RESEARCH ARTICLES

From residential aged care worker to Dementia Care Support Worker: a qualitative study of senior aged care staff perceptions of the role

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ABSTRACT

Objectives: The study investigated how senior residential aged care staff perceived the purpose, function, impact and challenges of implementing a new role in their organisation for an unregistered care worker with a Bachelor of Dementia Care: the Dementia Care Support Worker. The role was piloted over two years in an Australian organisation with three aged care facilities to examine its potential to address gaps in service provision for people with dementia.

Background: The residential aged care workforce is under pressure to care for residents with increasingly complex health conditions and where most care is provided by care workers. Presently no formal leadership role exists for care workers with specialised dementia knowledge in the aged care setting.

Study design and methods: A qualitative descriptive approach was taken to explore senior staff members' perceptions of the role at two time points. Twenty-three semi-structured interviews held in July-August 2017 (n = 12), soon after role commencement, and in February-March 2019 (n = 11) were thematically analysed.

Results: Three themes reflected senior staff members' expectations of the role: enhancing staff and management knowledge about dementia and dementia care practices; facilitating changes to improve care for residents living with dementia; and educating and supporting residents' families. Eighteen months later, participants felt the role was helping meet the need for improved care of residents with dementia, and staff understanding of dementia. They suggested communication and support structures to improve role effectiveness.

Discussion: Staff were receptive to the establishment of the Dementia Care Support Worker role and felt it resulted in improvement in dementia care. Success was contingent on strong organisational support and resourcing.

Conclusion: Improving dementia knowledge of care staff is an essential first step in driving care quality improvements. The Dementia Care Support Worker role for care workers has the potential to address knowledge needs and support improved care practices.

Implications for research, policy, and practice: This research models how a new role might be configured for unregistered care workers with specialist dementia knowledge. Further research is needed to explore the establishment of such a role more widely in other organisations, to investigate whether it could provide a new career development pathway for care workers and improve the skills and capacity of the aged care workforce. Substantial policy changes would also be required to support role viability, such as around increased salary. Research which examines the impact of such roles on care outcomes would complement the findings.

What is already known about the topic?

- While dementia is common in residential aged care, knowledge of dementia is typically low among the care staff.
- Consequently, care staff are not equipped to meet the complex needs of residents with dementia and their families.
- New roles for unregistered care workers with specialised dementia knowledge have been proposed, but not tested.

What this paper adds

- This research models how a new role might be configured for care workers with specialist dementia knowledge.
- Aged care facility leaders support a role for care workers with formal specialist dementia knowledge and skills, and perceive the role helps improve the quality of resident care and develop stakeholders' dementia knowledge.
- Appropriate communication and support structures are required for the effective establishment of the role.

Keywords: Dementia, nursing homes, professional role, qualitative research, quality of healthcare

BACKGROUND

The residential aged care workforce is under pressure to care for residents with increasingly complex health conditions and multiple comorbidities, particularly dementia.[1,2] However, dementia knowledge is typically low among the unregistered care workers who comprise 70% of the Australian aged care workforce and provide the majority of care.[3] Qualifications held by most Australian unregistered care workers vary in length and quality and often have limited dementia content.[4,5] Consequently, care staff are not equipped to meet the complex needs of residents with dementia and their families,[3,6,7] a key focus of the 2018–2021 Australian Royal Commission into Aged Care Quality and Safety.[8] New roles for unregistered care workers with specialised dementia knowledge have been proposed.[9] Such roles could capitalise on skills and experience obtained through work experience and training, and may help shift the focus from task-oriented care to more holistic person-centred care to enhance care quality.[9] With unregistered care workers and their care practices being central to such roles, they differ to – and yet may complement – other dementia-focused roles like that of specialist dementia nurses.[9]

To address knowledge and skill deficits that underpin poor practice and outcomes in aged care, the Bachelor of Dementia Care program was developed by the Wicking Dementia Research and Education Centre at the University of Tasmania in 2012.[10] This three year (full-time equivalent) online undergraduate program aims to develop students' knowledge of dementia, built from a comprehensive evidence-based focus ranging from the neuroscience underlying the causes and symptoms to the care of people with dementia. The program is typically undertaken part-time by students who are active in a range of paid and unpaid roles, including registered and enrolled nurses, care workers, and family carers. Unregistered care worker graduates from this course could potentially fulfil a new role in aged care: the Dementia Care Support Worker (DCSW), integrating direct care experience with comprehensive knowledge of dementia. Facilitating change in this sector is most effective when underpinned by strong organisational support and appropriate access to resources.[11] Therefore, this study aimed to explore facility leaders' expectations of the DCSW role and their perceptions of the impact of the role following a two year trial.

