Submission to the Future of the Aged Care Sector Workforce Inquiry

March 2016

National Seniors Australia

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We give our members a voice – we listen and represent our members' views to governments, business and the community on the issues of concern to the over-50s.

We keep our members informed – by providing news and information to our members through our Australia-wide branch network, comprehensive website, forums and meetings, bi-monthly lifestyle magazine and weekly e-newsletter.

We provide a world of opportunity – we offer members the chance to use their expertise, skills and life experience to make a difference by volunteering and making a difference to the lives of others.

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Recommendations

The aged care workforce

Workforce strategy

1. Develop a comprehensive workforce strategy.

Staffing levels

2. Ensure that funding takes into account staffing levels required for the delivery of those services.
3. Require that providers publish staffing levels in facilities for the purpose of strengthening consumer choice.
4. Reduce the compliance burden on staff to enable them to focus on providing care to residents and staff.

Skills mix

5. Ensure that funding takes into account the appropriate mix of skills for the delivery of those services
6. Require that providers publish staff qualifications and skills with a profile of care recipients for the purpose of strengthening consumer choice.

Challenges attracting and retaining aged care workforce

Remuneration

7. Ensure that funding takes into account the need to pay fair and competitive wages to direct care staff.
8. Ensure that remuneration adequately reflects investments made in training and skill development by having adequate career progression within the sector.

Work conditions

9. Work with aged care providers to develop workplace practices that promote staff satisfaction.

Education, training and skills

10. Explore ways to incorporate social and emotional skills into aged care training.
11. Ensure that all direct care workers hold a minimum qualification related to health or aged care.
12. Ensure that residential care facilities have adequate staff with specialist skills in areas such as dementia and palliative care
13. Ensure that workers from Culturally and Linguistically Diverse (CALD) backgrounds have the support to develop their language skills.

Introduction

As people age, they can require increasing assistance with personal and domestic activities. In times past, this care was provided informally by family members. Demand for formal assistance, provided by a skilled and professionalised workforce, has intensified as a result of smaller and dispersed families, increased female workforce participation, social isolation, changing social attitudes towards caring for the elderly, increasing chronic disease, dementia and other complex conditions.

The number of people over the age of 65 receiving aged care services in 2014-15 totaled 1.2 million. Accommodating the rise in the older population will require a quadrupling of the aged care workforce by 2050[1]. The nature of care will change as greater numbers of people are cared for at home for longer and as residential aged care increasingly represents older residents who require greater supervision and assistance.

The next wave of aged care recipients will have significantly different expectations to those of earlier generations, and this could exert significant additional pressure on the aged care system. The changing expectations of consumers will be a challenge for providers as higher expectations of quality become evident[2].

Given that aged care is a highly labour intensive sector, it will be the workforce that significantly shapes people's perceptions about quality of care. Research undertaken by Access Economics for National Seniors has shown that "high quality care is a function of skills and training associated with those providing care, and the amount of care provided"[3]. In essence, aged care workers need to know what they are doing and have enough time to do it properly.

Assistance with personal and domestic activities is provided to older Australians by an array of workers. In 2012, it was estimated that some 240,000 workers were engaged in direct care activities across Australia. 147,000 of these people work in the residential care setting and a further 93,000 in the community care setting[4]. This includes nurses, personal carers, allied health professionals and other support staff.

A number of existing reviews and inquiries have identified the need to improve the aged care workforce in readiness for increased demand and higher expectations in the future.

- In 2008, a Productivity Commission report examining trends in aged care services stated that competing demands from the acute care sector are accentuating the challenge of securing a significant expansion in the aged care workforce[5].

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[1] Productivity Commission 2011. *Caring for Older Australians*. Report No. 53, Final Inquiry Report. Productivity Commission: Canberra

[2] National Health and Hospital Reform Commission (NHHRC) 2009. *A healthier future for all Australians - Final Report*. National Health and Hospital Reform Commission: Canberra. http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report

[3] National Seniors Australia 2010. *The Future of Aged Care in Australia: A public policy discussion paper prepared for National Seniors Australia.* National Seniors Australia: Brisbane.

