NT - SAM0A AGED CARE PILOT:

EVALUATION FINDINGS

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evaluation findinGS

This paper sets out the key findings of an independent evaluation of the Northern Territory - Samoa Aged Care Pilot which took place during 2021-2022. This was one of two pilots exploring how to increase the number of PALM aged carers with the Certificate lll in Individual Support (Aged Care). This paper should be read in conjunction with the paper *PALM Aged Care Training Pilots: Summary of insights from pilot evaluations*.

Pilot overview

Twenty-two Samoan people with Australian qualifications and four people with nursing qualifications (see below) were recruited by an Approved Employer (AE) operating in the Northern Territory. Following their arrival in Australia in mid-September 2021 (and completion of quarantine), carers received four weeks’ intensive training delivered in Alice Springs by a Registered Training Organisation (RTO) to prepare them with the necessary basic work skills to ensure the safety of both the carers and the residents before they entered the workplace. Carers were paid their basic wage during the course. Carers then started work in six facilities across three NT locations. They completed the Certificate III in Individual Support (Aged Care) while working full-time.

The COVID outbreak in the Northern Territory disrupted the carers’ study. During Territory closures and subsequent facility lockdowns, the RTO trainers were unable to visit the carers. The outbreak also resulted in carers having to work overtime to cover sick staff, leaving them tired and with no time for study. Despite these setbacks, 23 carers completed the Certificate lll by the end of the pilot in October 2022 (One carer returned home for personal reasons, and two other carers were dismissed).

About the carers

The 22 carers with Australian qualifications are graduates of:

* one or more community health courses (Certificate III in Health Services Assistance, Certificate III in Allied Health Assistance, Certificate III in Disability Work) run by the Australia-Pacific Training Coalition (APTC), or
* a Certificate III course in Community Services conducted by the Bradford Institute of Advanced Education in 2018 in Samoa.

Three carers have a Bachelor of Nursing from the National University of Samoa, one of whom also has a Certificate III in Aged Care from the APTC. Another carer has a Diploma of Nursing from the National University of Samoa.

The 26 carers include 19 females and seven males, ranging in age from 22 years to 50 years.

Most of the carers come from rural villages. This means that in addition to financial responsibilities for immediate and extended family members, carers may also have financial obligations towards their village. The impact of such obligations on carers is discussed below.

The carer group has five team leaders who were selected by the group before leaving Samoa. The team leaders act as the primary contact for the AE for work and welfare-related matters (as appropriate).

Four weeks’ intensive training

The four-weeks intensive course was conducted in a room at one of the AE’s facilities that was converted into a training room. Week one of the course was spent doing induction by the AE and theory-based learning by the RTO. Weeks two and three were theory learning in the classroom. Week four consisted of a half day learning theory in the classroom, and the other half day doing practical learning in the facility.

At the start of the course the trainers met with each carer for a learning needs assessment to develop an individualised training plan. Despite some carers not needing to complete the entire Certificate III qualification due to holding a relevant Australian qualification, all 26 carers decided they would do the entire course to support each other.

The amount of material covered over the four weeks made it an intense, fast paced learning experience. This was especially the case for people with no hands-on care experience who were starting from scratch, having to learn basic care procedures such as infection prevention. A day of classroom-based theory learning left everybody feeling tired by the end of the day.

While acknowledging the demanding nature of the course, the carers described it as extremely useful as it enabled them to feel confident about starting work. An aspect of the training described as being particularly helpful was the effort the trainers made to assist the carers to understand Aboriginal and Torres Strait Islander cultures and histories, and implications for residents’ behaviour especially those suffering from dementia or with mental health issues. Those with nursing experience enjoyed learning about Australian standards and ethics for aged care. Training in the use of technology not available in Samoa was also well received.

Based on the pilot experience, the RTO would modify the four-week programme as follows:

* Week one: Induction, theory and an introduction to a few of the mandatory units such as infection control, COVID protocols, workplace health and safety.
* Weeks two and three: The day is split in half – a half day of classroom work doing theory learning, and a half day doing practical learning.
* Week four: Full-time practical training with workplace supervisors/facilitators.