METHOD

DESIGN AND SETTING

This study forms part of a case study of implementation of this new role in one organisation. Facility leaders were a key focus of this study because of their whole-of-organisation perspective and responsibility for managing the delivery, rostering and assignment of tasks and personnel. A qualitative descriptive approach aimed to facilitate the production of 'data-near' findings from interviews with facility leaders to explore this new role in-depth.[12] The study setting was a large (>350 residents) not-for-profit Australian aged care provider with three sites in two cities for older adults with low-to-high care needs.

The role was initially conceptualised as a combination of leadership, support, and hands-on care work reporting to the Executive Director Clinical, with general supervision by facility managers. Support was also provided by a DCSW project team comprising the Executive Director Clinical, managers and coordinators representing each site, and a Research Fellow (first author). The role aimed to provide care and assistance with maintaining a comfortable environment for residents, specifically to residents with dementia, provision of mentoring and support to staff, and facilitation of evidence-based approaches to dementia care. The DCSW appointee was a recent female graduate aged in her 50s with approximately 10 years' experience working with people with dementia. Prior to the appointment, she had been employed as a care worker at the organisation and was the organisation's first staff member to graduate with a Bachelor of Dementia Care. The DCSW began working full-time in the new role in May 2017 (working two days/week in each local site, one day/week at the third site located in a different city). The role was funded by the aged care provider and the Masonic Centenary Medical Research Foundation

To examine leadership perceptions of the DCSW role, interviews were held at two time points: initial (n = 12) in July-August 2017 soon after the DSCW commencement and final (n = 11) in February-March 2019 at the end of the two year trial.

PROCEDURE

Sampling was purposive, with facility senior staff recruited based on their leadership position and dispersion across the three sites. Participants were recruited via email at two time points: soon after DCSW commencement and two years later. Six participants had either left the organisation or were on leave at the second time point and were not available for interview; in this situation, attempts were made to interview the current incumbent. Recruitment was discontinued at each time point when data saturation occurred, that is, when no new codes (data categories) were being generated from interview data.[13]

Semi-structured interview guides containing open-ended questions were developed. Initial interview questions focused on the perceived function of the DCSW role, anticipated differences between the DCSW and care worker roles, early engagement with the DCSW, and anticipated and early benefits. For example, questions included 'What do you see as the function of the new DCSW role for a care worker graduate of the Bachelor of Dementia Care?' and 'How does this new role differ from the usual care worker role?'. Final interview questions focused on the impacts and outcomes including staff knowledge and care practices, preparation for the role, and role continuation. For example, questions included 'How did you engage with the DCSW over the last two years?', 'What do you see as the benefits of this role?' and 'What are the weaknesses of this role?'. Prompts were used when required to encourage participants to provide greater detail.

Face-to-face interviews were held in the workplace of each participant in a private space. Interviews were conducted by a PhD-qualified female Research Fellow, with over 15 years' experience conducting interviews in community and aged care settings and an interest in aged care workforce development (first author). Some participants knew the researcher through the DCSW project team; however, the majority had no prior relationship, with participants' knowledge of the interviewer restricted to her place of work and the information provided through the consent process. Interviews were up to 50 minutes in length (range: 15-50 minutes, median: 24 minutes). They were audio-recorded and transcribed verbatim. Field notes were taken during and after each interview and member checking was used to explore accuracy of data; three participants took the option to review and verify their interview transcript. Demographic and work experience information was collected at time of interview.

ANALYSIS

Descriptive analyses were conducted of the demographic and work experience questionnaire items. Interview transcripts were managed with NVivo (version 11, QSR International). Analysis was conducted separately for interviews from each time point. Following familiarisation with the data set through reading and re-reading transcripts and note-taking, a series of codes were developed from line-by-line analysis of transcripts. Themes were generated from the data by grouping relevant codes together using an inductive approach. Minor and major codes were developed based on level of frequency of related codes. Codes related to the categories of challenges and recommendations for the role were grouped. To help establish credibility,[14] three (13%) of the transcripts were randomly selected for recoding by the last author. Inter-rater reliability (agreement between coders) was tested using this function in NVivo and rated as excellent (Cohen's Kappa = 0.78) across all nodes and transcripts.[15] Exemplary verbatim quotes are provided in the main text for the themes and categories, attributed to interviewees with an interviewee number.

