

Inquiry into the future of Australia's aged care sector workforce

HammondCare Submission



HammondCare

An independent Christian charity

Contents

Contacts	2
Summary of Recommendations	3
About HammondCare	4
Introduction	4
Future aged care workforce requirements.....	5
HammondCare's model of care – dementia-specific residential care	5
Challenges in attracting and retaining aged care workers	6
Factors impacting aged care workers.....	8
The role and regulation of registered training organisations	10
Government policies which have an impact on the aged care workforce.....	11
The role of government in providing a coordinated strategic approach for the sector	11
Impact of the Government's cuts to the Aged Care Workforce Fund	11
Sources	12

Contacts

Ms Angela Raguz

General Manager, Residential Care

Mr David Martin

General Manager, HammondAtHome

Summary of Recommendations

Planning and regulatory frameworks for the future aged care workforce must be flexible enough to consider new and innovative programs and models of care.

Resources and incentives should be provided to attract and retain staff in regional and rural areas of Australia.

Undergraduate nursing courses should provide more focused education on aged care, dementia and palliative care.

That the Commonwealth Government continue to consult with providers to maintain an environment that fosters consistency of staffing, while meeting consumer needs.

That staffing ratios and other mandated inputs not be prescribed in aged care settings. The regulatory environment should instead encourage innovation and choice that will lead to quality outcomes and better working conditions.

Funding for aged care training programs should continue to include provisions to remunerate staff while they study.

Monitoring of RTO performance should have a greater focus on student outcomes.

International students who work in aged care, while studying nursing and health related areas, should be able to work for more than 40 hours in a fortnight while their course is in session.

That the Government maintain budgeted funding in the forward estimates for targeted aged care and dementia education initiatives.

About HammondCare

Established in the 1930s, HammondCare is an independent Christian charity specialising in dementia care, palliative care, rehabilitation and older persons' mental health services. HammondCare is acknowledged in Australia and internationally as a leading provider of dementia-specific services. It is dedicated to research and supporting people who are financially disadvantaged. HammondCare's mission is to improve quality of life for people in need, regardless of their circumstances.

We currently operate 893 residential care places across New South Wales and Victoria, 80 per cent of which are in specially designed dementia-specific cottages. We also provide Special Care Programs for people displaying severe behavioural and psychological symptoms of dementia. On any given day, HammondCare provides community care to more than 1,700 people. Our HammondAtHome services provide care for older people, people living with dementia, people needing palliative care, as well as respite and counselling for carers. HammondCare's Dementia Centre is recognised in Australia and internationally for its high quality research, consultancy, training and conferences in the area of best-practice dementia care.

Introduction

With an ageing population, it is clear that the aged care workforce must continue to grow for decades. Current and future aged care reforms and changes in the preferences of older people, mean that aged care services of the future must also continue to adapt.

Given the changing circumstances that are impacting on aged care, it is important to recognise innovative and emerging approaches to care that have the potential to increase staff engagement, as well as improving care and service delivery. While aged care providers themselves bear much responsibility for the development of their workforce, governments can provide regulatory policy and planning that promotes flexibility and innovation in staffing patterns and models of care.

On the other hand, prescriptive measures such as mandated staffing ratios, which reinforce current thinking and have the potential to stifle innovation, should be avoided. There is evidence to show that the work satisfaction of care staff increases when they are afforded autonomy and are involved in decision making. Care programs that give staff these opportunities, such as HammondCare's approach to dementia-specific residential aged care, should be encouraged.

At the same time, there is a role for government to play in continuing to support education and training for the aged care workforce. This remains especially important while relatively fixed government subsidies remain the main source of recurrent income for providers and current regulatory approaches continue. Other changes to education and training that would support the future aged care workforce include a greater focus on aged care topics such as dementia and palliative care in undergraduate nursing degrees and placing a greater emphasis on the graduate outcomes of Registered Training Organisations.

In this submission, HammondCare draws on its considerable experience as an aged care provider and educator to identify practical recommendations and suggestions to promote a strong and caring aged care workforce for years to come.

Future aged care workforce requirements

A number of attempts have been made to estimate the future demand for aged care workers. It is clear from these that the demand for more aged care workers that is currently being experienced will continue for decades. The former Department of Health and Ageing estimated that the number of aged care workers needed by 2050 would be 830,000 (DoHA 2010, p.38). This estimate was based on an assumption that the proportion of aged care workers needed for every 1,000 older Australians would remain unchanged. Under this modelling, the aged care workforce would account for 4.9 per cent of the total workforce by 2050, up from 2.7 per cent in 2010, signalling increased competition for staff from other sectors.

