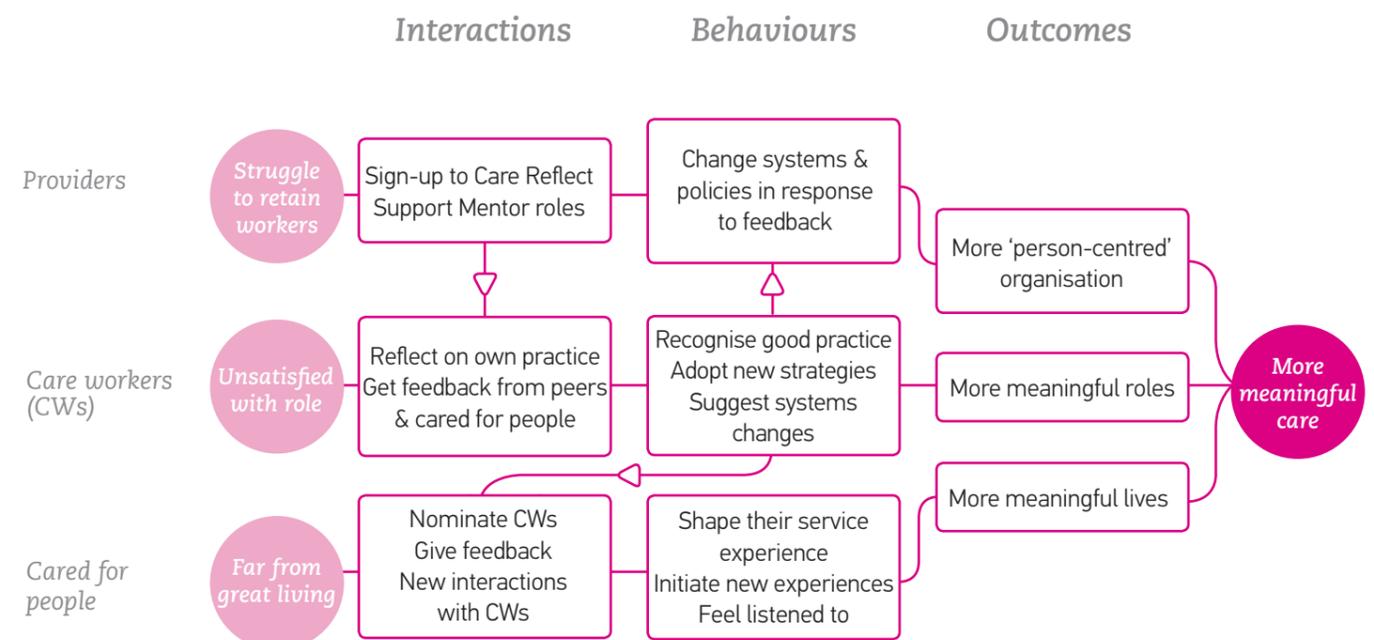
1 Productivity Commission. (2011). *Caring for Older Australians*, p.32. Online at http://www.pc.gov.au

2 Productivity Commission. (2011). *Caring for Older Australians*, Online at http://www.pc.gov.au

3 King, D. and Martin, B. National Institute of Labour Studies. *Who cares for older Australians*. Online at http://www.health.gov.au

4 Easton, S. (2012) *A foreign future for aged cares workforce*. Online at http://www.australianageingagenda.com.au

5 National Aged Care Alliance. Age Well Posters. Online at http://www.naca.asn.au

6 Living Longer, Living Better. Online at http://www.health.gov.au

7 Mann, K., Gordon, J. and MacLeod, A. (2007). *Reflection and reflective practice in health professions education: a systematic review.*

What is it?

The idea

Care Reflect creates the time and space for care workers to practice the kind of caring that enables great living.

That's a kind of caring that goes beyond meeting basic needs. Caring that's not just a transaction: showering, cleaning, shopping, gardening. Caring that is developmental - that's about building relationships, exchanging experiences, and learning new things.