ETHICS

Approval was received from the University of Tasmania Human Research Ethics Committee (Ref. No. 16630). Interested staff were provided with Information Sheets. The project was then explained to them by the Research Fellow, and all participants gave written informed consent prior to their inclusion in the study.

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RESULTS

Twenty-three interviews were conducted with 17 individuals, comprising 12 initial and 11 final interviews; six individuals participated in both interviews. Demographic characteristics are provided in Table 1. The highest education level of the participants varied, and around a quarter (23.5%) had a higher level of education than the DCSW's Bachelor's degree. All but three of the participants had undertaken some form of dementia education previously, such as online courses, attending public lectures and workplace education, including workshops (not reported in the table).

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Participant characteristics (N = 17)	n (%)
Gender and age	
Female	15 (88.2%)
Age (median, range)	52 (27-65)
Country of birth	
Australia	15 (88.2%)
Other	2 (11.8%)
Highest level of completed education	
Higher university degree (e.g. Honours, Graduate Diploma, Masters or PhD)	4 (23.5%)
Bachelor's degree	9 (52.9%)
Diploma/Associate degree	2 (11.8%)
Certificate or apprenticeship	1 (5.9%)
Secondary school	1 (5.9%)
Role and experience	
Manager (e.g. facility, executive, clinical)	9 (52.9%)
Registered or clinical nurse	6 (35.3%)
Supervisor	2 (11.8%)
Years of experience working with people with dementia (median, range)	13 (1-40)

Three major themes were generated from the analysis of expectations of the role: 1) Enhancing staff and management knowledge about dementia and dementia care practices; 2) Facilitating changes to improve care for residents living with dementia; and 3) Educating and supporting residents' families. There were two major themes and a third minor theme related to outcomes of the role: 1) Staff knowledge development; 2) Staff support and care development; and 3) Family support. A range of challenges and recommendations for the role were identified by participants.

EXPECTATIONS OF THE DCSW ROLE

Initial interviews revealed the primary issues that leadership staff felt the DCSW role could impact. The ultimate purpose of the DCSW was to facilitate delivery of quality care and improve quality of life for residents with dementia:

> *'We're looking to improve the care and the life of our residents… to strengthen the knowledge of our staff, and that can only come from the strength of the* [DCSW] *role'* (P12).

Expectation Theme 1: Enhancing staff and management knowledge about dementia and dementia care practices

The DCSW was expected to develop staff education sessions, provide mentorship, and support a team of Dementia Champions. Mentorship would be operationalised through being a role model for care workers and through direct engagement, *'working one-on-one…to guide others on the right way to deal with things'* (P6) and to *'play a role educating and mentoring people on the management team* [and] *administration… because everyone has touch points with people in dementia care'* (P11). It was hoped knowledge would change for all staff because *'we can't just keep doing what we're doing...I hope the change in how we approach dementia will be humungous'* (P4).

Expectation Theme 2: Facilitating changes to improve care for residents living with dementia

It was envisaged that the DCSW could give *'more individualised attention'* (P8), *'sit and observe how people* [staff] *are interacting with a person* [resident]*'* (P4) and conduct *'research on what works and what doesn't'* (P4), and that they were ideally positioned to *'put research into practice'* (P2). Secondly, the DCSW could encourage staff to implement and sustain evidence-based changes in care by: *'guid*[ing] *others along the 'right way' of dealing with things'* (P6); *'researching best practice and supporting staff to learn that best practice'* (P12); and demonstrating specific practices. Thirdly, as a mentor the DCSW could empower staff to initiate care improvements via enhancing their knowledge through a *'train the trainer model, teaching others along the way'* (P4).

Expectation Theme 3: Educating and supporting residents' families

Some interviewees noted the DCSW could play a key role in supporting residents' families, given *'our biggest challenge really…is to support and reassure families'* (P10). Interviewees suggested this could occur prior to admission, with ongoing support provided to address families' concerns.

> *'We've* [P5 and DCSW*] talked about working with family… so she* [DCSW] *can explain what to expect…give them some information and the time they need…'* (P5).

