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SUBMISSION TO THE SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY

THE FUTURE OF AUSTRALIA'S AGED CARE SECTOR WORKFORCE

March 2016

EXECUTIVE SUMMARY

This submission from Alzheimer's Australia is made in response to the Senate Community Affairs References Committee Inquiry into the Future of Australia's Aged Care Sector Workforce.

The provision of quality aged care and support in a suitable environment is a central human right. The United Nations Principles of Older Persons states that: "Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care, or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives."[1]

These principles are applicable to all older people accessing residential and home-based aged care in Australia, including people with dementia.

The prime consideration in developing strategies relating to the aged care sector workforce must be the role of the workforce in ensuring access by older people, including people with dementia, to high quality community and residential aged care services.

The number of older Australians with dementia is growing exponentially, and the core business of both residential and home-based aged care services increasingly includes providing care to people with dementia. As the prevalence of dementia increases in our community, it is critical that all aged care services are well equipped and motivated to provide safe, high quality care for people with dementia, as part of their core business.

The aged care sector workforce is a critical element in the provision of quality services, and this workforce must be available in the future in sufficient numbers, and at a high quality.

There are currently significant threats to the availability and quality of the future aged care sector workforce in Australia. Although much greater numbers will be needed in the future, the current workforce is itself ageing, and services are already experiencing difficulty in filling vacancies. At a time when the number of people needing access to aged care services is increasing, and the acuity of care required is also increasing, ratios of direct care staff to residents in aged care services are often decreasing, and the number and proportion of qualified nursing staff positions in aged care, particularly residential care, has fallen dramatically. Alzheimer's Australia is concerned that these trends are already impacting on the quality of care offered to some of the most frail and vulnerable people in our community, and that the situation has the potential to worsen in the future as demand pressures increase.

To ensure quality care, management in aged care services must be committed to person-centred high quality care, and services must have adequate numbers of skilled, qualified staff. The workforce must have the appropriate education and training, skills, and attributes to provide quality care for older people, including people with dementia, who frequently have complex care needs. To attract and maintain the right workforce, improved pay and

[1] Cited in Alzheimer's Australia (November 2013), Paper 37: *Quality of residential aged care: The consumer perspective* p 8.

conditions and appropriate career paths will be needed. Funding arrangements must support the delivery of quality aged care by an adequate and appropriately educated and skilled workforce, and fostering of leadership development will be vital in ensuring positive care cultures amongst aged care providers.

Alzheimer's Australia makes the following recommendations in relation to Australia's aged care sector workforce:

- Recommendation 1: A focus on ensuring access to high quality, appropriate aged care services by older people, including people with dementia, must be the primary consideration in all strategies relating to the future of Australia's aged care sector workforce across the range of care environments including all forms of community and residential care.
- Recommendation 2: A comprehensive aged care workforce strategy is required to identify and address current and future workforce supply and quality issues. The strategy should include consideration of new models of care and innovative uses of technology.
- Recommendation 3: To ensure quality and safety in residential aged care, mandated minimum ratios of staff to residents, and mandated minimum levels of qualified nursing staff, are required; including a requirement for all stand-alone residential aged care facilities to have a Registered Nurse on site at all times. Funding arrangements for aged care should support appropriate staff ratios and skill mix.
- Recommendation 4: A cohesive, structured and integrated national approach to dementia education and training is needed, including minimum standards for education and training for those working with people with dementia. This approach should include a focus on leadership and cultural change at organisational level, to maximise opportunities to translate learning into improved practice. The approach should be supported by government and by the aged care industry, and focus on achieving sustainable changes to practice which lead to better outcomes for people living with dementia.
- Recommendation 5: Given that the values, attitudes, and behaviours of direct care staff are critical in ensuring a culture of commitment to high quality, person-centred care, education and training for aged care personnel should go beyond the technical, to embrace social, emotional, and cultural values, and foster emotional intelligence.
- Recommendation 6: Remuneration for all staff in the aged care sector should be aligned with that for similar roles in other sectors including acute health care; and clear career paths should be developed and implemented for nurses and other workers in the aged care sector. Funding arrangements for aged care should support appropriate remuneration and career paths.

These recommendations align with the recommendations of the *National Framework for Action on Dementia 2015-2019*, which include the provision of person-centred care for people with dementia and their families and carers, delivered by a skilled and knowledgeable workforce[2]. They focus the provision of high quality, comprehensive and flexible support to consumers, in line with the Government's focus on consumer-directed care and choice.

[2] *National Framework for Action on Dementia 2015-2019,* p.15.