The Productivity Commission took a different approach in its 2011 Caring for Older Australians report. Although the Commission also factored in unchanged staffing levels in aged care services, it factored in a removal of the supply restrictions in aged care, leading to additional growth in the number of aged care services. As a result, it estimated that close to a million (980,000) aged care workers would be needed by 2050 (Productivity Commission 2011, Vol. 2, p.367).

Another factor that will put pressure on the future aged care workforce is the projected decline in the ratio of informal carers to older Australians. It is broadly accepted that there will be fewer informal carers for every older person in coming years. This is due to a range of factors, including lower marriage rates, smaller family sizes and a growing number of single-person households (Productivity Commission 2011, Vol. 1, p.56). Given the nature of service growth, increased competition for workers and the changing needs of aged care service users, care models must adapt.

It is difficult to predict how changing care models will impact future workforce needs but it seems clear that this will occur. In fact, these changes are already starting to appear. New models are emerging which challenge the traditional boundaries between residential care and home care. The coming decades will see a greater emphasis on care that is tailored to individual needs through episodic interventions and consultations between different care settings.

An example of this was the announcement in the 2015-16 Australian Budget of the Short Term Restorative Care program. Under this program, the Commonwealth will begin subsidising eight-week restorative care packages that will support older people experiencing functional decline to improve their capacity to remain independent and at home. These packages will be delivered either in the person's own home, in a residential setting or in both. Programs like this will affect the future workforce in two ways, as they will diminish or delay demand for permanent residential care and increase the demand for workers with restorative care and allied health skills.

There is also a need to reconsider care models in more traditional care settings, as HammondCare has done in residential aged care (see below).

HammondCare's model of care – dementia-specific residential care

The majority of HammondCare's 14 aged care homes have been designed to support the needs of people living with dementia. The homes are set up as a series of small cottages or household units and built according to internationally recognised dementia design principles. Each household has 12-15 residents who have similar care needs.

The physical design of homes – as a series of cottages – and the social model of care employed within them, have significant staffing and workforce implications. Within the cottage environment, multi-skilled care workers called Specialised Dementia Carers (SDC) work with the same residents on a regular basis, getting to know them over time. Each SDC works as a case manager for a small number of residents, spending extra time with them and building strong relationships with their families and health professionals. This enables them to identify their changing needs. The SDCs work flexibly to perform a range of domestic duties, such as preparing freshly cooked meals and cleaning, as well as providing personal care. This gives them the opportunity to structure their work around resident needs, rather than tasks, as well as participating in day-to-day decisions about the running of the cottage.

Within this model, the role of the RN is to work as clinical consultants as part of the multidisciplinary care team and to perform technical clinical tasks. They support, teach and empower SDCs with the case management approach and work with them at the handover of shifts, to develop care plans, maintain clinical records, and participate in case reviews with the resident. SDCs are trained to escalate clinical matters beyond their scope.

Under this approach, the RNs coach and support other staff to perform some clinical tasks. For example, RNs oversee medication management and SDCs who have received additional training and reached a level of competency, administer medication to residents. In doing so, the SDCs use dose administration aids prepared by pharmacies, ensuring that the correct medication is administered to the right resident at the right time. Within this medication policy framework, RNs check, audit and track the administration of medication and have mechanisms for managing any incidents that occur. When a resident has a change in medication, an RN oversees the implementation of new arrangements to ensure that there are no adverse outcomes.

This model of care was developed to improve the care and living arrangements of residents but it also has a significant impact on staffing arrangements and, as this submission will show, it can lead to improvements in staff engagement and retention. It must be stressed though that this model cannot work in isolation from the built environment. To be truly effective, a social model of care must be located within a residential aged care setting that is small (both in size and the number of residents) and obviously recognisable as a home.

Aged care workforce planning that is based on extrapolating existing care models into the future is of limited value. Instead, innovative models, which boost staff satisfaction and outcomes should be encouraged.

Recommendation

Planning and regulatory frameworks for the future aged care workforce must be flexible enough to consider new and innovative programs and models of care.

Challenges in attracting and retaining aged care workers

Many of the responsibilities for addressing the general challenges of attracting and retaining new staff members are best addressed by employers, through the culture, benefits and conditions they generate in their roles and workplaces. However, there is a role for government to facilitate conditions that support employer strategies and to provide support and incentives in areas of particular need.

