Committee Secretary
Senate Select Committee on the future of Australia's aged care sector workforce
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Submission to the Senate Select Committee on the future of Australia's aged care sector workforce.

Thank you for the opportunity to make a submission to the Senate Select Committee on the future of Australia's aged care sector workforce. My name is Jennifer Davis and I am a Registered Nurse, Registered Midwife and Health Information Manager, currently Senior Lecturer with James Cook University Townsville, Queensland. My submission is based on the outcomes of an 18-month Department of Social Services funded project completed in 2015 examining interventions to improve older people's access to health care, and my own PhD examining the policy and operational interface between aged care and health care in Australia.

Aged care in Australia historically included hostels and nursing homes with a predominant nurse staffing profile and functioned under medical models resembling clinical hospital environments. The *Living Longer Living Better* (LLLB) reforms (2013) signalled a shift in aged care policy towards consumer directed social models of care to support older people to remain living in their home environment. Conflict exists between the new aged care policy direction (e.g. healthy, active, independent, enabling, consumer focused care) and the traditional operation of aged care services (e.g. frail, dependent, disabling, institutional based care). In the context of current reforms, cross-sector tensions exist where the role and expectations of aged care are unclear, perceived to be unmet or seen as failures. These historical expectations remain such that aged care and the aged care workforce is poorly understood by other care sectors, health professionals and the broader community; particularly families.

This submission addresses the following terms of reference:

- **a.** The current composition of the aged care workforce;
- **b.** Future aged care workforce requirements, including impacts of sector growth, changes in how care is delivered, and increasing competition for workers;
- **c.** The interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out;
- **d.** Challenges in attracting and retaining aged care workers;
- **e.** Factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths;
- **h.** Relevant parallels or strategies in an international context;
- **i.** The role of government in providing a coordinated strategic approach for the sector;

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This response addresses term of reference a; the current composition of the aged care workforce.

The composition of the aged care sector workforce includes regulated health professionals (e.g. registered nurses, enrolled nurses) and unregulated workers (e.g. personal care workers, assistants in nursing). The aged care sector workforce composition is increasingly unregulated, with declining numbers of nurses with ongoing concerns about sector capacity to meet increasing service demand, workforce numbers and consumer expectations. The aged care sector workforce is poorly defined and not well understood by other care sectors, health professionals operating outside the sector, and the broader community.

These factors demonstrate the need for greater clarity in defining the roles and expectations of the aged care sector workforce, including regulated and unregulated workers.

This response addresses term of reference b; future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers.

Older Australians requiring aged care services are increasingly the oldest-old (85 years and over), with multiple, complex co-morbidities, and higher acuity healthcare needs. Higher care needs associated with dementia and cognitive impairments for example, also more commonly associated with unpredictable health fluctuations that require frequent assessment and timely review of care needs. These aged care client characteristics demonstrate the need for expert aged care nursing knowledge and practices, however the Australian aged care sector is challenged by low skill mix (low proportion of registered nurses [RNs], high staff turnover and workloads, and limited access to medical doctors (GPs). Existing nursing workforce shortages are exacerbated in regional, rural and remote aged care settings.

The Australian aged care sector operates in a policy environment focused on consumer directed, social models of care, however is also heavily reliant on timely access to health care to meet the complex care needs of an increasingly frail older population. The GP workforce is ageing and there are declining numbers of GPs with an interest in servicing the aged care sector due to poor remuneration, time constraints, complex systems, concerns about staffing numbers, low skill mix and quality of care. Declining access to GP services places additional pressure on the aged care workforce, particularly nurses, and limits access to primary care. Limits to GP access often results in the transfer of care to other settings (e.g. hospitals) and can lead to poorer outcomes for older people (e.g. complications associated with hospitalisation).

The aged care sector policy environment is changing models of care, staffing profiles and increasing expectations for a broader range of community care options for older people. Increasing service demand and consumer expectations have exacerbated existing workforce pressures, service access and distribution issues. These challenges have highlighted the inflexible nature of existing systems of care and the limited capacity for the community sector to respond in a timely manner to shifts in policy and increasing service demand.

These factors demonstrate the need for more flexible, integrated and multidiscipline care models delivered across sectors (aged care and health care) shown to improve outcomes for older people. Flexible and mobile models of care can be enabled by a more generalist workforce however, will require legislative change and will challenge existing professional roles and

boundaries. There is a need for aged care sector workforce optimisation, for example advanced aged care nursing roles (e.g. nurse practitioners) akin to those operating in international contexts designed to improve access to primary care and reduce the need for the transfer of care to other settings (e.g. hospitals).

This response addresses the term of reference c; the interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out.

The expansion of community based aged care services amidst broader community service sector growth (e.g. NDIS) will exacerbate increasing cross-sector competition for unregulated workers (e.g. personal care attendants). There are increasing, often unrealistic expectations for unregulated workers to undertake clinical tasks and roles without an appropriate level of professional support, education and training. However, a simplistic 'one size fits all' approach to address increasing workforce demands will not meet the care needs of these diverse clients, including older people. Despite the shift to consumer-directed social models of care, approaches to aged care sector workforce education and training are largely based on medical models and clinical tasks.

These factors demonstrate the need to review the education and training of the aged care workforce to meet demand for consumer-directed social models of care.

This response addresses term of reference d; challenges in attracting and retaining aged care workers.