OUTCOMES OF THE DCSW ROLE

Leadership staff interviews held at the second time point offered the opportunity to explore the outcomes and challenges of the DCSW role towards the end of the two-year pilot. Data from the final interviews aligned with the outcomes that were anticipated in the initial interviews.

Outcome Theme 1: Staff knowledge development

Increased knowledge and expertise in dementia was one tangible benefit of the role. One interviewee noted how her own understanding of dementia had improved, as had that of other staff members: the DCSW '*answered my questions well so I can understand it easily, which is what people* [staff] *around here need*' (P9).

> *'This role is fantastic for on-the-job learning. That really fits our industry because there are so many challenges with learning and development. It's cultural as well…Aged care staff have tended to be spoon-fed with their learning and so there's not always an awful lot of self-directed learning, so turning that around'* (P17).

> *'I think that's a level of expertise that may not have been around 22 months ago. So I think it's trickling through'* (P8).

Outcome Theme 2: Staff support and care development

The DCSW role alleviated some workload pressures and improved approaches to changed behaviours. It was reported that the '[DCSW] *being available is fantastic; staff know she's there, they can save up an issue*' (P17). This additional support for staff provided by the DCSW role was evident from commencement of the role. One interviewee noted how:

> *'Having that extra person there for support is just great… Nursing staff are enjoying the fact that they can refer on to* [DCSW] *if they need to, because quite often it's us trying to manage the behaviour* [of residents living with dementia]' (P1).

> *'At the time they* [area] *only had one ECA* [care worker] *and one nurse, so it was quite hard to manage his* [resident's] *behaviour. They just did not have the time to offer him what he needed, so it was really good to just have* [DCSW] *there for that'* (P1).

The benefits of having an objective and big picture perspective were also noted:

> *'…if your unit's in a bit of a muddle and you're in the middle of it, it can be very hard to step back and say, 'Well, we need to do this, or this and this.' Whereas I think someone* [the DCSW] *can walk in and view it more objectively and come up with different ways of managing situations'* (P7).

There was also a perception that there was a shift from task-driven to a more person-centred approach:

> *'I saw a staff member taking an old fellow* [sic] *for a walk. They wouldn't have done that before* [DCSW] *came here. I think the staff are now feeling more comfortable in* [doing things] *like setting people's hair and sitting and talking to them. They're not so task orientated'* (P13).

The combination of care worker experience and the Bachelor of Dementia Care qualification for building dementia knowledge and improving care practices was a clear benefit.

> *'To have that person focused on people living with dementia has been very valuable, knowing that what we're putting in place is evidence-based practice…they're across all that more than anybody else in the organisation'* (P5).

Outcome Theme 3: Family support

Although a minor theme, the DCSW was reported to enable residents' family members to be better supported.

> '[DCSW] *is very knowledgeable and knows a lot* [and] *can speak to the residents' families if they don't know much about dementia. We can get* [DCSW] *to make an appointment and have a discussion around it…It has helped and got good feedback'* (P14).

CHALLENGES FOR THE ROLE

Integrating the new role into work processes also brought challenges and unmet expectations. One interviewee acknowledged that *'I don't know that staff here have felt as engaged with* [DCSW] *as they could have, which has been a bit of a shame'* (P7), while another noted that the DCSW could have been better integrated as *'a key part of the clinical team… valuable at a senior clinical review meeting, with senior clinical nurses, clinical leaders'* (P5). One staff member noted that '*there were issues with the commencement of the role in terms of not giving staff enough knowledge about the role and how it would work'* (P7). Compounding this, the DCSW was expected to work in three different sites, one of which was a three-hour drive away. The limited time available at each location presented '*a challenge to try and build relationships'* (P7).

The DCSW was expected to be able to translate their own knowledge of dementia into practice and to facilitate this process among other staff. Education of staff was considered difficult in a time poor, task-focused environment and required specific skills:

> *'Trying to educate them* [staff] *on the floor…can be a challenge, because as we know everyone learns differently, some people are more receptive to others'* (P5).

Interviewees acknowledged that the DCSW had moved from a role of care worker to a new, unique, dementia education and practice-focused role within a setting configured with a clear hierarchy; this raised the possibility of an *''us' and 'them'* [mindset], *between floor staff and the support worker role*' (P11). This interviewee suggested one way to overcome this could be to '*set the expectations from the onset that, 'I'm here to support you, I'm not here to come and tell you what's going on''* (P11).