DEMENTIA AND AGED CARE

Dementia in Australia

Dementia is a complex chronic condition caused by one or more of a large number of illnesses affecting the brain. It is a terminal and devastating condition that affects people's abilities and memories.[3] It is cloaked in stigma and misunderstanding,[4] isolates people with dementia and their carers from social networks,[5] and carries significant social and economic consequences.[6]

The care and support of people with dementia is one of the largest healthcare challenges facing Australia. It is estimated that there are now more than 353,000 Australians living with dementia and over a million people involved in their care; and that by 2050 there will be nearly 900,000 people with dementia[7]. Each week there are 1,800 new cases of dementia in Australia, and this is expected to increase to 7,400 new cases each week by 2050[8].

Dementia has an enormous impact on the health and aged care system, with the cost of dementia to these sectors calculated to be at least $4.9 billion per annum[9]. Dementia also has a profound social impact. People with dementia experience stigma and social isolation[10], and family carers often find it difficult to balance work, life and caring responsibilities[11].

Many of us will be diagnosed with dementia over the years ahead, or will have loved ones faced with the diagnosis. As our population ages, and as more of us survive the diseases of mid-life, more of us – both in terms of raw numbers, and as a proportion of the population – will experience dementia. The Framingham Study has found that for those of us who reach the age of 65 without having developed dementia, the risk we have of developing dementia in our remaining lifespan is 20% for women and 17% for men[12]. The higher lifetime risk for women is mainly due to women's longer life expectancy.

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[3] Mitchell, S. et al. (2009). The clinical course of advanced dementia. *The New England Journal of Medicine, 361*, 1529-38.
[4] George, D. (2010). Overcoming the 'Social Death' of dementia through language. *The Lancet, 376,* 586-7
[5] Blay, S., & Peluso, E. (2010). Public stigma: The community's tolerance of Alzheimer's disease. *American Journal of Geriatric Psychiatry, 18*(2), 163-71.
[6] Australian Institute of Health and Welfare (2012) *Dementia in Australia.*
[7] Australian Institute of Health and Welfare (2012) *Dementia in Australia.*
[8] Access Economics (2009) *Keeping Dementia Front of Mind: Incidence and Prevalence 2009-2050.* Report for Alzheimer's Australia.
[9] Australian Institute of Health and Welfare (2012) *Dementia in Australia.*
[10] Alzheimer's Australia (2014) *Living with Dementia in the Community: Challenges and Opportunities*
[11] Brooks D, Ross C, Beattie E (2015). *Caring for Someone with Dementia: the economic, social and health impacts of caring and evidence-based support for carers.* Report for Alzheimer's Australia.
[12] Sehadri S, Belser A, Kelly-Hayes M, Kase CS, Au R, Kannel WB et al, (2006). The lifetime risk of stroke: Estimates from the Framingham Study. *Stroke*; 37 (2):345-50; cited in Alzheimer's Association (USA) *2013 Alzheimer's Disease Facts and Figures* p 19. www.alz.org/downloads/facts_figures_2013.pdf

Given the high and ever-increasing prevalence of dementia, and its correlation with age, it is critical that aged care services are equipped and motivated to provide high quality, appropriate care to people with dementia.

Dementia and aged care services

Estimates by the Australian Institute of Health and Welfare (AIHW) indicate that 30% of people with dementia lived in residential aged care in 2011, while 70% lived in the community.[13] Provision of comprehensive community based support, and appropriate, high quality residential care are therefore both critical to meeting the needs of people living with dementia.

Dementia should be core business for aged care, but there is evidence that the needs of people with dementia are not being fully supported through current mainstream aged care services. While many people may receive good care, unfortunately there are also many instances where this is not the case. There are particular concerns regarding residential aged care, where Alzheimer's Australia receives reports from consumers about physical, psychological, and sexual abuse, inappropriate use of restraints, unreported assaults, and people in extreme pain at end-of-life not having access to palliative care.[14] International evidence suggests that similar concerns also apply to care provided in the community, though less research has been undertaken in Australia in this area.

People with dementia will always need to be supported by mainstream services. However, specialist support services may also be needed, including those that build capacity in mainstream aged care services to help staff identify and proactively address unmet needs which can lead to the manifestation of behavioural and psychological symptoms of dementia (BPSD). It should be acknowledged that a lack social engagement, deficits in appropriate clinical care, inadequate treatment of pain, or a range of other environmental, physical and social deficits can lead to BPSD. A focus on domains of well-being and person-centred care, and a proactive approach through education and culture change to better meet the needs of people with dementia, offer significant scope to improve well-being and reduce the need for medical intervention in relation to distress exhibited by the person with dementia. An approach is needed that combines building capacity in mainstream services to provide quality care for people with dementia, along with the integration of specialist dementia services to support mainstream services where required.