[4] King, D., Mavromaras, K., He, B., Healy, J., Macaitis, K., Moskos, M., and Zhang, W. 2013. *The aged care workforce 2012 final report*. Canberra: Department of Health and Ageing. http://apo.org.au/files/Resource/DepHealthAgeing_AgedCareWorkforce1012_2103.pdf

[5] Productivity Commission 2008. *Trends in Aged Care Services: some implications*. Commission Research Paper, Canberra http://www.pc.gov.au/__data/assets/pdf_file/0004/83380/aged-care-trends.pdf

- In 2009, the Senate Committee on Finance and Public Administration held an inquiry into aged care and recommended that the issue of professional nursing and other aged care staffing be considered as part of an overarching review of the aged care sector[6].
- In 2011, the Productivity Commission, as part of the Caring for Older Australians inquiry highlighted the ongoing issues with poor retention and job satisfaction resulting from low wages, difficult working conditions and limited career opportunities[7].

Despite these and other inquires, not much has changed. The sector is still reliant on a core of highly committed but poorly rewarded workers, with an increasing dependence on lower skilled and lowly paid care staff. Many of these workers provide high levels of care and assistance to older Australians under less than ideal circumstances.

While direct care workers often choose to work in the sector because of the satisfaction that comes with providing quality care for those who cannot look after themselves, we cannot rely on this alone to fill increasing demand within the sector. Investment in a skilled and professional workforce is critical to ensure that quality care is available to all Australians as they age.

Given that labour costs represent around three-quarters of total costs in the aged care industry[8], any improvements in worker skills and conditions will undoubtedly require targeted investment.

National Seniors members have indicated a willingness to contribute to the cost of providing aged care[9]. However, government must ensure the fundamentals of that care, namely a well-skilled and properly remunerated workforce.

National Seniors welcomes the opportunity to contribute to this debate. The recommendations in this submission have been developed from existing literature and the direct experiences of our members.

National Seniors believes more attention must be given to funding models, training programs and workplace conditions. The trend towards replacing highly skilled nurses with lower skilled carers, limited improvement in remuneration and career advancement for staff and declining investment in direct care overall does not bode well for a sector facing significant demand and competition into the future.

These challenges can only be addressed with planning and coordination. Ultimately, the government must work with the sector to establish a comprehensive strategy that brings together all the elements required to attract and retain a future workforce.

[6] Standing Committee on Finance and Public Administration 2009. *Residential and Community Aged Care in Australia*. Finance and Public Administration Committee: Canberra. file:///N:/Communications/Policy/2012%20Aug%20policy/PAC%20Reports/report_pdf.pdf

[7] Productivity Commission 2011. *Ibid.*

[8] Productivity Commission 2013. *An Ageing Australia: Preparing for the Future*. Commission Research Paper: Canberra. http://www.pc.gov.au/research/completed/ageing-australia/ageing-australia.pdf

[9] National Seniors 2012. *Where Will I Live as I Age? Senior Australians' Needs and Concerns about Future Housing and Living Arrangements*. National Seniors: Brisbane. https://nationalseniors.com.au/sites/default/files/Where_Will_I_Live_As_I_Age.pdf

The strategy should address issues such as pay, conditions, career pathways, training and education as well as identifying sustainable funding models. Quality of care would underpin the strategy.

The aged care workforce

> *The great majority of aged care workers are fantastic people with a real empathy for those in their care.*
>
> - National Seniors member

The composition of the aged care workforce is changing. Increasing resident and client populations, shifts in the characteristics of residents and clients and changing funding arrangements are having implications for the sector. This requires a workforce with a mix of skills to ensure the very best quality of care.

Workforce strategy

Recommendation

1. **Develop a comprehensive workforce strategy.**

The absence of a comprehensive aged care workforce strategy will have a profound impact on the capacity of the sector to attract and retain the workforce required to provide care. This is particularly important as the proportion of aged care residents requiring higher levels of care rapidly increases[10].

A workforce strategy that outlines how the current and future workforce needs of the sector will be met is essential. Funding for workforce training to ensure an adequate pool of highly skilled workers available for the sector is also vital. The strategy must address the quality of training provided to ensure that the workforce has the skills required to meet the needs of working in the aged care environment. The strategy must also outline how to best to develop a workforce cognisant of people from diverse cultural backgrounds.

A number of the important elements within a workforce strategy are highlighted in the following sections of this submission.

Staffing levels

Recommendations

2. **Ensure that funding takes into account staffing levels required for the delivery of those services.**
3. **Require that providers publish staffing levels in facilities for the purpose of strengthening consumer choice.**
4. **Reduce the compliance burden on staff to enable them to focus on providing care to residents and staff.**

[10] Australian Institute of Health and Welfare (AIHW) 2016. 'Care needs in residential aged care' Accessed 14 January 2016. http://www.aihw.gov.au/aged-care/residential-and-home-care-2013-14/care-needs/

National Seniors is concerned that not enough is being done to increase the number of workers being employed in direct care roles within the aged care sector. Over time this will have a dramatic impact on the quality of care for residents and clients.