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RECOMMENDATIONS FOR THE FUTURE OF THE ROLE

Interviewees all supported further role development, continuation, and expansion, providing the role structure met organisational need, was adequately established, and had clear expectations (see Table 2).

> *'…if we could at least have somebody for two days in a row or two days a week,* [they would] *just come in as a bit more of the supportive part of the team'* (P16).

They further noted the need for *'more role clarity about the reporting lines…really articulate the position description well, set some definite KPIs* [key performance indicators] *and a timeline'* (P17).

Finally, interviewees noted that attention to documentation and reporting of resident needs and changes to care was required to ensure that observations and recommendations could be more readily captured and acted upon. They suggested that tools such as templates may assist with guiding the level of detail needed.

DISCUSSION

Improving dementia knowledge of care staff is an essential first step in driving improvements in care quality,[1,3] and establishment of new career pathways to upskill unregistered care workers with specialist dementia knowledge is a key strategy to driving such improvements.[9] However, changing staff practice in aged care settings is complex as practices are often configured in accordance with ritual and tradition.[16-18] Strong organisational support, such as that provided by managers, together with adequate resources is essential.[2,11,17,19]

This study highlighted the readiness of senior staff to identify resource gaps that this role might fulfil,[3] although further role clarification is warranted to ensure the functional fit of the DCSW. Similar challenges related to role clarity, role identity and establishment of new relationships with colleagues have been seen in other examples of role transition in healthcare, such as clinical nurse to the legally protected role of nurse practitioner.[20,21] A major benefit of the DCSW role was influencing care workers to develop their dementia knowledge. As a care worker leader working with her peers, the DCSW engaged in an informal pedagogy: an approach which has shown promise as an effective communication strategy.[22] This quasi peer-to-peer approach may reduce the cultural constraints that act as barriers to education and knowledge uptake among this cohort.[19,23,24]

TABLE 2: PARTICIPANTS' RECOMMENDATIONS FOR THE DEMENTIA CARE SUPPORT WORKER ROLE

Theme	Key descriptors
Role structure	• Carefully consider the role structure • Two or more days per week at each site, possibly consecutive days, may facilitate team building • Job-sharing may be appropriate in some situations, particularly where sites are geographically dispersed (potential advantages: facilitate brainstorming, decrease professional isolation; potential disadvantages: part-time hours will suit some but not everyone)
Communication, teamwork and leadership to effectively engage with staff and residents	• Build relationships with managers and staff through formal (e.g., meetings) and informal means (e.g., notifying unit supervisors on arrival) from role commencement • Leadership skills to initiate and implement new interventions and care practices • Skills to facilitate education of staff in a challenging environment (e.g., how to facilitate short toolbox sessions, how to educate staff while they are carrying out their daily tasks, demonstrating new care practices and leading by example) • Automatic referral to the DCSW[a] when people with a diagnosis of dementia are admitted to the care facility may be a useful approach to ensure the DCSW is aware of residents that may need support
Clarity of scope and management of role	• Scope of role and activities clearly outlined in the Position Description • Reporting lines clearly outlined in the Position Description, with consideration to streamlining management • Key Performance Indicators and associated timeline may be useful for driving and monitoring performance
Promotion of role	• Whole-of-organisation promotion of DCSW's knowledge base (qualifications), role purpose, expected activities, and when and how to engage with DCSW, beginning prior to or from commencement of role
Knowledgeable about dementia	• Detailed knowledge of dementia and understanding of aged care provided by the Bachelor of Dementia Care degree • Evidence-based knowledge to support new approaches to care • Ability to share information about dementia in a manner appropriate to the audience
Documentation skills	• Detailed documentation in resident files and regular reports may assist with delineating key issues, strategies and outcomes related to individual residents and broader care interventions • Detailed weekly-monthly reports may be useful to monitor and promote DCSW activities • Tools such as templates may be useful for guiding the level of information needed to input into resident care plans and regular reports

[a] Dementia Care Support Worker

Nevertheless, consistent with others,[25,26] our findings also reveal that having a care worker in a leadership role may challenge hierarchical power relations, and experienced care worker colleagues may see the DCSW role as an impost on their status.[27]

Given the ongoing high level of staff turnover in aged care,[9,28] the successful introduction of new roles like the DCSW will depend on staff understanding the purpose of the role and its likely impact on their work. Successful integration of DCSW activities into the current operating structure will require clear communication, active promotion, tangible support, and defined performance indicators. These are all necessary mechanisms to enhance communication and relationships between staff from different roles and departments in aged care.[2]

Knowledge translation was perceived to be central to the DCSW role despite the challenges this often presents in residential aged care.[24,29] While modelling evidence-based practice was one useful approach adopted by the DCSW, expertise in leadership, teamwork, communication, documentation, and reporting were necessary attributes that were less well developed. For example, 'short burst' learning has been found to be suitable and useful in this setting for improving staff knowledge and attitudes towards people with dementia.[30] Such skills are not usually associated with typical care worker roles and may need further development via the Bachelor of Dementia Care qualification.