Attracting staff

The challenges in attracting sufficient numbers of skilled staff are strongest in regional and rural areas of Australia where there are fewer prospective workers to draw from. Assistance in this area could be met by providing additional resources and incentives to services in rural and remote areas to assist with recruitment and training of staff.

More generally, a policy and regulatory environment that promotes focused education in areas relevant to aged care while fostering the development of innovative care models will increase the appeal of working in aged care. Education for nurses and other care staff should give them the opportunity to develop specialised skills and knowledge in areas relevant to aged care.

For registered nurses too there is a need for more specific education on ageing, dementia and palliative care in undergraduate courses. At the moment, many nurses complete their degrees with minimal training on aged care and dementia. However, nurses should be given the opportunity to develop expertise in areas of practice that are relevant to aged care. Once they have graduated, registered nurses should be given the opportunity to be recognised as specialised aged care nurses who provide clinical leadership and consultation as part of multidisciplinary teams working within innovative models. This will help to redress the negative perceptions of aged care nursing by recognising the skills and leadership that nurses can bring to bear in the aged care environment.

There is also a significant opportunity to develop a pipeline of care service employees among senior school students and school leavers who do not wish to pursue tertiary qualifications with an academic focus. To do this, it is important to have strong links between vocational education providers and high schools in conjunction with messages which highlight that technical training is a valid pathway into the workforce – and not just a fall back option for people who ‘miss out’ on university.

Retaining aged care staff

Care models that emphasise the importance of relationship and enable staff to get to know residents and clients are critical to high levels of job satisfaction and longevity. An important enabler of this is consistently matching care work with the same clients or residents on an ongoing basis. Not only does consistency of care staff have a positive impact on the consumer experience, it also improves the caring experience. A US study (Castle 2011) found that staff in nursing homes that consistently matched the same care workers with the same residents had significantly lower turnover. They were also more likely to meet all minimum standards.

While residential care providers can readily implement strategies to promote consistency of care staff, the difficulties of maintaining consistent rostering patterns in the home care setting has an adverse impact on remuneration. Work in home care is concentrated in the morning and afternoon, and individual staff members often face gaps between different home visits. In this environment it is challenging to set consistent work hours. The introduction of a consumer directed care approach, with an increasing trend towards the purchase of items over care services and the promotion of flexibility and choice, has exacerbated this.

In this context, HammondCare welcomes government policies that enable aged care providers to have certainty about future business while they meet consumer expectations. An example of this is the government's decision not to prohibit or restrict minimum (Explanatory Memorandum, Aged Care Legislation Amendment (Increasing Consumer Choice) Bill 2016 (Cth), p.19) contractual

periods and notice requirements for Home Care Packages as it moves to open up supply. The Government should continue to consult with providers to ensure that aged care policy fosters an environment in which providers are able to maximise staffing consistency.

Enabling aged care providers to maintain unspent funds when a consumer leaves the Home Care Packages program would also assist with staff retention. The proposed approach is that “any unspent funds [would] be returned to the consumer (or their estate) and the Commonwealth, based on the respective contributions made by each party” (Explanatory Memorandum, Aged Care Legislation Amendment (Increasing Consumer Choice) Bill 2016 (Cth), p.19). However, allowing providers to maintain the government subsidy component of any unspent funds would enable them to provide additional support and training to staff, as well as providing additional support to clients with special needs and providing top-up funding to people receiving an interim lower level package while waiting for a more appropriate higher level package to become available.

Recommendations

Resources and incentives should be provided to attract and retain staff in regional and rural areas of Australia.

Undergraduate nursing courses should provide more focused education on aged care, dementia and palliative care.

That the Commonwealth Government continue to consult with providers to maintain an environment that fosters consistency of staffing, while meeting consumer needs.

Factors impacting aged care workers

Remuneration

The Aged Care Workforce Census and Survey (King et al 2012) found that aged care workers generally had high levels of job satisfaction with a single exception: pay. Remuneration in the aged care sector has an obvious impact on attraction and retention and this has been recognised for some time. With the constraints currently in place on government spending and the shift towards greater co-contributions from consumers, there are few options for improving remuneration apart from increasing those contributions.

However, while there are few easily identifiable mechanisms for addressing the dissatisfaction with remuneration, there are several other areas of focus for improving the experience of aged care workers, particularly direct care workers.

Working environment

Environmental factors have a significant impact on people working in aged care. It must be recognised that a positive working environment has more to do with having autonomy and support than building modern facilities with attractive staff rooms.