Existing challenges in attracting and retaining aged care workers will be exacerbated by increased competition from expanding community care sectors, unclear workforce expectations and role boundaries, and a lack of career pathways. The Australian aged care sector is perceived to be unattractive by nurses and GPs (as providers of primary health care) due to the poor image of aged care, poor remuneration, and continuing concerns about funding, staffing levels and quality of care. The aged care sector has specific challenges associated with an ageing nursing workforce, difficulty recruiting and retaining experienced nurses, unprecedented numbers required, and quality of staff required to meet increasing demand and higher expectations of an ageing population. Aged care sector workforce instability negatively impacts care coordination and continuity of care, access and relationships with GP's, and access to other secondary healthcare providers (e.g. hospitals).

These factors demonstrate the need to address anomalies associated with remuneration, role expectations and career pathways for the aged care sector workforce.

This response addresses term of reference e; factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths.

The aged care client profile is changing. Older people requiring aged care services (residential and community) are increasingly older, with complex co-morbid conditions and higher care needs including mental health and behavioural challenges. For this group, aged care necessarily

requires timely access to health care. There is a recognised need for specialist knowledge and skills particularly in relation to dementia and end of life care, yet the aged care sector workforce is poorly remunerated compared to other settings.

The aged care sector is perceived to be unattractive to nurses due to poor remuneration and concerns about funding, staffing levels, skill mix, limited opportunity for maintaining skills, lack of access to education and training, and career pathways. The aged care sector work environment is highly government regulated, time pressured, risk averse and poorly integrated with other care sectors (e.g. health, disability). Words used to describe the aged care work environment emerging from my research were commonly of a lack of caring, difficult, unattractive, fearful, punitive, and a compliance culture. The nature of the work environment does not support skill maintenance or development, with a reported lack of professional support and career pathways. There is a lack of support and mentoring programs for graduate and undergraduate nurses to work in the aged care sector and impacted by declining numbers of experienced registered nurses available to act as mentors and career role models.

Staffing skill mix and ratios are variable across the aged care sector, with increasing reliance on unregulated workers and differences between public, not for profit and private providers. While carer substitution (e.g. personal care attendants for nurses) can create a flexible workforce, it also contributes to role confusion, blurring of professional boundaries and negatively impacts quality of care. Poorly communicated aged care workforce restructure and redesign also contributes to unrealistic client and family expectations, particularly about access, funding and type of care available in both residential and community aged care settings.

Lack of standardised education and training and the unregulated nature of the personal carer workforce creates role confusion, unclear roles and responsibilities, and represents a risk in terms of quality of care. Education and training traditionally provided in a train-the-trainer model in aged care settings is susceptible to loss or availability of key staff and variable training skills. Education and training costs limit access to further training in combination with the insecure nature of employment (e.g. casual/part-time/contract). The nature of the aged care sector work environment and funding constraints act as barriers for employers to invest in their workforce. The insecure, part-time and casual nature of the work has significant flow on effects for the predominantly older and female workforce in terms of their capacity for accumulation of leave and superannuation.

Nurses working in aged care report feeling deskilled and disempowered, with an underutilised scope of practice and a conflicted duty of care between consumer-directed care and client rights in decision-making, and employer business models operating in competitive markets. There is an increasing focus on nursing as non-clinical administrative roles to meet documentation, regulation, and financial targets (e.g. maximising ACFI).

These factors demonstrate the need for an aged care sector workforce development funding and a national standardised approach to education and training, particularly unregulated workers. The aged care nursing workforce (registered and enrolled nurses) is currently underutilised and have limited professional support or career pathways. Advanced practice nursing roles such as nurse practitioners in aged care need to be developed and supported through legislative change, acting as incentives for nurses to consider a career in aged care and help retain experienced nurses in the sector. There is a need to leverage existing aged, community and health care sector relationships and networks to develop flexible graduate

nurse programs, for example involving cross-sector rotations through acute, primary, community and aged care settings.

This response addresses term of reference h; relevant parallels or strategies in an international context.

The Australian aged care sector faces similar challenges to those in international settings reported as unattractive, poor image, lack of status, concerns about funding, staffing levels, and quality of care. International strategies have included workforce optimisation through advanced practice roles (e.g. aged care nurse practitioners) and cross-sector 'boundary spanning' roles for health professionals (e.g. aged/community, primary/secondary health). These international roles have been developed to improve access to primary care, communication and information exchange, and reduce the need for transfer of care to other settings.

This response addresses term of reference i; the role of government in providing a coordinated strategic approach for the sector.

In the Australian context, challenges to a coordinated strategic approach for the sector relate to multiple cross-sector funders and providers (3 levels of government, not-for-profit, and private), complex administrative processes and division of responsibilities. That is, federally funded aged care and primary care sectors and state/territory government responsible for health care delivery. Cross-sector systems of aged, community and health care remain siloed and institutionally based and not truly consumer-centred. There are growing expectations for the aged care sector to manage the acute health care needs of older people where they are living, highlighting a lack of system understanding and unrealistic expectations of current aged care workforce capacity and resourcing, including access to GPs.

Consumer expectations for greater choice an autonomy in decision-making requires system flexibility. Improving cross-sector service integration requires both a top-down national policy approach and a bottom-up national workforce approach to encourage more flexible service delivery models to meet the needs of older people. Community based service delivery needs to be locally developed, flexible and mobile – physical immobility and access to transport being major access barriers to care for older people. The development of multi-disciplinary teamwork and integrated care models (e.g. as recommended as part of Primary Health Networks) need to include strong upstream (acute health) and downstream (community and aged care) collaboration.