Poor resourcing is a major barrier to change in aged care,[17,19] and our findings show the perceived effectiveness of the DCSW was associated with complementing the existing workforce with an additional resource. However, the expectations placed on the DCSW, with responsibilities across three geographically-dispersed sites, were unrealistically high.[2] While clear benefits of the role were tangible, a single resource was insufficient to address all needs.

In addition to the study findings specific to implementation of the DCSW role in one organisation, there are broader issues to consider that would likely act as barriers to wider uptake of the role. Firstly, there are the financial and time constraints faced by individuals working in relatively low paid care worker positions (despite recent salary increases), which means that undertaking a Bachelor of Dementia Care degree course may not be possible. Commonwealth support may be one way to partially overcome these constraints, with full Higher Education Contribution Scheme (HECS) fee waivers currently available to study this course up to a Diploma level. Fee waivers could potentially be extended to the full Bachelor course in future, perhaps as one strategy to help meet the Royal Commission into Aged Care Quality and Safety recommendations for aged care workforce dementia education and training.[31] Secondly, if salary remains low for care workers who have undertaken a Bachelor of Dementia Care or similar qualification and workers are not appropriately recognised or supported, these will act as a disincentive for role uptake. Policy changes, salary and financial support, and making the DCSW position registrable are some strategies which may help to establish the role.[9] Regulation of aged care workers under a National Worker Registration Scheme is imminent in Australia, in line with recommendations from the Royal Commission.[31,32] Monitoring of the implementation, effectiveness and impact of this scheme on recruitment of skilled and knowledgeable staff equipped to provide person-centred care for people with dementia will have implications for registration of any future DCSW role.[32,33]

LIMITATIONS

The study focused on the first DCSW in one organisation, albeit across three sites, and addressed specifically the perspective of senior leadership staff who have responsibility for staffing and operations. Qualitative research studies such as this emphasise data depth,[13] allowing rich data to be drawn from a smaller group of participants. Data reached saturation, demonstrating the salient issues were detected.[13] Piloting the role in other sites with different DCSW staff and different facility profiles will further elucidate its potential and challenges. For example, this would enable exploration of the impact of factors such as the personal characteristics of the person in the DCSW role and the culture of the aged care organisation on the success of the role. Piloting the role in other sites would also help to overcome an additional potential limitation of the study, namely that the final interview data were collected over four years ago. However, the need for and the issues associated with such a role remain pertinent.[34,35]

Exploration of outcomes were limited to the observations of senior leadership staff given the short time frame and the emergent and evolving nature of the role. The knowledge translation potential of the role warrants further investigation. It is likely that the DCSW role would need to be well-defined and firmly integrated and supported within an organisation and wider aged care sector to facilitate real knowledge translation, given the complexities involved.[11,16] Otherwise, the role may be at risk of being viewed as a relatively simple extra resource to a suite of very complex issues, including multiple deficiencies in staff workload models, training and preparation.[2]

CONCLUSION

This study found that a DCSW role for an experienced care worker with graduate qualifications in dementia was considered by senior leadership staff to be of value in residential aged care. In the context of the need in residential aged care for improved dementia knowledge and evidence-based practice,[3,6,7] the DCSW role was found to have the potential to improve staff and family awareness of dementia and resident care. Additional research and piloting of the role is required to investigate whether – with adequate support structures in place – the DCSW role could represent a new career pathway for unregistered care workers. In this way, the potential of this type of role to complement and fill a gap between care worker and enrolled or registered nurse could be explored, which could address the need for aged care organisations to build and reshape their workforce to be more innovative and highly skilled.[9] A future can be envisioned whereby such roles, supported by policy changes to increase salary and financial support via the funding instruments applied to the residential aged care sector, are a registrable qualification.[9]

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