Research looking specifically at the issues that most affect staff wellbeing has found that organisational and psychosocial factors have a greater influence on care staff than the needs of care users, such as dementia and agitation (Testad et al 2010, p.795.) The study found that the three biggest factors in shaping the wellbeing of care staff were fair and empowering leadership, staff autonomy and involvement in decision-making and the ability to master their role. The ideal

work environment for aged care staff, according to the researchers was one where staff were both empowered and supported.

Although HammondCare's model of dementia-specific care for aged care homes (see above) is designed with a clear resident focus, we believe it also enables a work environment that has significant benefits for staff. Our aged care homes are built as small cottages or households in response to the needs of residents but our experience shows that this also fosters a better working environment.

The role of a personal care assistant under a conventional staffing model is repetitive and can be physically demanding. However, HammondCare's SDCs also take on the roles of case management and working collaboratively with residents to manage a household. These additional responsibilities are empowering for staff and give them the opportunity to display leadership and exercise their decision-making skills. Registered nurses working in this environment are able to use their clinical training and experience while consulting, teaching and mentoring other team members.

Staffing ratios

HammondCare does not support staffing ratios in residential aged care because they are predicated on a false assumption: that all aged care homes, regardless of their mission, model of care or any specialisation, must utilise the same staffing principles. This is simply not true. The diversity of sizes, resident profiles and care models in aged care homes across Australia mean it is not practicable to apply a single ratio – or a small selection of ratios – to them all.

Staffing ratios fail to recognise the complexities and subtle differences between different care homes and approaches. This is what the Productivity Commission (2011, Vol. II 370) found when it conducted its comprehensive inquiry into the aged care sector. After carefully considering the evidence for and against ratios, it decided against the imposition of ratios. In its final report, the Commission concluded that staffing ratios were “a relatively blunt instrument” that had the potential to stifle innovation and the evolution of care models. As an organisation committed to innovation and developing new approaches to care, this is of concern to HammondCare.

We believe the approach currently utilised in the Quality of Care Principles, which recognises the validity of a broad range of care approaches, is more appropriate. The expected outcome on human resource management contained in the Principles states that the appropriateness of staffing levels should be assessed in the context of the “service's philosophy and objectives”.¹ A quality system that recognises and rewards achievement and is driven by consumer choice and feedback, is a more effective tool for achieving adequate staffing levels than mandated ratios.

Career progression, education and skills development

In order to provide meaningful career progression to people working in aged care, it is necessary to provide opportunities for employees of all levels and qualifications to specialise their skills. Not everyone can progress their career in a conventional sense, through promotion, but all care staff should be given the opportunity to develop skills and participate education that enables them to have a specific focus in their work.

¹ Quality of Care Principles 2014: Expected Outcome – 1.6 Human resource management: There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives. See: <https://www.comlaw.gov.au/Details/F2014L00830>

As much as possible, staff should be given the opportunity to choose a pathway where they can develop additional skills and experience. Care workers who do not wish to develop nursing or management qualification can acquire skills in areas such as palliative care or supporting people with severe behavioural and psychological symptoms of dementia. This specialisation enables staff to support their colleagues and be a source of knowledge within their team, leading to improved job satisfaction and wellbeing at work. This approach to career progression is particularly effective within innovative models of care.

Another way staff to build their skills and develop their careers is through mentoring programs. These programs provide additional training and mentoring responsibilities to skilled and experienced care staff who have strong alignment with the organisation, in return for additional financial incentives. As well as giving staff members the opportunity to gain valuable experience and develop their skills, they also reduce the risk of turnover among new staff members as these programs are specifically designed to assist new staff to adjust to their roles.

Finally, in order to ensure effective education programs for care staff, it is important to provide financial incentives for further study that care staff undertake. In HammondCare's experience as an aged care provider and a registered training organisation (RTO), it is crucial that aged care staff receive remuneration for the time they spend undertaking education related to their work.

Recommendations

That staffing ratios and other mandated inputs not be prescribed in aged care settings. The regulatory environment should instead encourage innovation and choice that will lead to quality outcomes and better working conditions.

Funding for aged care training programs should continue to include provisions to remunerate staff while they study.

The role and regulation of registered training organisations

There has been consistent criticism of the variability of aged care qualifications awarded throughout Australia. The Productivity Commission (2011, Vol.2 p.376) noted that there was "considerable variability" in the education and training levels of aged care staff, particularly those with Certificate III and IV qualifications.

The Australian Skills Quality Authority (ASQA), the agency responsible for regulating the registered training organisations (RTOs) that provide vocational education, has also concentrated on quality in aged care qualifications. It found (ASQA 2013, pp.32, 28) high levels of non-compliance among RTOs providing aged care qualifications, noting that the courses some offered were too short and did not provide graduates with sufficient practical experience.