A recent analysis noted calls for cultural change in parts of the aged care sector, so that dementia capability, including behaviour management, is accepted as part of core business and an essential in-house capability, rather than a discrete expertise or specialty area.[15]

Demand is growing at a faster rate than the supply of aged care services. It seems inevitable that vulnerable, resource-intensive consumers, including people with dementia and especially those with more complex care needs, will lose out if we rely solely on market

[13] Australian Institute of Health and Welfare (2012). *Dementia in Australia.*
[14] Alzheimer's Australia (2013). Paper 37: *Quality of residential aged care: The consumer perspective* p 4. https://fightdementia.org.au/sites/default/files/20131112_Paper_37_Quality_of_Residential_Aged_Care.pdf
[15] KPMG (2015). *Analysis of dementia programmes funded by the Department of Social Services.*

forces to drive access and quality. Vulnerable groups, such as those with severe BPSD, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds, are likely to be adversely affected. Measures are needed throughout the system to ensure that that does not happen.

While market forces have the potential to drive access and quality where there is competition and transparent information, in many areas of Australia (and especially in rural and remote areas) there is little or no choice of service providers or residential aged care facilities. This can make aged care consumers and their families afraid to complain about service quality, and unable to change to other services. Where there is no choice, and very limited information for consumers about differences in quality between services, there is no market to drive quality improvement. In addition, even where there is more service availability, the choice of service models may be very limited and not meet the needs of all individuals.

Private aged care service providers, along with public providers, must be required to play their part in a holistic aged care system that caters to both the market-empowered and the vulnerable. It is critical that policy settings are in place to ensure an appropriate balance between profit and community responsibility.

DELIVERING QUALITY AGED CARE FOR PEOPLE WITH DEMENTIA

Quality in both community and residential care

We know that most consumers want to stay at home and live in their community for as long as possible. This has benefits for their own quality of life and avoiding or delaying admission to residential care, where this is appropriate, is also far more cost effective for the community. As noted above, about 3 in 10 people with dementia live in residential aged care homes, while 7 in 10 live in the community. It is therefore critical that both community and residential aged care services can offer quality care for people with dementia.

Community-based aged care services (in conjunction with other services, including general practice and primary healthcare) need to deliver holistic care that enables people with dementia to remain living at home for as long as possible, where this is the person's preference. This must include measures such as support for carers, support for social engagement including volunteering, and access to flexible respite care including overnight care.

In the case of residential care, the key to good care is ensuring access to meaningful social engagement, support to remain as independent as possible and a flexible approach to providing the best possible care for the individual resident.

Elements of quality care for people with dementia

The role of the aged care workforce is ultimately to provide quality care for care recipients and in considering aged care workforce issues, it is therefore important to understand what quality care involves. Key elements of quality aged care services for people with dementia include:

Informed choice by consumers: Consumers must be empowered to make informed choices about the support and care they need, and their rights must be respected. Genuine consumer directed care for people with dementia can be delivered only when consumers and carers are enabled to be partners in the decision-making process, despite the challenges this may present. According to the Australian Commission on Safety and Quality in Healthcare,[16] effective partnerships with consumers and carers exist when they are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers and carers choose.

Person-centred care: Person-centred care is underpinned by a philosophy which "brings into focus the uniqueness of each person, respectful of what they have accomplished and compassionate to what they have endured". Person-centred care means that people with dementia and their carers must be valued; they must be treated as individuals; the perspective of the person with dementia must inform our understanding; and the person's social environment must be attended to because of the fundamental importance of relationships in sustaining personhood.[17] Person-centred care must be the basis upon which all aged care services deliver care, including to people with dementia.

Access to meaningful social engagement: Residential care often has a focus on meeting the clinical care needs of residents and the social and spiritual needs of residents can be neglected. In order to support a high quality of life it is essential that people with dementia have access to opportunities for social engagement that are tailored to their interests, abilities and preferences. Often people with dementia experience depression or other psychological symptoms in residential care because of lack of appropriate social engagement.