The number of workers engaged in direct care has not increased anywhere near the rate of workers engaged in non-direct care activities in both the residential and community care settings.

In residential care, the *proportion* of workers engaged in direct care has declined from 76.2 per cent in 2007 to only 72 per cent in 2012. Over this same period, the number of workers engaged in non-direct care roles increased by 33 per cent whereas the number of direct care workers increased by only 10.3 per cent[11].

In the community care setting the proportion of direct care workers declined from 84.6 per cent in 2007 to 63 per cent in 2012. Over the same period, the number of workers in non-direct care roles increased by 321 per cent, compared to only 25 per cent for direct care workers[12].

While changes in the total number of direct care workers appears to be roughly keeping pace with changes in the aged care population, it does not take into account increasing workloads to care for residents and clients with higher needs.

Better performing providers are deriving increased profits, in part, by reducing the costs associated with direct care. It was found, for example that the top 25 per cent of providers had lower care/nursing costs as a proportion of revenue, 40.25 per cent compared to the average of 46.25 per cent. At the same time these high performers appear to be receiving relatively higher levels of government subsidy, implying higher care needs among their residents[13].

These statistics are concerning for several reasons. They suggest that aged care providers are spending proportionately less on direct care workers. While non-direct care workers play an essential part in a provider's overall operations, it may indicate that activities involved with compliance and administration are becoming a greater burden on providers. It is likely that increased compliance and reporting burdens on direct care staff will exacerbate this problem.

It is well noted in the literature that quality of care is in part a function of the quantity of staff available to residents[14]. As both research and anecdotal evidence suggest, staff numbers are critical to quality of care and must be looked at as part of any changes to the system.

This could be achieved by ensuring that funding takes into account staffing levels as advocated by the Productivity Commission in its *Caring for Older Australians* report[15].

[11] King *et al* 2013. *Ibid.*
[12] King *et al* 2013. *Ibid.*
[13] Shonhan, H. and Lupton, J. 2016. '2014 Baseline' Presentation Bentleys National Aged Care Survey. Victoria Park, Brisbane 23 October 2014 Accesed 12 Februrary 2016 http://media.crikey.com.au/wp-content/uploads/2015/01/Bentleys-National-Aged-Care-Survey-Presentation-Oct-2014.pdf
[14] Murphy, J. 2006. *Residential care quality: A review of the literature on nurse and personal care staffing and quality of care.* British Columbia Ministry of Health http://www.health.gov.bc.ca/library/publications/year/2006/residential-care-quality-a-review-of-the-literature-on-nurse-and-personal-care-staffing-and-quality-of-care.pdf
[15] Productivity Commission 2011. *Ibid.*

Competition and consumer choice could also be enhanced by requiring that providers publish facility staffing levels. This was also recommended by the Productivity Commission. Staffing could be bolstered by reducing the compliance burden on existing staff to ensure they have adequate time to spend with residents and clients.

Skills mix

Recommendations

5. **Ensure that funding takes into account the appropriate mix of skills for the delivery of those services.**

6. **Require that providers publish staff qualifications and skills with a profile of care recipients for the purpose of strengthening consumer choice.**

National Seniors believes that the skills mix within the aged care sector is being eroded, placing increasing pressure on lower skilled staff who are not adequately trained to deal with the more complex needs of residents and clients. We are particularly concerned about the greater reliance on unskilled workers in the residential care setting. While many of the personal carers working in this setting provide exceptional support to residents, it is concerning that the number and proportion of higher skilled nurses is declining when these individuals are often responsible for delivering timely medical care to residents.

For example, the proportion of direct care staff who were registered nurses in the residential care setting, has declined from 21.4 per cent in 2003 to 14.7 per cent in 2012. Conversely, the proportion of personal care attendants has increased from 56.5 per cent in 2003 to 68.2 per cent in 2012[16].

As the Productivity Commission noted in its *Caring for Older Australians* report, providers have an incentive to employ a high proportion of lower qualified personal carers to minimise their costs[17]. Evidence from a recent independent survey shows that high performing providers are able to reduce the costs of direct care by reducing the number of registered nurses as a proportion of the total direct care workforce[18].