Since then a number of changes have been made, including the introduction of 120 mandatory hours of work placement in the new Certificate III in Individual Support. However, more can be done to improve the way that RTOs providing aged care qualifications are regulated.

At the moment, audits conducted by ASQA involve rigorous checking of the learning content and attendance records. But more could be done to determine the experience and the learning outcomes of the graduates who have completed these qualifications. Consideration should also be

given to introducing competition to the regulation of vocational education providers to promote the high quality regulation.

Recommendation

Monitoring of RTO performance should have a greater focus on student outcomes.

Government policies which have an impact on the aged care workforce

One area of Commonwealth Government policy that impacts on the aged care workforce is the limitation on the amount of work that international students can undertake during course time. Most international students can only participate in 40 hours of work per fortnight, apart from course breaks. In areas of the major metropolitan centres, significant numbers of care staff are international students who have the capacity to work more hours but are unable to because of their visa conditions.

Lifting the 40 hour a fortnight cap would enable students who wished – particularly those studying areas such as nursing – to gain valuable experience in aged care and to increase their earning potential. It would also mean that aged care employers would be able to fill more shifts with the same staff members, reducing the number of staff overall that they would need to employ. Consideration should also be given to broadening the scope of the 457 visa arrangements to include a broad range of aged care staff.

Recommendation

International students who work in aged care, while studying nursing and health related areas, should be able to work for more than 40 hours in a fortnight while their course is in session.

The role of government in providing a coordinated strategic approach for the sector

HammondCare believes that the responsibility for recruiting, retaining and training staff in aged care lies with aged care providers as employers. However, because the aged care sector is subsidised and regulated by the Commonwealth Government, it is important that the Commonwealth partners with industry to remove blockages to aged care employment and provide incentives to promote training and address areas of unmet need.

Impact of the Government's cuts to the Aged Care Workforce Fund

HammondCare understands the need for better alignment of funded programs to support the development of the aged care workforce. The Stocktake and analysis of Commonwealth-funded aged care workforce activities (HOI 2015, pp. 11, 19) identified duplication and a need for greater “targeting and evaluation” of programs aimed at developing the workforce. This evidence suggests there could be benefit in streamlining aspects of the Commonwealth-funded aged care workforce activities, by prioritising those that are found to be effective.

However, it is imperative that the Commonwealth Government continues to fund the development of the aged care workforce – particularly through education and training initiatives – as long as it maintains caps on recurrent income and high regulatory arrangements. The fixed pricing of aged care services means that aged care providers have a limited amount of income to dedicate to staff

training. In handing down the latest Mid-Year Economic and Fiscal Outlook (MYEFO), the Government announced that it would be streamlining the health and aged care workforce programmes it funds and administers through the Department of Health. In light of these changes, it is necessary to monitor the impact of these changes on the aged care workforce and to ensure that government assistance for education in the aged care workforce continues.

Recommendation

That the Government maintain budgeted funding in the forward estimates for targeted aged care and dementia education initiatives.

Sources

Australian Skills Quality Authority (ASQA), 2013, *A national strategic review of registered training organisations offering aged and community care sector training*, ASQA.

Castle NG, 2011, 'The Influence of Consistent Assignment on Nursing Home Deficiency Citations', *The Gerontologist*, 51 (6): 750-760.

Department of Health and Ageing (DoHA), 2010, *Submission to the Productivity Commission Inquiry: Caring for Older Australians*, Australian Government, Canberra.

Explanatory Memorandum, Aged Care Legislation Amendment (Increasing Consumer Choice) Bill 2016 (Cth).

King D, Mavromaras K, He B, Healy J, Macaitis K, Moskos M, Wei Z, 2013, 'The aged care workforce 2012 final report', Department of Health and Ageing, Canberra.

Health Outcomes International (HOI), 2015, 'Stocktake and analysis of Commonwealth funded aged care workforce activities: Final report', Department of Social Services.

Health Workforce Australia, 2014, *Australia's Future Health Workforce – Nurses*, Commonwealth of Australia, Adelaide.

Productivity Commission, 2011, *Caring for older Australians*, Australian Government, Canberra.

Quality of Care Principles 2014: <https://www.comlaw.gov.au/Details/F2014L00830>

Testad I, Mikkelsen A, Ballard C, Aarsland D, 2010, 'Health and well-being in care staff and their relations to organisational and psychosocial factors, care staff and resident factors in nursing homes', *International Journal of Geriatric Psychiatry*, 25, 789-797.