

Support at Home Workshop Series

Workshop 5: Workforce Management

Reliance Restricted

7 November 2025



EY

Shape the future
with confidence

RELEASE NOTICE

Ernst & Young ("EY") was engaged on the instructions of Department of Health, Disability, and Ageing ("DHDA" or the "Department"), have performed work as part of the Business and Workforce Advisory Service Program sponsored by the Department, in accordance with the engagement agreement dated 8 November 2023 ("the **Engagement Agreement**").

The results of EY's work, including the assumptions and qualifications made in preparing the report, are set out in EY's report dated 3 October 2025 ("**Report**"). You should read the Report in its entirety including any disclaimers and attachments. A reference to the Report includes any part of the Report. No further work has been undertaken by EY since the date of the Report to update it.

Unless otherwise agreed in writing with EY, any party accessing the Report or obtaining a copy of the Report ("Recipient") agrees that its access to the Report is provided by EY subject to the following terms:

The Report cannot be altered.

1. The Recipient acknowledges that the Report has been prepared for the Client and may not be disclosed to any other party or used by any other party or relied upon by any other party without the prior written consent of EY.
2. EY disclaims all liability in relation to any party other than the Client who seeks to rely upon the Report or any of its contents.
3. EY has acted in accordance with the instructions of the Client in conducting its work and preparing the Report, and, in doing so, has prepared the Report for the benefit of the Client, and has considered only the interests of the Client. EY has not been engaged to act, and has not acted, as advisor to any other party. Accordingly, EY makes no representations as to the appropriateness, accuracy or completeness of the Report for any other party's purposes.
4. No reliance may be placed upon the Report or any of its contents by any party other than the Client. A Recipient must make and rely on their own enquiries in relation to the issues to which the Report relates, the contents of the Report and all matters arising from or relating to or in any way connected with the Report or its contents.
5. EY have consented to the Report being workshop materials for informational purposes only. EY have not consented to distribution or disclosure of the Report beyond this.
6. No duty of care is owed by EY to any Recipient in respect of any use that the Recipient may make of the Report.
7. EY disclaims all liability, and takes no responsibility, for any document issued by any other party in connection with the Project.
8. A Recipient must not name EY in any report or document which will be publicly available or lodged or filed with any regulator without EY's prior written consent, which may be granted at EY's absolute discretion.
9. A Recipient:
 - a) may not make any claim or demand or bring any action or proceedings against EY or any of its partners, principals, directors, officers or employees or any other Ernst & Young firm which is a member of the global network of Ernst & Young firms or any of their partners, principals, directors, officers or employees ("**EY Parties**") arising from or connected with the contents of the Report or the provision of the Report to the recipient; and
 - b) must release and forever discharge the EY Parties from any such claim, demand, action or proceedings.
10. If a Recipient discloses the Report to a third party in breach of this notice, it will be liable for all claims, demands, actions, proceedings, costs, expenses, loss, damage and liability made or brought against or incurred by the EY Parties, arising from or connected with such disclosure.
11. If a Recipient wishes to rely upon the Report that party must inform EY and, if EY agrees, sign and return to EY a standard form of EY's reliance letter. A copy of the reliance letter can be obtained from EY. The Recipient's reliance upon the Report will be governed by the terms of that reliance letter.

Ernst & Young's liability is limited by a scheme approved under Professional Standards Legislation.

Acknowledgement of Country

EY Australia (EY) wishes to acknowledge and pay deepest respects to the Traditional Custodians of the land, sea, sky and waterways. EY recognises the ongoing relationship, connection, and association to Country is an integral part of Aboriginal and Torres Strait Islander identity and cultural expression.

EY acknowledges that the land is alive, sacred, and intrinsically linked to Aboriginal and Torres Strait Islander spirituality, culture, language, family, lore, and identity and that Aboriginal and Torres Strait Islanders see Country as a person; they speak to Country, sing to Country, visit Country, worry for Country, and long for Country.

EY will continue to treat the land respectfully and work collaboratively with all Aboriginal and Torres Strait Islanders.



Artist: Jasmine Miikika Craciun is a multi-media artist and graphic designer residing on Gadigal land.