Developmental isn't a word you often hear in aged care. It's a word used more often in early childhood. Child care workers are charged not just with personal care, but with growing minds, enabling friendships, and widening possibility. We believe aged care workers can and should do the same.

How Care Reflect works

Care Reflect works as a platform between aged care providers and aged care certificate institutions (e.g TAFE, Red Cross). Organisations sign-up to the principles and join for a yearly membership fee, giving their care workers & students access to: (1) Mentor roles, (2) Reflective groups, (3) Feedback & team communication tools, and (4) Recruitment services.

Activating Mentors

Care Reflect recognises care workers from its member organisations with great developmental practice and provides capacity building to become Mentors. Mentors learn reflective practice techniques, including observation, critical questioning, peer modelling, and group facilitation. 'Mentor' then becomes another rung in the career ladder, supported through public recognition, ongoing learning opportunities, and financial incentives.

Reflective groups

Care workers are matched to a Reflective Group with 4-6 other care workers. Groups meet monthly to explore their own practice with facilitation by a trained 'Mentor'. Between group sessions, care workers observe each other's practice. They document what they are seeing and learning, have conversations with the people they are caring for, and find ways to apply these insights to their own practice.

This process is known as the reflective loop - wherein care workers' concrete experiences become the fodder for observation, thinking, and ultimately, practice improvement. The basis for all practice improvement is building a shared understanding of what good, developmental care looks & feels like - within existing

resource constraints. What does it look like to shower someone in a developmental way - what happens before, during, and after the shower? How can showering be an opportunity to plan days, set small goals, and enable people to look forward to their day? In other words, what can workers do to shift cared for people's behaviours towards great living?

Reflective practice has long been used in the education and nursing fields to induct, train, and support new teachers and nurses. In one study, 80% of nurses involved in reflective practice could name 'significant positive changes in their clinical practice as measured by patient outcomes.'[7]

Reflective practice is particularly effective in contexts with "murky" practice challenges - like how to balance the need for safety with enabling capability, or how to balance growing dependence with independence. Ultimately the goal of reflective practice is to give workers the skills & confidence to re-design practice in ways that measurably improves outcomes and efficiencies.

Tools for feedback & communication

To enable care workers to document, and then reflect on their practice, Care Reflect develops prompt cards and journaling techniques. It also works with people being cared for to create new kinds of feedback tools - mood boards, diaries, and photos - that care workers can use to understand what good practice looks like from the perspective of those they are caring for. These feedback tools can be used to ensure multiple care workers for a single person 'get on the same page' and that friends and families are aware of progress & challenges. These feedback tools can also help to raise the quality bar for care organisations - and move beyond satisfaction rates as a proxy for effectiveness.

Recruitment services

Through Care Reflect, care organisations have access to the pool of students, from TAFE and private certificate providers, who have been trained in reflective practice and mentored by experienced workers. Care Reflect streamlines the hiring process, making it easier for care organisations to hire the right kind of care workers.

Group scheduling

Making the time and space to do training can be tough. Care Reflect has a 'rostering system' that simplifies scheduling in Reflective groups - and tracks care workers' practice improvement over time. Rather than set piece training days, which require booking space and paying for relief workers, Reflective Groups are distributed over the course of the year and fit within care worker's schedules.