Carer support: Carers must be supported, listened to, and encouraged to play as full a part in the consumer's care as they and the care recipient wish. Links need to be made to support services, and support should be provided to carers when a bereavement occurs.[18]

Measures to prevent inappropriate use of restraint: The inappropriate use of physical and chemical restraint, particularly in residential care, but also in community settings, is a significant issue of concern for people with dementia and their families. Physical restraint can cause a range of adverse psychological and physical effects, and research has shown that overall physical restraints do not prevent falls, and may in some cases cause death. Clinical guidelines indicate that physical restraints should be an intervention of last resort. Legal representative should occur wherever possible prior to

[16] Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 2: Partnering with Consumers (October 2012). Sydney. ACSQHC, 2012.
[17] Hughes J (June 2013), Alzheimer's Australia Paper 35, *Models of dementia care: Person-centred, palliative, and supportive,* p 9.
[18] Alzheimer's Australia (November 2013), Paper 37: *Quality of residential aged care: The consumer perspective* p 32.

restraint being applied[19]. In addition, about half of people in aged care and about 80% of those with dementia are receiving psychotropic medications, although this varies between facilities. There is evidence to suggest that in some cases these medications have been prescribed inappropriately. Psychotropics are best used only where there is severe and complex risk of harm, where psychosocial interventions have been exhausted, or where there are co-morbid pre-existing mental health conditions. Informed consent for their use must be obtained where possible from the person or their carer/substitute decision-maker.[20] It should also be noted that improved engagement with the person and a greater focus on their well-being may reduce the need for chemical restraint.

Appropriate end-of-life care: Being able to access appropriate care at the end-of-life is a critical factor in a more dignified death, and this is an important element of quality care, particularly for residential aged care services. Alzheimer's Australia has concerns about the current capacity of the aged care system to provide quality care for people with dementia at the end-of-life. Aged care providers should encourage residents to complete advance care plans as soon as appropriate. Providers should also work with residents and their families/carers to develop a palliative care plan; and support staff to receive additional training on palliative care supports, and on the legal rights of people at the end-of-life.

All staff in aged care should be educated and trained in these areas, to ensure they are equipped to deliver quality care for people with dementia, who make up a growing proportion of care recipients.

The importance of standards in ensuring quality care for people with dementia

Issues relating to quality in aged care, and the role of the aged care workforce in delivering quality, should be considered in the context of the importance of standards of care in ensuring quality. Standards provide the settings that encourage the cultural change that is required to deliver better care for people with dementia, including the need for organizational commitment and leadership development.

From a consumer perspective, the accreditation process has served to reassure consumers that over time, aged care providers offering unacceptable levels of care will be dealt with. However, knowing that a service is accredited does not help consumers to ascertain whether the provider is delivering high quality care or just passing minimum standards for accreditation. In addition, many consumers believe that the accreditation process involves significant red tape which impacts on staff time for care of residents, and which does not necessarily focus on better outcomes for residents[21].

[19] Peisah C, Skladzien E (March 2014), Alzheimer's Australia Paper 38: *The use of restraints and psychotropic medications in people with dementia*, p 7.
[20] Peisah C, Skladzien E (March 2014), Alzheimer's Australia Paper 38: *The use of restraints and psychotropic medications in people with dementia*, p 8.
[21] Alzheimer's Australia (November 2013), Paper 37: *Quality of residential aged care: The consumer perspective* p 15.

Alzheimer's Australia supports moving away from the approach of accepting a minimal quality standard for aged care provision as this can lead to providers opting for a "lowest common denominator" of quality. The system should encourage a high standard of quality, underpinning the delivery of "supportive care", which involves:

> "a full mixture of biomedical dementia care, with good quality, person-centred, psychosocial and spiritual care under the umbrella of holistic palliative care throughout the course of the person's experience of dementia, from diagnosis until death, and for families and close carers, beyond."[22]

Informed decision-making by all consumers, including those with dementia along with their carers, should underpin quality standards and processes for aged care services. It is imperative that there is transparent measurement and reporting of quality indicators including consumer experiences in residential care to assist in providing consumers with information to make choices about residential aged care facilities. Quality standards should also be continually strengthened to drive continuous improvement.

There are good models of innovation in other sectors that can inform quality improvement in the aged care sector. One example is the Dementia Care in Hospitals Project (DCHP). Hospitals can be confusing and dangerous places for people with dementia. The unfamiliar environment of the hospital can cause confusion and distress and may lead to an increase in behavioural and psychological symptoms, and poor communication can contribute to poor outcomes. DCHP is a national project based on a model developed by Ballarat Health Services in conjunction with Alzheimer's Australia Victoria and people with dementia and their families. It has been implemented in over 20 hospitals across Victoria, and is now being piloted at a further four hospitals nationally. This approach, based on staff education and cultural change linked with an overbed alert (a visual Cognitive Impairment Identifier), has been shown to improve staff and carer satisfaction with the care provided to people with dementia in acute care facilities[23] [24]. Similar approaches which seek to promote leadership and effect cultural change, will be a critical element in building the workforce required to deliver Australia's future aged care services.