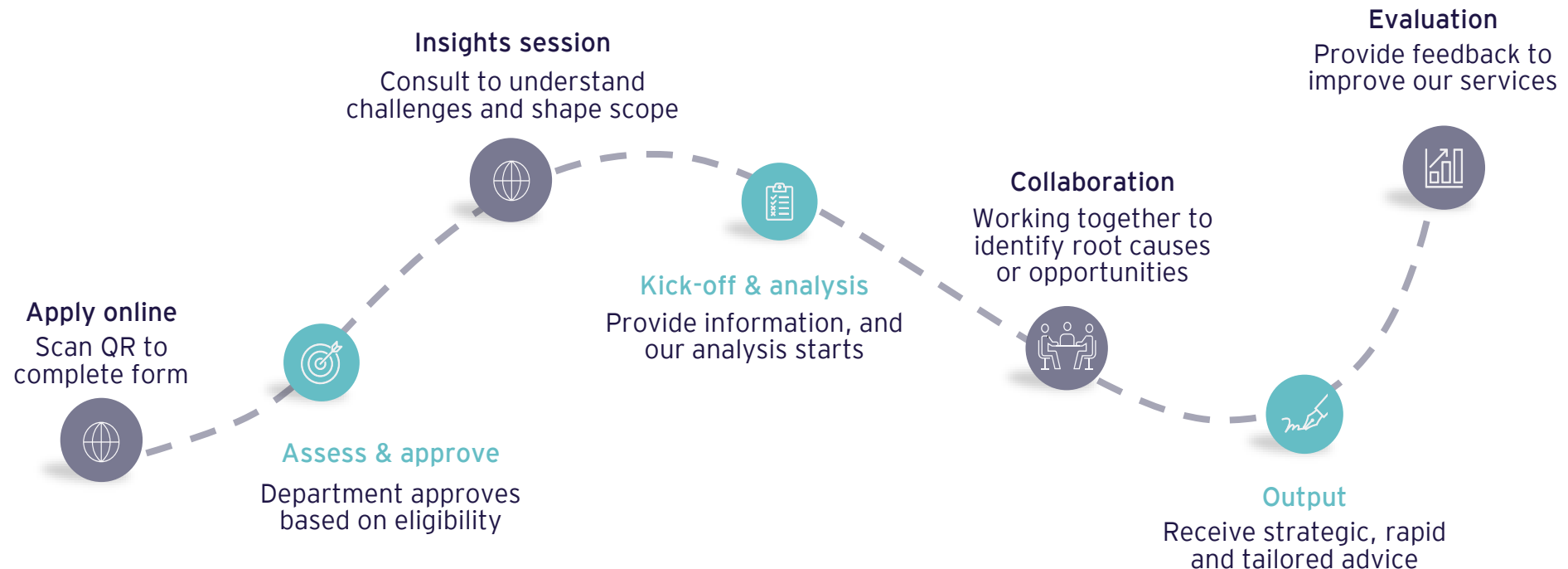
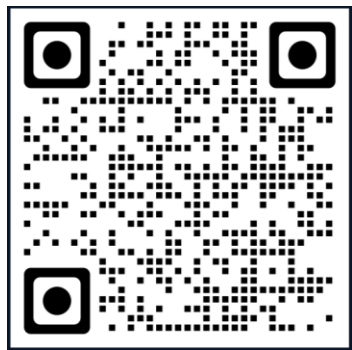
Jasmine's art-making process is informed by her diverse familial background (Barkindji, Malyangapa, Romanian, Austrian) with the goal of celebrating the strength of those who came before her.

What is the Aged Care Business and Workforce Advisory Services program?

Delivered by EY on behalf of the Department of Health, Disability and Ageing, these services are **open to approved residential aged care and in-home care providers**, and provide **free, independent and confidential advice** in relation to specific **business and workforce matters**.

Seek strategic, rapid and tailored advice focused on **viability, and profitability resourcing** challenges and opportunities.

Scan the QR code to apply



Agenda

- 1 Welcome and introduction
- 2 Sector snapshot and workforce challenges
- 3 Support at Home workforce implications
- 4 Workforce levers for providers
- 5 Session close





01

Welcome

Welcome and introductions



Cass Gandolfo

Director
EY

Cass works with aged care providers on workforce management and performance improvement to support delivery of quality, reform-ready and viable services nationally.

Cass delivers the Aged Care Business and Workforce Advisory Service on behalf of the Department of Health, Disability and Ageing.

Her deep understanding of the aged care sector, combined with ability to deliver strategic insights and practical solutions, has made her a trusted advisor in navigating aged care reforms.



Georgina Gates

Partner
EY

Georgie leads EY's People Consulting practice for the Government and public purpose sector. She specialises in workforce reform and change in Health and Human Services. She is also EY's Oceania lead for Workforce Planning.

Georgie is known for her expertise in delivering workforce strategies, capability uplift, service system reform and organisational transformation across state government, Australian Government and international agencies as well as working closely with providers to enable workforce innovation.

Diversity of the aged care sector

**The needs and preferences of older Australians are diverse.
So too is the market of providers who address those needs.**

Providers operate across different geographies, scales and service types - from small, community-based organisations to large national networks.

Each provider brings unique perspectives, capabilities and experiences.

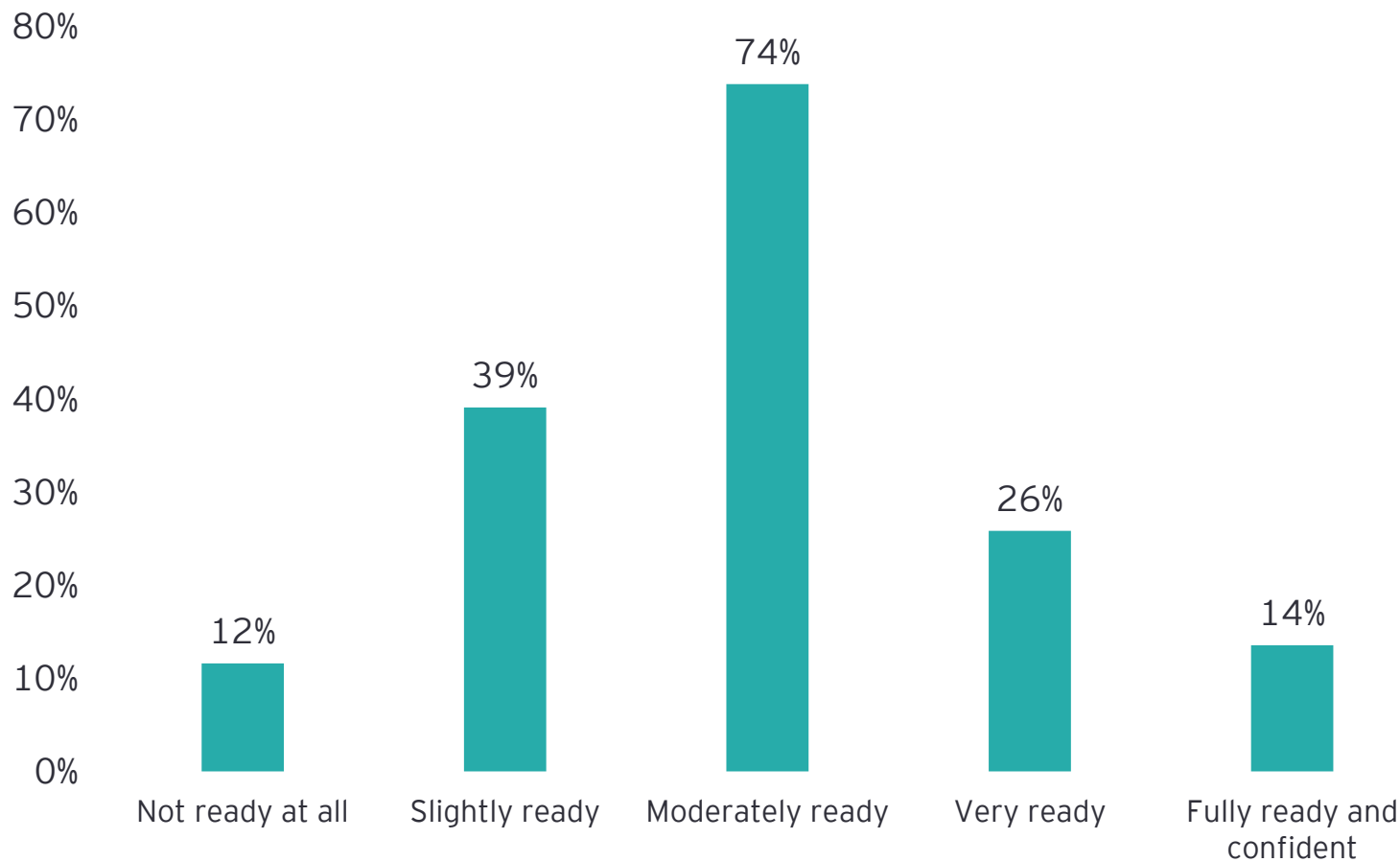
As a result, it is important to acknowledge that:

- Providers are at different stages of readiness, understanding, and progress towards implementing reforms
- A provider's capacity to adapt varies based on many factors such as size and resources
- A one-size-fits-all approach is not effective

Diversity is a strength. Our sessions aim to provide tips and resources you can use to implement changes, but further support is available through the Aged Care Advisory program.

Readiness to implement Support at Home changes

Our workforce is trained in Support at Home



Key themes relating to workforce



Note, today's session will focus on the dark grey boxes. The light grey (*) denotes key areas highlighted in the survey, that are outside the scope of today's workshop.

Source: Support at Home workshop registration survey

Purpose of today's session

Session Purpose

To provide practical strategies for workforce planning, development and management for home care providers to support transition to Support at Home

Objectives

Sector snapshot and workforce challenges

- Overview of workforce trends in the Aged Care Sector and current challenges

Support at Home workforce implications

- Understand the impact of Support at Home on workforce requirements

Examples of workforce levers

- Provide practical examples of approaches and case studies to address workforce challenges

This is not a policy briefing or a technical session, but a practical discussion.



02

Sector snapshot and workforce challenges

Aged Care Industry Trends impacting the workforce

The aged care industry is largely split into three categories of providers including not-for-profit, government and private.

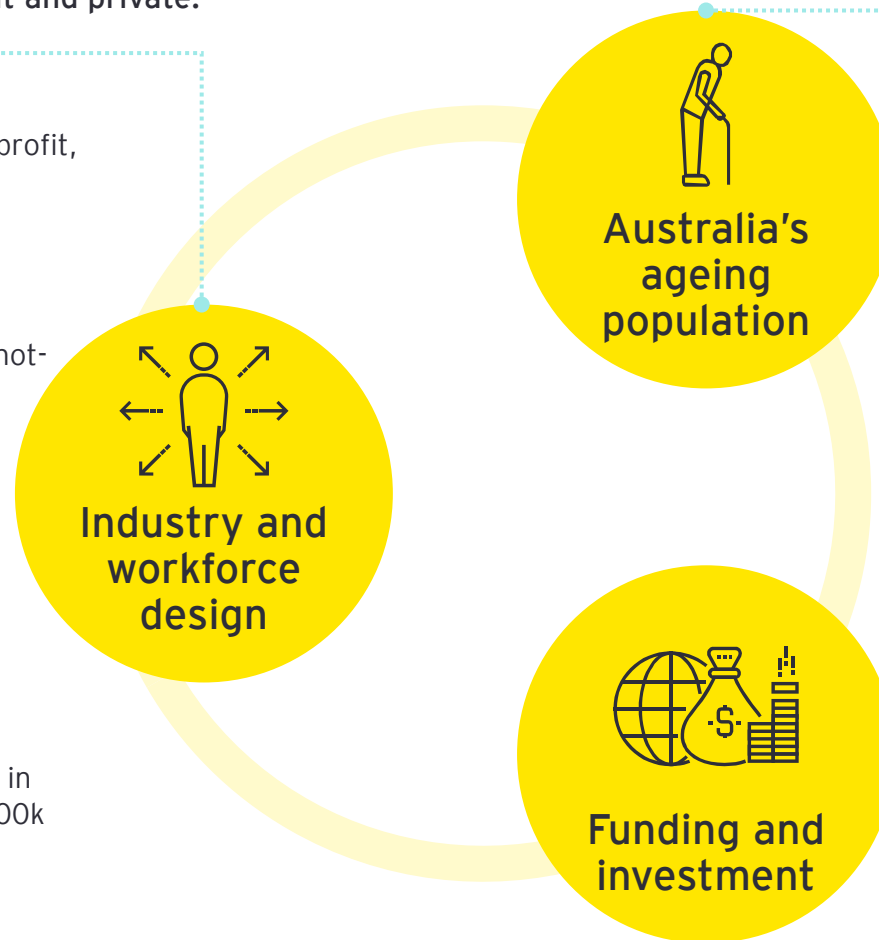
Australia's population is ageing, and demand for aged care services will increase in the coming years.