While it would be helpful to break up the four-week intensive training (e.g. into two x two-week blocks), this would not be economically feasible unless all of the carers are working in the same location. Even then, such an arrangement would likely be problematic for facility managers as other carers would have to cover the shifts of the absent PALM carers. The RTO noted that time could be saved if PALM carers had completed some basic units (e.g. first aid) prior to arriving in Australia. This learning could be refreshed once carers arrive in Australia.

Starting work

The AE’s Facility Managers speak very highly of the Samoan carers, describing them as hardworking and reliable. Carers made an immediate impact in the workplace with their friendly, happy personalities and caring attitude towards residents.

Despite the AE speaking positively about the carers’ readiness to start work, the carers said it took some time for them to adjust to the job and workplace routines. For example, although they had been trained in dealing with difficult residents, the younger carers in particular needed time to build confidence about how best to respond to such residents in their care. The carers appreciated the support from their workplace buddies as they became familiar with their care responsibilities.

Carers went through a similar process of adjustment to their new life away from home, as they became used to their new living arrangements and routines, and to the weather. Homesickness is a constant reality of a PALM worker, particularly for those with children.

Accommodation

Carers either live in on-site accommodation or in private rentals. Carers pay a subsidised fortnightly rent of AUD120. The carers share a bedroom with another Samoan carer. Those living on-site enjoy being close to work. Those in private rental have access to transport supplied by the AE. Given the high cost of local rental markets and lack of availability of houses, the carers intended to stay living in AE-supplied accommodation.

Study

RTO’s learning support

The RTO trainers ran two online sessions (via the Teams videoconferencing app) during the week – one in the morning for carers who were working the afternoon shift, and another in the afternoon for the morning shift. (Carers had use of a laptop at their facility for the session). The online sessions were less successful for tutoring purposes compared to face-to-face visits (though the online sessions with smaller groups in two locations went well). While there was intermittent carer attendance at the online sessions, there was always a full turn-out when the tutors visited carers at their facility. The on-line sessions were used for “checking in” with individual carers about their study, answering questions and for welfare support (discussed further below). Carers had the trainers’ phone and email contact details and were encouraged to contact the trainers with any questions or issues.

As noted above, the trainers’ visits to the facilities for clinical facilitation and face-to-face learning support were hampered by the COVID pandemic. Face to face support was re-instated when intra-state movement resumed, and individual facilities allowed access to visitors.

Course materials

The course was primarily paper based. Carers were required to download learning material from links supplied in the training material (e.g. YouTube videos about care procedures). One person had brought a laptop from home and another person bought one locally. A small number of people had brought cellphones from Samoa that could support downloading material. The cellphones supplied by the AE had minimal streaming capability. The lack of laptops meant that the carers struggled to access on-line material and had to write their assessments by hand.

In future, carers could be encouraged to bring a laptop from home or to purchase one on arrival – an AE could negotiate a bulk deal with a local laptop supplier and deduct the cost from carers’ wages over time. However, this may be too expensive for some workers so AEs or RTOs could consider loaning laptops to carers for study purposes.

Managing work and study

While some carers were motivated and conscientious about keeping up with their study, others needed ongoing encouragement from the trainers and the AE to complete their assessments. Future applicants need to understand that studying at the same time as working will require them to be diligent about their study and disciplined in the use of their time off work.

For some carers, keeping up with their studies was secondary to their desire to work overtime so they could send as much money home as possible to immediate and extended family (and in some cases, to their village for new amenities). Other carers were reluctant to turn down requests to work additional shifts due to staff shortages. These carers regard residents as family members and prioritise the residents’ wellbeing at the detriment of their own.

The AE and the trainers became increasingly concerned about the effect of overtime on carers’ study and the potential for carer burn-out from working too many additional shifts. They counselled carers to pace themselves, especially while they were studying. The facility managers were asked to monitor the number of additional shifts carers were working and eliminate default rostering of night shifts (to carers undertaking a work/study program).

Carers involvement in their local community

While some carers are going to local churches (if they are not working Sundays, or Saturdays in the case of carers who are Seventh Day Adventists), others are choosing not to attend church or build other relationships in their local community. (Some carers worship via online services run by Samoan churches in the main centres). These carers are very focused on the purpose of their time in Australia to earn money for their family, not to create new relationships.

What made a difference

Five factors contributed to the success of the pilot for both the AE and the carers.