AN AGED CARE WORKFORCE TO DELIVER QUALITY CARE

The need to focus on quality of care in developing workforce strategies

As noted above, the number of older Australians with dementia is growing exponentially, and the core business of both residential and home-based aged care services increasingly includes providing care to people with dementia. As the prevalence of dementia increases in

[22] Hughes JC Lloyd-Williams M Sachs GM (2010) *Supportive care for the person with* dementia, p 301; cited in Hughes J (June 2013), Alzheimer's Australia Paper 35, *Models of dementia care: Person-centred, palliative, and supportive,* p 11.

[23] https://fightdementia.org.au/sites/default/files/08_Mark_Yates_The_Ballarat_Approach_The_Dementia_Care_in_Hospitals_Program.pdf

[24] Alzheimer's Australia (June 2014), Paper 40: *Dementia care in the acute hospital setting: Issues and strategies*, p 13.

our community, it is critical that all aged care services are well equipped and motivated to provide safe, high quality care for people with dementia, as part of their core business.

The aged care sector workforce is a critical element in the provision of quality services, and this workforce must be available in the future in sufficient numbers, and at a high quality. As it may not be possible for the supply of aged care workers to increase proportionately with demand, there will be a need to consider new models of care and innovative uses of technology. To ensure quality, the workforce must have the appropriate education and training, skills, and attributes to provide the care that is needed. This includes the capacity to provide quality care to people with dementia, who are often frail and vulnerable, and often have complex care needs.

The prime consideration in developing strategies for the future aged care workforce must be the needs of the consumer, which should outweigh the interests of aged care providers or particular professional groups. The overriding imperative is to ensure access by older people, including people with dementia, to high quality community and residential aged care services.

Recommendation 1: A focus on ensuring access to high quality, appropriate aged care services by older people, including people with dementia, must be the primary consideration in all strategies relating to the future of Australia's aged care sector workforce across the range of care environments including all forms of community and residential care.

The need for a national strategy to ensure an adequate future workforce

The Productivity Commission noted in 2011 that the projected significant increase in the number of older people and a relative decline in the availability of informal carers will result in a significant increase in the demand for aged care services. Note there are also constraints on the supply of formal paid carers. As aged care services are labour intensive, the delivery of these services will require a commensurate increase in the aged care workforce. The Commission added that the demand for aged care workers is expected to significantly increase over the next 40 years, as a result of the increasing number of older Australians requiring care and support, and a decline in the relative availability of informal carers. The Commission calculated that, based on the estimated demand projections and assuming that models of care are maintained at 2007 levels, there would be need for about 980,000 aged care workers by 2050. At the same time, the Commission noted that the supply of workers is problematic. The formal aged care system already faces difficulties in attracting and retaining workers, and these difficulties are expected to intensify due to increasing competition for workers as the overall labour market tightens in response to population ageing.[25]

Emerging supply issues are already evident in difficulties experienced in filling vacancies, and in the ageing of the workforce. In the 2012 Aged Care Workforce Survey, three quarters of residential facilities and half of community outlets reported skill shortages in one or more

[25] Productivity Commission (2011). *Caring for older Australians: Productivity Commission Inquiry Report*, No. 53; pp.347, 354.

occupations. Of the skill shortages in residential facilities, two-thirds reported Registered Nurse shortages and a half reported Personal Care Attendant shortages; of the skill shortages in community outlets, a third reported Community Care Worker shortages and 15 per cent reported shortages of Registered Nurses. In addition, the direct care workforce in aged care is generally older than the national workforce and ageing further, with the median age for residential direct care workers now at 48 years, while for community direct care workers it is 50 years.[26]

The Productivity Commission noted that:

> "Improving the attractiveness of aged care and developing a sustainable workforce to meet future demand will require an integrated approach in a number of areas, particularly paying staff competitively, fostering a rewarding working environment (especially through better management) and providing further opportunities for skill development (including increasing scopes of practice) and exploring the opportunities to source care workers internationally."[27]

The Productivity Commission recommended that a comprehensive aged care workforce strategy be developed to identify and address ongoing and future workforce issues.[28] In a similar vein, a recent review of Commonwealth funded aged care workforce activities argued for a nationally co-ordinated workforce development strategy and capability framework taking into account how aged care could better plan, collaborate, and combine effort with health and disability services.[29] Alzheimer's Australia supports these calls for a national strategic approach.

Given that it may not be possible for the supply of aged care workers to increase proportionately with the increase in demand for care, it will be important to consider how new models of care and innovative uses of technology may contribute to this strategy, and help close the gap between demand and supply.

Recommendation 2: A comprehensive aged care workforce strategy is required to identify and address current and future workforce supply and quality issues. The strategy should include consideration of new models of care and innovative uses of technology.