3.2k aged care providers across not-for-profit, government and private sectors.

67% of home care services operated by not-for-profit organisations.

547k staff working in aged care.

22k registered nurses currently working in aged care, with Australia needing 200k by 2050 to meet demands.



479k

people using residential aged care, homecare or transitional care services (2024), up 5% from previous year.

565k

Australians aged 85+ in 2023, projected to reach more than 1.3m by 2034.

835k

Australians accessing CHSP services in 2024.

\$35.7b

Government spending on aged care has increased in recent years.

was spent by Australian Governments during 2023-24 on aged care, up 27% from previous year.

Sources: [People using aged care - AIHW Gen](#), [Financial Report on the Australian Aged Care Sector 2023-24](#)

Aged Care Workforce Demographics

The Aged Care Worker Survey 2024 report published by the Department of Health, Disability and Ageing provides insight into current workforce trends and demographics.

Workforce demographics are changing.

88% of respondents were female.

42.7 years is the average age of respondents.

43% of respondents have worked in the aged care sector for 10+ years.

57% born in Australia.

12% of respondents speak a language(s) other than English as part of their aged care role, most commonly, Mandarin and Italian.



Workforce is concentrated in metropolitan areas.

45% of respondents worked in metropolitan areas, followed by regional centres (30%), rural towns (22%) and remote communities (3%), highlighting that **workforce supply in aged care is not evenly keeping pace with demand**. Regional and rural areas are driving the greatest growth in demand.

Workforce is largely part time.

59% work on a permanent part-time basis.

21% work on a casual basis.

62% of respondents were satisfied with the hours worked, with 28% preferring to work more hours, and 10% preferring to work less.

Sources: [Aged Care Worker Survey 2024 report](#) , [Older Australians, Demographic profile - Australian Institute of Health and Welfare](#)

Home Care Workforce Snapshot



Home care workforce is large and growing

267,900

Estimated staff working in Home Care (in 2023)

This is an increase from 156,436 in 2020.

+90%

Increase in number of Allied health workers in home care settings since 2020.



Demand for home care is growing

275,486

People using Home Care as at 30 June 2024, which has more than doubled in 5 years.

63,000

Further home care packages have been committed for release in this financial year.

\$4 billion

in unspent home care package funds as at 31 March 2025 (up 14% from the previous year).



Dramatic rise in proportion of casual positions in home-care settings

Since 2020, the proportion of **nursing staff** employed on a casual basis has increased:





- From **1% to 19%** for CHSP
- From **3% to 22%** for HCP

Since 2020, the proportion of **personal care worker** staff employed on a casual basis has increased:

- From **4% to 52%** for CHSP
- From **8% to 40%** for HCP

Aged Care Industry Workforce Challenges

The most frequently cited workforce concerns raised by providers over the last 6 months include:

 Recruitment	 Retention	 Capability	 Cost
<p>Providers experience challenges recruiting skilled staff, especially in rural locations.</p>	<p>Retaining staff remains a challenge for providers.</p>	<p>Providers are concerned that their employees lack the required capabilities.</p>	<p>Providers expressed interest in reducing workforce size to reduce direct costs.</p>
<ul style="list-style-type: none"> ▪ Competition with other providers and hospitals, including difficulty offering competitive wages. ▪ Workforce shortages, particularly for RNs. 	<ul style="list-style-type: none"> ▪ High staff turnover consistent with a largely casual workforce and nature of aged care work ▪ Ageing workforce. ▪ RN preference to work in acute care environments and hospitals, due to more attractive talent pathways. 	<ul style="list-style-type: none"> ▪ Capability shortage due to new requirements. ▪ Significant training required for immigrant staff. ▪ Confusion and inconsistency around calculating care minutes. 	<ul style="list-style-type: none"> ▪ Reducing workforce size and increasing utilisation. ▪ Significant costs in using agencies and international staff. ▪ Alternate recruitment pathways can be high cost without guaranteed outcomes.
<p><i>“We’ve tried everything from agencies, immigration, partnerships with education facilities. We don’t know how to get more RN’s”- WA Provider</i></p>	<p><i>“Our staff keep moving to other, higher paying companies or are being poached by our competitors” - QLD Provider</i></p>	<p><i>“Unclear what the training requirements are. A lot of our staff need support to do the training as its not translated.” - QLD Provider</i></p>	<p><i>“Leadership have said we need to cut significant amount of cost so we need to review our entire back office” - VIC Provider</i></p>



03

Support at Home workforce
implications

Transitioning the workforce to Support at Home

The transition to Support at Home will impact workforce roles, responsibilities and obligations. Providers may need to re-evaluate staffing structures, roles and provide necessary training and communications to staff.



Training

Staff will require training on:

- Support at Home program design
- Restorative Care Pathway
- End-of-Life Pathway
- AT-HM Scheme
- Care management responsibilities
- Cultural competencies
- Contribution waiver systems
- Use of systems and data in the Program



Role

New Role: Care Partners Support at Home vs. HCP

1. Care partners are an **appropriately trained** person who supports **care management, service coordination** and **ongoing monitoring** of Support at Home clients' care needs
2. **Each** Support at Home participant may be allocated either a **'clinical'** or **non-clinical** care partner
3. Tasks completed by Support at Home care partners are **similar** to those completed by **care coordinators and managers under HCP**
4. The team-based approach to delivering care management, which many HCP providers already use, will continue under Support at Home



Obligations

Staff must comply with their obligations under the following instruments:

- Strengthened Quality Standards
- Code of Conduct for Aged Care
- Statement of Rights
- Statement of Principles



**Which Support at Home impacts are you most concerned about from a workforce perspective?
(select your top 5)**



04

Workforce levers for providers

Case study: Community Care Victoria (Fictional) Overview

Overview

Medium size not-for-profit Support at Home provider operating in metro Melbourne and regional Victoria.