Cohesiveness of the Samoan carer group

Congruent with Samoan cultural values, the carers regard themselves as a collective who support each other to succeed – they are a family. The more mature members of the group “look out” for the younger ones. Those with previous clinical experience supported the others in their study. As noted above, the group decided that they would complete the entire course together despite carers with relevant qualifications needing only “top up” training.

Welfare Officer – carer connection

The AE’s Welfare Officer is held in very high regard by carers for her approachability and helpfulness towards them. (Initially the Welfare Officer was doing welfare duties on top of her usual role. A dedicated role was subsequently established). From the time the carers arrived, the Welfare Officer put time and energy into getting to know them. While not a Pacific person herself, the Welfare Officer has demonstrated Pacific values towards the carers. As a result, the carers regard her as trustworthy.

As part of the AE’s planning for the carers’ arrival, the Welfare Officer approached the pastor of a local Samoan church seeking his advice on how best to cater for the carers’ physical and cultural needs. For example, the Welfare Officer became aware that White Sunday (a traditional celebration of children by some Pacific countries) was coming up shortly after the carers’ arrival and wanted to know what arrangements should be made to help carers celebrate the day.

The Welfare Officer describes the first months after the carers’ arrival as intense, with carers contacting her at all hours regardless of the urgency of their issue. As carers gradually adjusted to their new life, they became more self-sufficient, the exception being specific issues they have needed help with such as submitting tax returns.

RTO – carer connection

The RTO trainers see their role as not only delivering training but as also encompassing learner wellbeing. The trainers established supportive relationships with the carers, counselling them to moderate their overtime and encouraging them to look after their mental health by having “down time”. The trainers’ concerns towards the carers are reflected in the high regard in which carers hold them – they consider the trainers to be part of the carer family.

AE – RTO connection

The RTO and AE worked closely together to ensure the carers’ successful completion of the Certificate lll. For example, carers who were behind in their study were reminded regularly by both the RTO and AE about handing in assessments. The AE collected assessments from carers at the end of every week and sent them to the RTO.

Support of Samoan church

A Samoan church (a congregation consisting of 11 families and a pastor who has full-time employment outside of the church) in one of the locations provides ongoing support to the carers especially at Christmas and other times when carers are likely to feel the absence of their loved ones. The church’s support is unconditional – there is no obligation for carers to attend church. If they do attend, there is no obligation for them to contribute financially because the carers’ family will be supporting a church back home.

Establishing this contact with the Samoan pastor has been very beneficial. The pastor has assisted the Welfare Officer (and another AE in the NT) with critical and non-routine welfare issues that have arisen e.g. a carer who needed to return home during the State border closures.

In addition to supporting the 20 Samoan carers, the church is also supporting 11 other Samoan workers working in the same location. While the church offers this support willingly and generously (as this is the Pacific way), it is important for AEs to have realistic expectations about the extent of support that church and other community groups can provide to PALM workers given the resource limitations of such groups.

Replicating the pilot arrangements

The pandemic notwithstanding, the pilot was a success for the carers and AE – the carers achieved the Certificate lll while earning income, and the AE has qualified, reliable and hardworking Samoan employees who intend to stay for the length of their PALM visa. Replicating the success of the pilot arrangements involves:

For an AE

* Setting up a partnership with an RTO whose trainers will engage with the carers and are committed to their success.
* Informing prospective applicants about what the Certificate lll study will involve so they make an informed decision about applying.
* Recruiting the “right” applicants who have the personal attributes required for the Certificate lll study i.e. are self-directed and self-managing.
* Providing carers with in-depth induction into the facility and workplace routines.
* Allocating a workplace buddy.
* Establishing genuine connections with carers.
* Employing the “right” Welfare Officer who is prepared to invest in the AE - carer relationship and is aware of carers’ cultural needs.
* Monitoring overtime to prevent carer burn-out and adverse impacts on study.

For an RTO

* Building understanding about Pacific adult learners and implications for training approaches.
* Including as much face-to-face learning support with carers as is possible.
* Being prepared to invest in their relationship with the carers.
* Collaborating with the AE to enable carers to have access to laptops.
* Working closely with the AE to ensure the carers’ successful and timely completion of the Certificate lll qualification.