The need to ensure adequate staff ratios and an appropriate skills mix

Aged care services should have a skilled, experienced and adequate staff contingent to work effectively with people with dementia, and in many cases there is a great deal of room for improvement in this area. Services caring for people with dementia must have sufficient

[26] King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L; National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*
[27] Productivity Commission (2011). *Caring for older Australians: Productivity Commission Inquiry Report*, No. 53; p.358.
[28] Productivity Commission (2011). *Caring for older Australians: Productivity Commission Inquiry Report*, No. 53; p.347.
[29] Health Outcomes International for Department of Social Services (2015). *Stocktake and analysis of Commonwealth funded aged care workforce activities: Final report.*

staff and an appropriate skills mix, as well as the right values and attitudes, to provide the care required.

Dementia is an ever changing and progressive condition, often with complex physical comorbidities and psychological and behavioural symptoms, which should be prevented where possible through better engagement and care, and which require careful assessment and management by appropriately trained staff. At present there are insufficient measures in place to ensure that the workforce is equipped to fulfil this role. Minimum standards of education and training should be required for staff working with people with dementia.

Over the past decade and more, there has been a significant shift in the aged care workforce. There is a trend towards employing less skilled (and lower cost) staff in residential settings in the delivery of direct care services. At the same time as the acuity of care required has been increasing, there has been a substantial decrease in the proportion of qualified nursing staff in the aged care workforce, and an increase in the proportion of unlicensed and unregulated personal carers. The number of qualified nursing positions in residential aged care has decreased by 8.4% since 2003, despite the number of residential aged care places increasing by 25.2%, and the proportion of aged care residents assessed as having high care needs increasing from 64% to 83%.[30] Registered Nurse positions decreased from 21.4% of the direct care workforce in residential care in 2003, to just 14.7% in 2012; while the proportion of Enrolled Nurses decreased from 14.4% to 11.6% over the same period. Personal Care Attendants now comprise 68 per cent of the residential direct care workforce, while Community Care Workers comprise 81 per cent of the community direct care workforce.[31]

The trend towards lower staff to resident ratios along with lower proportions of qualified nurses on staff, is highly likely to be driven primarily by commercial considerations, and to have negative impacts on the quality of residential care.

> "More and more, older Australians are remaining in their own homes for longer, and are entering nursing homes only when their care needs are too complex to be managed in the community. That complexity of care means that more than ever, we need qualified nursing staff whose skills are valued, whose professionalism is acknowledged and who feel they can care for their residents properly."[32]

Research has shown that direct care workers are generally highly committed to care recipients, and are keen to have the time and the skills to improve the well-being of residents and provide quality care, which they see as core components of their work. However, aged care staff must also meet regulatory requirements, operate according to organisational schedules, and work within budgetary constraints. In the 2012 Aged Care Workforce Survey, 45 per cent of direct care workers said they did not spend enough time with care recipients. In particular, over 40% of nurses reported spending less than a third of their shift performing direct care. This reflects the increasing managerial role that nurses, particularly Registered

[30] Australian Nursing and Midwifery Federation (2015). *Fact sheet 4: A snapshot of residential aged care.*
[31] King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L; National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*
[32] Australian Nursing and Midwifery Federation (2015). *Fact sheet 4: A snapshot of residential aged care.*

Nurses, are performing while Personal Care Assistants in particular are taking more responsibility for direct care.[33]

Although clinical care is only one component of quality, the reduction in direct nursing care to a residential care population with increasingly high needs may be problematic for achieving high quality care and avoiding unnecessary hospitalisations. Ensuring overall adequate staffing levels is also important to ensure that staff have sufficient time to interact with residents and assist them in meeting their physical and social needs.

Alzheimer's Australia calls for mandated minimum ratios of staff to residents, and mandated minimum levels of qualified nursing staff, in all residential aged care homes; including a requirement for all stand-alone residential aged care facilities to have a Registered Nurse on site at all times. These requirements must be underpinned by appropriate funding arrangements.

Recommendation 3: To ensure quality and safety in residential aged care, mandated minimum ratios of staff to residents, and mandated minimum levels of qualified nursing staff, are required; including a requirement for all stand-alone residential aged care facilities to have a Registered Nurse on site at all times. Funding arrangements for aged care should support appropriate staff ratios and skill mix.

The need to ensure appropriate workforce education and training

To ensure quality dementia care, health care professionals and all care staff must be educated and trained in key aspects of dementia care including: person-centred care, the fundamentals of caring for people with dementia, psychosocial approaches to addressing unmet needs, pain assessment and management (particularly as people with dementia may be unable to verbalise their needs), and appropriate end-of-life care.