The reduction in registered nurses places greater pressures on existing registered nurses who have less time for clinical work and work longer hours to ensure that tasks are completed. This fact has been acknowledged by the Productivity Commission, which found that higher proportions of lower qualified workers result in excessive workloads for nurses spending a large amount of time on administrative tasks at the cost of their caring activities[19].

The ability of nursing staff to respond to residents' needs in a timely fashion is related to registered nurse to resident ratios. The more residents each registered nurse has to care for, the poorer the level of resident safety was and the more frequently medication errors occur[20]. One study of the relationship between patient outcomes, work environment, nursing

[16] King *et al* 2013. *Ibid.*
[17] Productivity Commission 2011. *Ibid.*
[18] Shonhan and Lupton 2016. *Ibid.*
[19] Productivity Commission 2011. *Ibid.*
[20] Sargent, L., Harley, B. and Allen, B. 2008. *Working in Aged Care: Medication Practices, Workplace Aggression, and Employee and Resident Outcomes*. Australian Nursing Federation, Victorian Branch http://www.nswnma.asn.au/wp-content/uploads/2013/08/Campaigns-agedcare-papers-WIAC_rpt.pdf

skills mix and workloads in New South Wales hospitals has found that skills mix is more critical to patient outcomes than total hours of nursing provided. It found that a higher proportion of registered nurses produced decreased rates of negative patient outcomes[21].

The issue of nurse to resident ratios is one that has been raised by National Seniors members in recounting their own experiences. Some feel strongly that minimum nurse to resident ratios should be enforced.

> *It is interesting to note that the childcare industry has mandated minimum staff to children ratios, public hospitals have or are introducing nurse to patient ratios but the equally vulnerable older people are seemingly not sufficiently important to warrant such ratios.*
>
> - National Seniors member

> *Minimum staff to resident ratios is urgently needed in Aged Care. I was a Registered Nurse (RN) employed in an aged care facility last year for just under 20 years and during that time where we use to have two RN's for 50 residents in three high care sections and an RN in the Hostel section of 40 residents on a day shift (7.00am to 3:30pm) in the last 12 months our numbers were reduced to one RN for the whole facility of 90 residents. The workload for RN's in aged care is excessive with missed meal breaks and rarely finishing on time. Trying to keep up with each resident's condition/needs, supervising staff, documentation including nursing care plans, attending meetings, Doctor's rounds was exhausting.*
>
> - National Senior member

> *There is generally a shortage of adequately trained aged care workers, especially during the night.*
>
> - National Seniors member

> *At night there are no registered nurses on duty, so no one with true medical experience is there to help with minor or major problems... practice is to call an ambulance - not helpful if someone is bleeding after a fall or having breathing difficulties. At night patients are looked in on too infrequently. If anyone falls after 10.00pm they may end up lying there till 6.00am if they cannot reach the buzzer (which happened with my mum).*
>
> - National Seniors member

National Seniors believes that further research is needed to better understand the appropriate skills mix required to maintain acceptable standards of care in the aged care sector. We recognise the challenge for service providers in balancing staff workloads to meet peak demand periods, while maintaining adequate staff in times when demand for assistance is lower as well as ensuring staff are available to respond to emergencies.

Work is also required to ascertain how best to support the introduction of appropriate skills mix in aged care. The Productivity Commission suggested in its *Caring for Older Australians* report, for example, that providers publish staff qualifications and skills with a profile of care recipients for the purpose of strengthening consumer choice. It also suggested that care

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[21] Duffield, C., Roche, M., O'Brien-Pallas, L., Diers, D., Aisbett, C., King, M., Aisbett, K. and Hall, J. 2007. *Glueing it Together: Nurses, Their Work Environment and Patient Safety.* Final Report July 2007. UTS: Centre for Health Services Management http://pandora.nla.gov.au/pan/85822/20080618-1006/www.health.nsw.gov.au/pubs/2007/pdf/utsreport_final.pdf

prices take into account the appropriate mix of skills required for the delivery of those services.

National Seniors believes the Productivity Commission's original proposals have merit and that these should be explored further.

Challenges attracting and retaining aged care workforce

Retention and turnover have long been viewed as intractable problems. Worker 'churn' is highly evident in the sector with many workers opting to move between different aged care employers[22]. In the most recent survey of the workforce, for example, it was found that almost 20 per cent of staff signaled an intention to leave their employer within the next 12 months[23].

Poor retention and high turnover are related to a number of key grievances. These range from low wages, inadequate hours, limited career advancement, poor working conditions, work overload and exhaustion.