In-house services:

- Personal care
- Domestic assistance
- Allied health and therapy

Sub-contracted services:

- Gardening and lawn maintenance
- Home maintenance and minor modifications
- Meal delivery and preparation support.

Operating footprint

- Annual revenue ~\$12m
- Operates in **five metro LGAs and four regional hubs** (Geelong, Ballarat, Bendigo, and the Latrobe Valley).
- Employs ~**360 staff**
- Approx. **842 active clients**.
- Services coordinated from a **central Melbourne office**.
- Uses a **blended workforce** of permanent part-time and casual care workers.




Challenges

- Rising workforce costs, high agency costs and high turnover
- Difficulty attracting new clients
- High back-office and indirect costs from outdated systems
- Declining revenues.

Strategic priorities

- Double revenue in 5 yrs
- Improve profitability (from 3% to 6% EBITDA margin)
- Reduce workforce turnover and hiring costs.

Overview of workforce levers CCV can use to address their challenges and support their transition to SAH

		What	Actions for CCV
Strategic Levers	 <p>Planning your workforce</p>	Align workforce supply, capability and composition with current and future demand to ensure sustainable service delivery and care quality	<ul style="list-style-type: none"> Develop a strategic workforce plan to ensure the workforce is future ready and supports CCV's growth ambition
	 <p>Designing your workforce</p>	Design workforce structures that support efficient, person-centred care delivery	<ul style="list-style-type: none"> Use the workforce plan to inform the design of workforce structures that support person-centred care and workforce sustainability
Operational Levers	 <p>Utilising your workforce</p>	Optimise workforce utilisation to reduce operational costs and improve staff efficiency	<ul style="list-style-type: none"> Address rising workforce costs through improving staff efficiency. This includes shared services models, effective rostering, and technology enablement.

Planning your workforce

Objective

Develop a strategic workforce plan to ensure the workforce is future ready and supports CCV's growth ambition

Effective workforce planning will enable CCV to have the right number of people (Capacity) with the right skills (Capability) and the right mix of roles (Composition) in place at the right cost (Cost) to meet their current and future needs.

Steps that CCV can take to develop their strategic workforce plan:

- 1 Understand Strategic Direction and Service Demand
- 2 Assess Current Workforce Profile
- 3 Identify future workforce requirements and gaps
- 4 Develop workforce strategies
- 5 Implement and monitor

Planning your workforce - Develop a Strategic Workforce Plan (1/2)

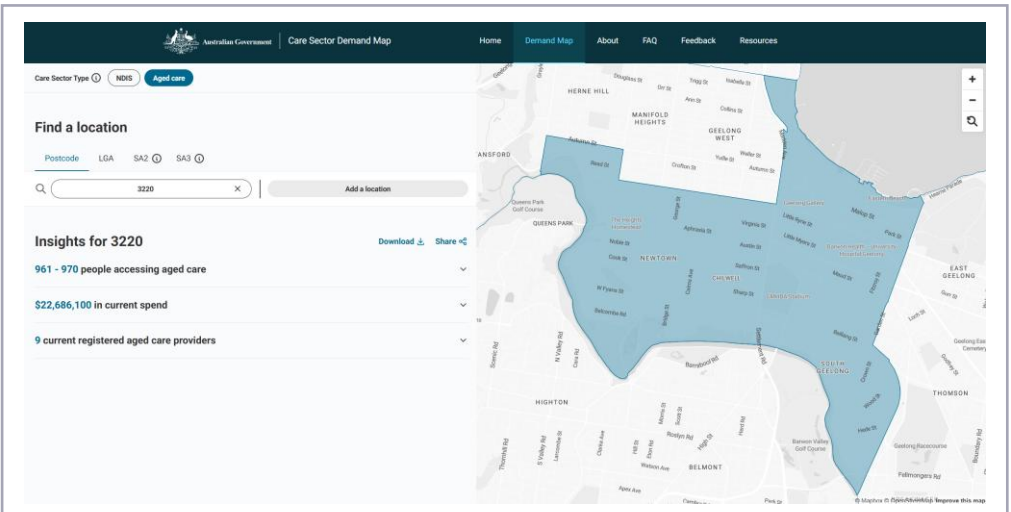
Step	Key Activities	Key Inputs used by CCV
------	----------------	------------------------

1

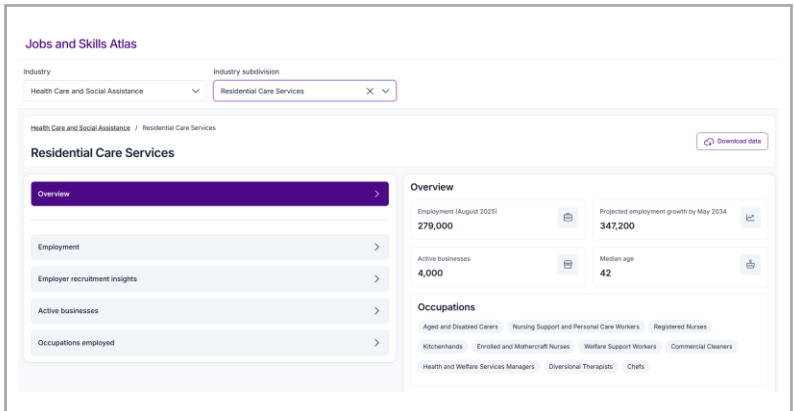
Understand Strategic Direction and Service Demand

- Clarify CCV's strategic goals and identify expected changes in service types, volumes, and geographic distribution
- Forecast client needs based on demographic trends and policy changes

- Care Economy Demand Map
- Support at Home reform documentation
- ABS and AIHW demographic data
- Internal strategic plans and service forecasts



The [Care Sector Demand Map](#) is a free tool that provides information to help organisations plan and grow in the sector. The map is searchable by local government area, postcode and statistical areas across Australia and by each care sector.