The 2012 Aged Care Workforce Survey found that direct care workers in the aged care sector identified "Dementia" and "Palliative Care" as the top two areas where they require further education and training.[34] This indicates an unmet need for education and training to improved knowledge, skills and confidence in caring for people with dementia.

The same survey found that working with "aggressive service users" (this is likely to include people with behavioural and psychological symptoms of dementia) was a normal expectation in 33 per cent of facilities, with another 47 per cent indicating that workers were required to do this in exceptional circumstances. The authors noted that this is likely to be a consequence of the growing number of older Australians with dementia and other mental health problems who are living in facilities.[35] As noted, behavioural and psychological symptoms often reflect unmet needs of the person with dementia.

[33] King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L; National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*
[34] King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L; National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*
[35] King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L; National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*

A recent stocktake of Commonwealth-funded aged care workforce activities confirmed that the quality and quantity of aged and community care training varies significantly, with workplace placements for Certificate III students ranging from under 60 hours for some providers, up to two years for other providers. It was noted that industry involvement in the development of training packages is important to ensure that qualifications reflect contemporary industry requirements for existing roles, prepare workers for new and emerging roles, and support training pathways for career progression. The stocktake recommended, among other things, that greater targeting and evaluation of workforce training and education is needed to ensure responsiveness to identified workforce or skill gaps in the industry.[36]

Similarly, a recent review of Commonwealth-funded dementia programs identified a need for better co-ordination and promotion of education and training programs, and improved consistency and quality across these services.[37]

Alzheimer's Australia offers a Certificate IV in Dementia Practice which is a consistent, high quality, practically based course and represents one means of addressing the current inconsistencies in education and training.

Learning pathways are needed for care staff to develop knowledge, skills and emotional intelligence, from basic level to advanced practice level. Government and aged care service providers have a shared responsibility to develop and fund education and career pathways for the aged care workforce. Government must maintain a commitment to supporting ongoing education and training to develop and sustain a workforce skilled in dementia care, and employers must also be committed and contribute to education and training.

Education and training programs must respond to the evolving characteristics of the workforce, including targeted education and training for the increasing proportion of the workforce which comes from culturally and linguistically diverse backgrounds.

Further, there is a need to move dementia education and training from an outputs focus to an outcomes focus. Currently, education and training is essentially provided on the presumption that simply undertaking an activity or using a particular resource results in practice change; little import is given to whether this actually occurs. Practice change requires more than simply creating an awareness of knowledge; measures are needed to translate this to practice. Within workforce investment, priority needs to be placed on developing a cohesive, structured and integrated national dementia training and education program. Focus should be on practice changes, and on education and training activities that lead to better outcomes for people living with dementia and long-term sustainable change. Education and training on evidence-based care models, and on culture change processes, should be included.

Dementia training should be linked to clear levels of competency and/or practice standards, so that the learning outcomes of all dementia education and training activities may be

[36] Health Outcomes International for Department of Social Services (2015). *Stocktake and analysis of Commonwealth funded aged care workforce activities: Final report.*
[37] KPMG (2015). *Analysis of dementia programmes funded by the Department of Social Services.*

aligned with the competencies/practice standards. Ideally, the outcomes of each education and training activity would be assessed using a framework to ensure that they achieve the intended outcomes and lead to practice change.

Alongside the development of individuals in the workforce, strategies are needed to develop leadership and cultural change at organisational level, and maximise opportunities to translate learning into improvements in practice.

Recommendation 4: A cohesive, structured and integrated national approach to dementia education and training is needed, including minimum standards for education and training for those working with people with dementia. This approach should include a focus on leadership and cultural change at organisational level, to maximise opportunities to translate leaning into improved practice. The approach should be supported by government and by the aged care industry, and focus on achieving sustainable changes to practice which lead to better outcomes for people living with dementia.

The importance of appropriate staff attributes and behaviours

First and foremost, the culture of the aged care service must be to deliver high quality, person-centred care for every individual accessing the service. The attributes and behaviours of the staff providing care are key to achieving such a culture.