The Care Reflect platform
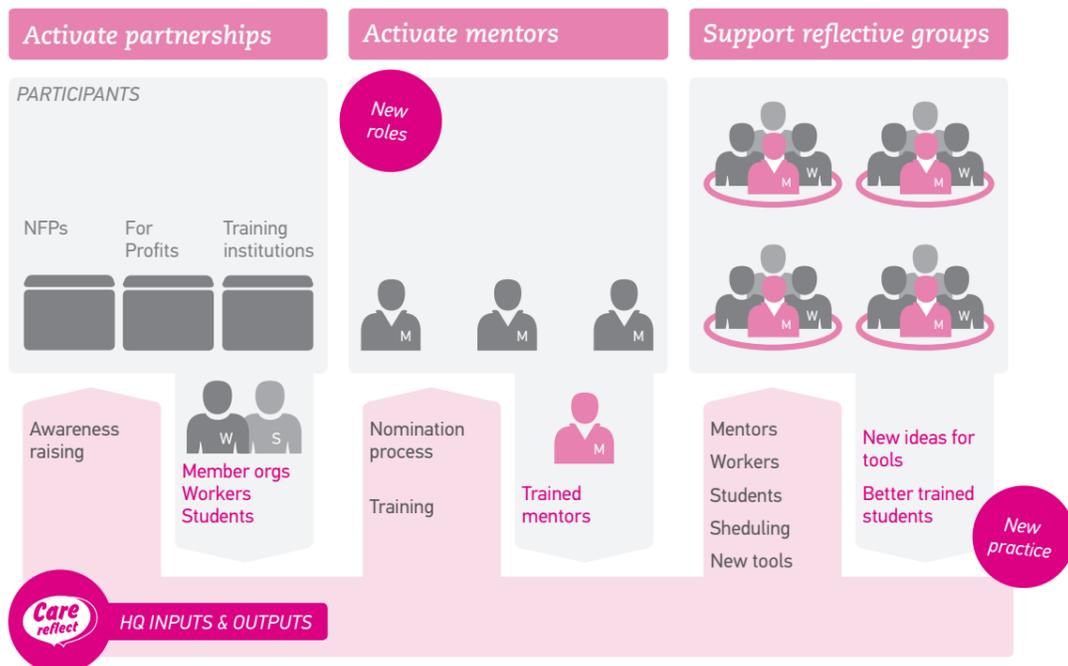
Points of difference

	CARE REFLECT GROUPS	CONVENTIONAL TRAINING
STARTS WITH	Building awareness of your own practice in context	Introduction to theory often out of context
SUCCESS IS	Behavioural change	Aquisition of knowledge
FREQUENCY	Monthly as a regular part of practice	Annually or bi-annually
INSTRUCTOR IS	Peer practitioner	External expert
INSTRUCTOR ROLE	To listen and guide discussion	To convey information
AGENDA	Organically shaped by participants	Set by experts
LEARNING	Comes from personal experience, feedback, reading, and idea generation	Focused on a single concept, model or program
FEEL	Creative discussion in small groups	Didactic presentation to large group

Where to from here?

Things we know from co-design

The Care Reflect concept is the result of two months of co-design with practitioners in Salisbury and Unley. We learnt:

– Care workers are hungry for feedback and input

– Care providers are open to collaborating with other agencies

– Care providers can identify potential Mentors from their staff

– Care providers see value in students learning alongside professionals

– Retention is a very real and expensive problem for Care providers

– Care Reflect is different from existing approaches to training and development in the care work area.

– Reflective practice is more common in early childhood practitioners and nurses

Questions to answer next by prototyping

The next stage in the development of the solution is to build and run a small version of the Care Reflect platform to answer the most important questions:

Questions to be answered through prototyping Reflective Groups.

– What are the qualities of the best Mentors and how do we identify and support Mentor workers?

– What' the size, makeup, and content of Reflective Groups most conducive to practice improvement?

– How can we best measure practice improvement?

– What's the simplest & most effective scheduling system to work across providers?

– What level of ongoing support needs to be provided to Reflective Groups for them to shift worker practice?

Questions to be answered by prototyping with care workers and cared for people:

– Are the changes created in care worker practice enough to contribute to great living?

Questions to be answered by prototyping with care providers

– What are providers willing to contribute financially to Care Reflect? Is it a per worker cost?

How you can help

We are looking to build partnerships with multiple aged care organisations in order to prototype Care Reflect over a 12-20 week period. This would give us the time to develop and test interactions that could create change, as well as identify the strongest business model for Care Reflect.

THE AUSTRALIAN CENTRE FOR SOCIAL INNOVATION
RADICAL REDESIGN

GREAT LIVING CO.

For other solutions see tacsi.org.au/greatliving6

a bit better

Weavers

Sharing Zone Co.

MEALS WITH MATES

THE OPP STORE

Care reflect