The [Jobs and Skills Atlas](#) is a useful tool for understanding the current labour market to support workforce planning.



Planning your workforce - Develop a Strategic Workforce Plan (2/2)

Step	Key Activities	Key Inputs used by CCV
2 Assess Current Workforce Profile	<ul style="list-style-type: none"> Map CCV's workforce across the 4Cs: <ul style="list-style-type: none"> Capacity: Number of staff by role, hours worked, availability, turnover rates, absenteeism, vacancy trends, geographic distribution Capability: Skills, qualifications, experience Composition: Roles, diversity, employment types Cost: Wages, benefits, agency use, training spend 	<ul style="list-style-type: none"> HR and payroll data Staff rosters and role descriptions Training and qualifications records Workforce cost reports
3 Identify Future Workforce Requirements and Gaps	<ul style="list-style-type: none"> Define the workforce needed to deliver future services effectively Consider new roles (e.g. care managers, reablement specialists), skill sets, and service delivery models Align workforce needs with client expectations and regulatory requirements. Identify gaps in current workforce with future needs 	<ul style="list-style-type: none"> Outputs from Steps 1-2 Support at Home service model requirements Aged Care Quality Standards Technology and innovation plans Sector benchmarks
4 Develop workforce strategies to address gaps	<ul style="list-style-type: none"> Design targeted strategies to address identified gaps Focus on gaps that pose the greatest risk to service delivery, compliance, or client outcomes. Consider urgency, feasibility, and impact. Ensure strategies are feasible, support the transition to Support at Home, and are linked to broader business plans. 	<ul style="list-style-type: none"> Gap analysis output from Step 3 Evidence-based practices, sector case studies, and innovation examples Information on available grants, subsidies, and government programs
5 Implement and monitor	<ul style="list-style-type: none"> Translate strategies into a detailed action plan and track progress Integrate workforce planning into broader organisational planning Use data to evaluate effectiveness and adjust strategies as needed 	<ul style="list-style-type: none"> Workforce KPIs (e.g. turnover, vacancy rates, training completion) Staff engagement surveys Client outcomes and feedback

Organising your workforce

Objective

Use the workforce plan to inform the design of workforce structures that support person-centred care and workforce sustainability.

Understanding current workforce and identifying where there may be efficiencies, CCV can consider workforce structures which will best help them to deliver and balance client and workforce needs.

One type of structure that CCV can consider adopting is a Pod workforce structure.



What is team-based pod structure?

The care workforce is organised into pods. Pods are small, cross-functional teams that operate with a high level of autonomy.

Pod structures are being widely adopted across the care and support sector to provide greater autonomy and empowerment to disability support workers and their managers with positive impacts to employee value proposition, and connection and quality of care for clients.

Organising your workforce - Pod Model

The 'pod' workforce model aims to streamline operations and create a more supportive team-based structure focused on client and support worker experience and growth.

Illustrative example of a pod model

Corporate Functions

Regional Management

Pod 1

Team Leader

*Rosterer	Care Worker
Care Worker	Care Worker
Care Worker	Care Worker
Care Worker	Care Worker

Pod 2

Team Leader

*Rosterer	Care Worker
Care Worker	Care Worker
Care Worker	Care Worker
Care Worker	Care Worker

Pod 3

Team Leader

*Rosterer	Care Worker
Care Worker	Care Worker
Care Worker	Care Worker
Care Worker	Care Worker

*Over time, there is potential for rosterers to sit across multiple pods, supported by systems, processes and automation

Key benefits:

- **Client-centric:** Pods can be organised around different client segments, allowing them to develop a deep understanding of client needs and preferences.
- **Improved collaboration:** Pods encourage collaboration and knowledge sharing among team members.
- **Flexibility:** Pods are typically self-organising and autonomous, which allows for greater flexibility and adaptability.

Key considerations:

- **Workforce Availability:** Ensure enough skilled staff to fill leadership and rostering roles.
- **Technology Integration:** Use rostering and communication tools to support pod coordination.
- **Regulatory Compliance:** Align with aged care standards and workforce regulations.
- **Cultural Fit:** Adapt the model to suit the organisation's values and client demographics.

Organising your workforce - Pod Model

Steps CCV can take to implement a pod model:

Step	Description
1. Define the pod model	<ul style="list-style-type: none"> Determine the optimal number of care workers per pod based on client needs and staffing ratios Clarify responsibilities for each role
2. Assess Current Workforce and Structure	<ul style="list-style-type: none"> Map existing roles and reporting lines Identify potential team leaders and rosterers from current staff Evaluate gaps in skills or capacity
3. Engage Key Stakeholders	<ul style="list-style-type: none"> Consult with frontline staff, managers and clients. Communicate the benefits, address concerns and gather feedback
4. Design Pod Allocation	<ul style="list-style-type: none"> Group staff based on location, shift patterns, client needs, or skill mix Ensure diversity in experience and qualifications within each pod.
5. Develop training and support	<ul style="list-style-type: none"> Provide training in new ways of working and create clear guidelines and escalation pathways
6. Pilot the pod model	<ul style="list-style-type: none"> Select one or two sites for trial Monitor performance, staff satisfaction and client outcomes Adjust based on feedback and data
7. Evaluate and scale	<ul style="list-style-type: none"> Use KPIs such as staff retention, absenteeism, resident satisfaction, and incident rates Refine the model and roll out across other sites Establish ongoing review mechanisms

Utilising Your Workforce

Objective

Address rising workforce costs through improving staff efficiency. This includes shared services models, effective rostering, and technology enablement.