As noted in the *National Framework for Action on Dementia 2015-2019*:

> "To deliver care and support, the workforce requires access to ongoing training and education, and encouragement to look beyond the technical aspects of care to identify and implement improvements that enhance the quality of life of people with dementia. People with dementia expect to receive care and support from a workforce who can demonstrate competence in the care of people with dementia based on dignity and respect."[38]

Interviews undertaken for the 2012 Aged Care Workforce Survey indicated that despite being viewed as essential by direct care workers, the social and emotional skills associated with direct care work are not well defined or incorporated into training or recruitment. Direct care workers who were identified by interviewees as unsuitable for care work were mostly seen to lack the required social and emotional skills. Unsuitable workers placed additional pressure on other direct care workers and reduced the quality of service provision.[39]

Alzheimer's Australia supports the approach taken by some aged care providers, to consider the attitudes and values of candidates in recruitment processes to ensure they are a good "fit" for the culture of care provided, on the basis that the required knowledge and skills can be readily taught, whereas attitudes and values can be more difficult to change. Alzheimer's Australia also supports the approach taken by some aged care providers to provide greater

[38] *National Framework for Action on Dementia 2015-2019,* p.14.
[39] King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L; National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*

opportunities for staff to access education and training on mindfulness and emotional intelligence.

Strengthening organisational leadership within aged care is key to establishing an appropriate culture of care which takes a person/consumer centred approach to the way staff are supported, which in turn can help with staff retention. Reduced staff turnover enables staff to build relationships with the people they support, which has a significant impact on person-centred care. Practices such as appropriate rostering can also enable a more consumer-focused approach to care, and promote greater job satisfaction and staff retention. Resources are available to assist providers to self-evaluate the extent to which they are person-centred from both a staff and consumer perspective, and support a more person-centred approach.[40]

Recommendation 5: Given that the values, attitudes and behaviours of direct care staff are critical in ensuring a culture of commitment to high quality, person-centred care, education and training for aged care personnel should go beyond the technical, to embrace social, emotional, and cultural values, and foster emotional intelligence.

The importance of adequate remuneration and career pathways

To maintain an adequate, appropriately skilled and sustainable workforce, equitable pay and conditions, and appropriate career paths for workers in the sector are needed.

The wage gap between nurses working in the aged care sector and nurses working in the public hospital sector is exacerbating recruitment and retention difficulties in aged care services. Full time residential aged care nurses now earn on average over $200 per week less than their colleagues in other sectors, resulting in increasing difficulties attracting and retaining adequate number of appropriately trained nursing staff.[41]

Poor remuneration and lack of career progression is not simply an industrial issue: it affects quality of care. At the macro level, aged care, disability, community care, and some health services compete for essentially the same workforce, and the aged care sector simply will not be able to attract and retain a sufficient high quality workforce for the future if pay, conditions, and career progression in the sector are not competitive. At the individual service level, services may experience high staff turnover due to poor remuneration and a lack of career pathways, leading to unfilled vacancies and lack of continuity. This impacts on quality of care, as well as increasing agitation on the part of consumers with dementia.

Recommendation 6: Remuneration for all staff in the aged care sector should be aligned with that for similar roles in other sectors including acute health care; and clear career paths should be developed and implemented for nurses and other workers in the aged care sector. Funding arrangements for aged care should support appropriate remuneration and career paths.

[40] http://www.valuingpeople.org.au/
[41] Australian Nursing and Midwifery Federation (2015). *Fact sheet 4: A snapshot of residential aged care.*

CONCLUSION

Dementia is one of the major chronic diseases of this century. With the continued ageing of the population and the growing numbers of people with dementia, quality care for people with dementia must be core business for the aged care system, including both home-based care and residential care. Strategies to develop the future aged care sector workforce must be based on considerations of quality in aged care, including for people with dementia, who are growing in numbers and make up an increasing proportion of the aged care client base.

To ensure quality care, aged care services must have adequate numbers of skilled, qualified staff, committed to providing person-centred care. The workforce must have the appropriate education and training, skills, and attributes to provide quality care for older people, including people with dementia, who frequently have complex care needs. To attract and maintain the right workforce, equitable pay and conditions and appropriate career paths will be needed. Funding arrangements must support the delivery of quality aged care by an adequate and appropriately educated and skilled workforce.

We trust that the matters raised in this submission will be of assistance to the Senate Community Affairs References Committee in the development of recommendations regarding Australia's future aged care sector workforce, which will ensure the best outcomes for all consumers and carers.

ABOUT ALZHEIMER'S AUSTRALIA

Alzheimer's Australia is the peak body providing support and advocacy for people with dementia and their families and carers in Australia. Dementia is the second leading cause of death in Australia, and there is no cure.[42]

Alzheimer's Australia represents and supports the more than 353,800 Australians living with dementia, and the more than one million family members and others involved in their care[43]. Our organisation advocates for the needs of people living with all types of dementia, and for their families and carers; and provides support services, education, and information. We are committed to achieving a dementia-friendly Australia where people with dementia are respected, supported, empowered, and engaged in community life.

[42] Australian Bureau of Statistics (2015) *Causes of Death, Australia, 2013:* Cat no. 3303.0
[43] Australian Institute of Health and Welfare (2012) *Dementia in Australia.*