CCV has an opportunity to optimise staff utilisation to address rising workforce costs and high turnover.

Key initiatives that CCV can consider include:



Effective Rostering

Community Care Victoria can build greater resilience into their roster to help maximise staff productivity, enhance responsiveness and flexibility to client demands, and support staff wellbeing and retention.



Technology Enablement

By adopting technology solutions for low-value or routine tasks and integrating technology, CCV can reduce administrative burden and streamline workflows. This approach reduces back-office FTE requirements, frees staff to focus on higher-value work, and ultimately improves care delivery while reducing burnout.



Shared Services Model for Back-Office

Partnering with external Managed Services Providers to deliver specific functions, or other similar Aged Care Providers to share back-office functions.

Utilising Your Workforce - Effective Rostering Practices

Actions that Community Care Victoria can take to optimise their rostering practices include:



Roster more regularly

Frequent scheduling helps quickly identify changes in staff availability, allowing for proactive coverage planning and improved team resilience.



Data driven practices

Data-driven decision scheduling supports better alignment with care minutes, anticipates staff availability, and ensures rosters reflect client needs.



Roster 'on-call' care workers

Scheduling on-call Care Workers ensures backup coverage is available for call-outs or emergencies.



Employee incentives

Offering incentives such as higher pay rates or other incentives (e.g. meal vouchers) for less desirable shifts boosts coverage and supports a fair, motivated workforce.



Leverage partnerships

Identify partners with care delivery capabilities to complement CCV's existing care management services. Partners can include other Aged Care Providers, Educational Institutions (e.g. TAFE), and RTOs.



Allocate according to proximity

Scheduling staff close to clients reduces travel time and operational costs, improves response times and supports staff wellbeing and retention.



Shift pattern redesign

Consolidate short shifts into blocks. This reduces the number of travel legs and supports higher staff morale.



Shift swapping

Implement a shift swapping system where employees manage their schedules, addressing personal needs, and ensuring shift coverage.



Communication channels

Introduce additional ad-hoc communication channels, such as WhatsApp groups, to communicate last minute shift availabilities to staff.



Technology enablement

Introducing a digital rostering system improves workforce efficiency, ensures compliance, and enhances care quality through data-driven scheduling.

Utilising Your Workforce - Technology Enablement

Innovative technologies have the potential to transform how aged care providers manage and utilise their staff. These tools help match staffing levels to client needs and service demand, ensuring the right people are in the right place at the right time. The result is improved productivity, reduced overtime and agency reliance, and a better experience for both staff and clients.

What does the future look like?



Smart Home and Monitoring Systems

Use of sensors, wearables, and IoT devices to monitor residents' health, movement, and safety in real time—reducing falls and enabling early intervention.



Telehealth and Remote Care Platforms:

Enable virtual consultations with GPs, specialists, and allied health professionals, especially in rural or home care settings.



Virtual Reality (VR) for Training and Therapy

VR simulations for staff training (e.g. dementia care scenarios) and therapeutic experiences for residents to reduce anxiety and improve cognitive engagement.



Robotics and Automation

Assistive robots for mobility, companionship, or routine tasks (e.g. medication dispensing), and automation of back-office functions like payroll and rostering.



Digital Wellbeing Tools

Apps and platforms that support mental health, social connection, and lifestyle tracking for both residents and staff.



Predictive and shared rostering talent marketplaces

Utilising innovative platforms and tools to enable predictive matching and filling of rosters, improve utilisation and enable collaborative sharing of workforce to meet supply.

Utilising Your Workforce - Technology Enablement

Automation

Examples of routine tasks that CCV can consider automating:

Task Type	Technology Solution	Benefit
Roster updates	<ul style="list-style-type: none"> Digital rostering platforms 	Reduces admin time, improves coverage
Timesheet processing	<ul style="list-style-type: none"> Payroll bots or robotic process automation (RPA) 	Minimises errors, speeds up processing
Incident reporting	<ul style="list-style-type: none"> Mobile apps with voice-to-text RPA can track investigation progress and generate compliance documentation for audits 	Improves compliance, reduces paperwork
Training tracking	<ul style="list-style-type: none"> LMS with auto-reminders, monitoring training completion and flagging overdue certification 	Ensures compliance, boosts engagement
Client scheduling	<ul style="list-style-type: none"> AI-assisted scheduling tools 	Matches staff to client needs
Data cleansing	<ul style="list-style-type: none"> Automated scripts for HR/finance systems 	Saves time, improves data quality
Employee Onboarding and Offboarding	<ul style="list-style-type: none"> RPA can automate activities such as auto-filling HR forms, creation of employee profiles, and assignment of mandatory training modules 	Saves time, speeds up processing

Integrating Technology

Actions that CCV can take to better integrate technology include:



Introduce a Digital Rostering System

- Consider choosing a lightweight, low-cost rostering tool such as ShiftCare with conditional formatting and access controls to replace paper-based processes.
- Enable real-time updates and mobile access so that staff can check their schedules, receive notifications about changes, and confirm availability from their phones. This reduces confusion and missed shifts due to last-minute changes.
- Use built-in templates or rules to automate common tasks like flagging double bookings, tracking staff availability, and managing leave requests. This helps reduce manual errors and saves time for the coordinator.



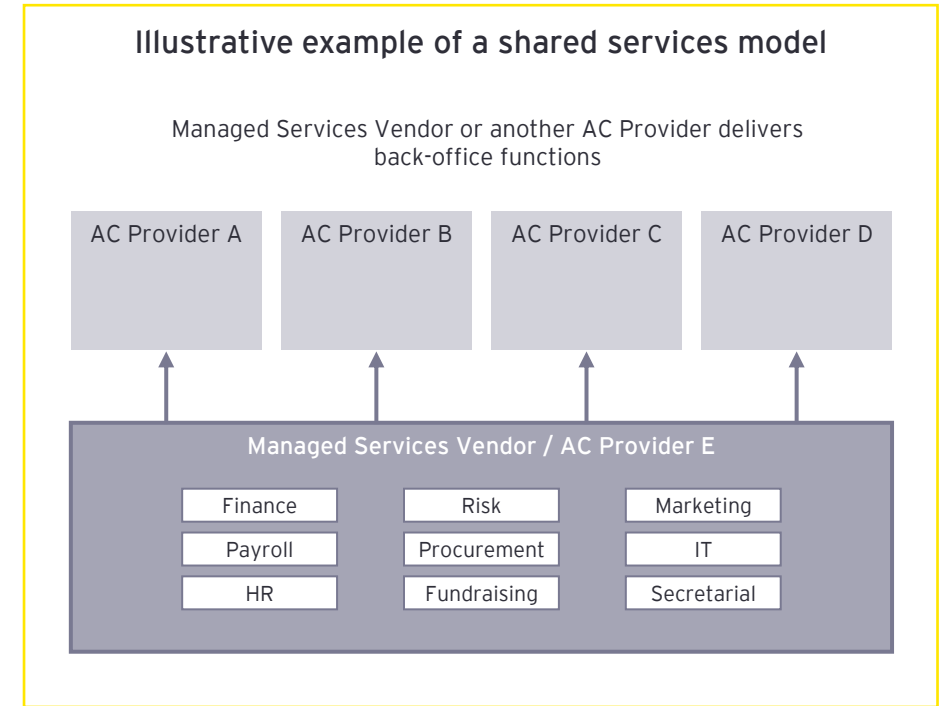
Use mobile apps for case notes and timesheets

- Care workers can record case notes on the go using voice-to-text or simple templates, reducing time spent on paperwork after shifts.
- Timesheets are automatically generated based on shift data, eliminating manual entry and reducing payroll errors.

Utilising Your Workforce - Shared Services Models

CCV can consider a Shared Services Model for their back-office functions. Shared services models streamline workforce operations, provide the right back-office capability, and enhance staff support, contributing to better retention and efficiency.

Shared Services Options	Description	When to Consider
1. Managed Services Vendor	<ul style="list-style-type: none"> Engage an external provider to deliver specific functions such as payroll, accounts payable, or IT. The provider manages systems, staff, and compliance. 	<ul style="list-style-type: none"> Functions are transactional and standardised. Cost pressures or system immaturity make in-house delivery inefficient. Need for technology uplift without capital spend.
2. Cooperative Shared-Service Model (with similar providers)	<ul style="list-style-type: none"> Partner with similar mission-based organisations to share back-office functions (e.g. finance, payroll, ICT) through a joint service hub or co-operative. 	<ul style="list-style-type: none"> Providers of similar scale and values seek collective efficiency. Desire to retain ownership and sector knowledge while sharing cost.



Utilising Your Workforce - Shared Services Models

Steps CCV can take to implement a Shared Services Model:

Step	Description
1. Define scope and objectives	<ul style="list-style-type: none"> Identify which services to share (e.g., HR, payroll, rostering, IT, procurement, clinical governance) Clarify goals: for CCV key goals include cost savings to reduce back-office expenses and scalability for future growth
2. Assess Internal Readiness	<ul style="list-style-type: none"> Review current systems, processes, and workforce capabilities (workforce capabilities will already be identified in CCV's workforce plan) Identify gaps or inefficiencies that shared services could address Ensure leadership buy-in and staff engagement.
3. Identify and evaluate potential partners	<ul style="list-style-type: none"> Consider: <ul style="list-style-type: none"> Managed services vendors with aged care experience. Other aged care providers in the region with complementary strengths. Assess alignment in values, compliance standards, and operational models.
4. Design the Shared Services Model	<ul style="list-style-type: none"> Determine governance structure (e.g., joint steering committee, service-level agreements) Define roles, responsibilities, and decision-making processes Agree on cost-sharing, data access, and performance metrics
5. Formalise Agreements	<ul style="list-style-type: none"> Draft contracts or MOUs covering: scope of services, KPIs and reporting, risk management and dispute resolution, exit or transition clauses
6. Plan Implementation	<ul style="list-style-type: none"> Develop a phased rollout plan with clear milestones Assign internal leads and prepare change management and training strategies. Track performance against KPIs (e.g., cost savings, service quality, staff satisfaction)
7. Monitor, Evaluate and Refine	<ul style="list-style-type: none"> Conduct regular reviews with partners Adjust scope or processes based on feedback and evolving needs.



04

Session close

Next steps

For additional support or questions, reach out to our Aged Care Advisory team at agedcareadvisory@au.ey.com



EY | Building a better working world

EY is building a better working world by creating new value for clients, people, society and the planet, while building trust in capital markets.

Enabled by data, AI and advanced technology, EY teams help clients shape the future with confidence and develop answers for the most pressing issues of today and tomorrow.

EY teams work across a full spectrum of services in assurance, consulting, tax, strategy and transactions. Fueled by sector insights, a globally connected, multi-disciplinary network and diverse ecosystem partners, EY teams can provide services in more than 150 countries and territories.

All in to shape the future with confidence.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

© 2025 Ernst & Young, Australia.
All Rights Reserved.

This communication provides general information which is current at the time of production. The information contained in this communication does not constitute advice and should not be relied on as such. Professional advice should be sought prior to any action being taken in reliance on any of the information. Ernst & Young disclaims all responsibility and liability (including, without limitation, for any direct or indirect or consequential costs, loss or damage or loss of profits) arising from anything done or omitted to be done by any party in reliance, whether wholly or partially, on any of the information. Any party that relies on the information does so at its own risk. Liability limited by a scheme approved under Professional Standards Legislation.

ey.com