Remuneration

Recommendations

7. **Ensure that funding takes into account the need to pay fair and competitive wages to nursing and other care staff.**

8. **Ensure that remuneration adequately reflects investments made in training and skill development by having adequate career progression within the sector.**

National Seniors recommends that remuneration for aged care staff be addressed as a key factor undermining staff attainment and retention. Low wages discourage new recruits, reduce job satisfaction and undermine economic security in retirement.

Low-pay is consistently cited as a reason for ongoing workforce issues in the aged care sector because it exacerbates workforce shortages[24]. As a major survey of the aged care sector has noted, job satisfaction is generally high except with regard to pay[25].

Providers will continue to have difficulty attracting workers when the remuneration they offer lags behind that being offered in comparable sectors. For example, registered nurses in aged care are paid between $168 and $300 on average less per week than nurses in hospitals[26].

The lower pay offered to registered nurses in aged care is replicated among lower skilled workers employed as personal carers and also workers in non-direct care roles such as

[22] King *et al* 2013. *Ibid.*
[23] King *et al* 2013. *Ibid.*
[24] Productivity Commission 2011. *Ibid.*
[25] King *et al* 2013. *Ibid.*
[26] Australian Nursing Federation 2012. *Federal Budget Submission 2012-2013* http://anf.org.au/documents/submissions/ANF_Budget_Submission_12-13.pdf

cleaning who are over-represented in the lower income distribution when compared with other similar workers[27,28.]

A further problem facing aged care workers is the poor return on vocational qualifications. Financial incentives for aged care workers to undergo further training are limited as future wages are unlikely to reflect that training.

While aged care workers with a Year 12 qualification were remunerated slightly better than other workers on average, aged care workers with higher levels of education experienced lower rates of return for any further investment in education[29]. This undermines career development for low-skilled workers in the sector. The lack of career opportunities is problematic because employees consistently rate this as a factor that would encourage them to leave the sector[30].

Older Australians recognise that low wages are a problem and support moves to increase pay for aged care workers.

> *I met a nurse delivering home care to older people (including wound dressings and medication) last year and she told me she could have earned one-third as much again in a hospital setting. She was staying in the aged care workforce as she loved her clients and wanted to work in her local area. So there seems to be a 'goodwill requirement' that is not present in other occupations. This is wrong.*
>
> \- National Seniors member

Providers are not currently obligated to spend extra funding on care [31]. Unless subsidies to providers include appropriate safeguards to ensure that the funding is spent directly on care we do not see how this will change.

National Seniors would prefer a funding model that ensures funding adequately reflects the costs of meeting resident and client care needs. In this regard, we support the Productivity Commission recommendation that care prices take into account the need to pay fair and competitive wages to nursing and other care staff[32]. We also support any moves to ensure that remuneration matches investments in training and skill development by creating appropriate career advancement structures within the sector.

Work conditions

Recommendation

9. **Work with aged care providers to develop workplace practices that promote staff satisfaction.**

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[27] Note: This specific research refers to full-time employees in occupations such as food trades workers, community and personal service workers not further defined, health and welfare support workers, carers and aides, hospitality workers, labourers not further defined, cleaners and laundry workers, food preparation assistants, and other labourers.

[28] Watson, I. 2010. *Low paid workers in the aged-care industry: Analysis based on Census and HILDA data.* Research Report for Liquor, Hospitality and Miscellaneous Union 13 August 2010. http://ww2.fwa.gov.au/manilafiles/files/s243/exhibitLHMU5.pdf

[29] Watson 2010. *Ibid.*

[30] Belardi, L. 2016. 'Unhappy workers: tackling the reasons why aged care staff leave' in *Australian Ageing Agenda*. 27 January 2016 http://www.australianageingagenda.com.au/2016/01/27/tackling-why-staff-leave/

[31] Productivity Commission 2008. *Ibid.*

[32] Productivity Commission 2011. *Ibid.*

Research indicates that job satisfaction is an important factor in staff retention. Workers who enjoy their work and working environment are more likely to continue with a current employer and occupation than those who do not[33].

Organisational culture and the level of support provided to staff by supervisors has a critical impact on an individual's intention to stay or leave employment[34]. This is important because turnover is one third higher in residential aged care than in the health care and social assistance industry and higher than in the overall economy[35].

Ultimately this reflects on the capacity and willingness of a provider to make the resources and support available to build a healthy organisational culture that supports staff. This is difficult under current conditions given providers are reducing, rather than increasing the number of direct care staff.

A significant source of grievance among staff is the perception that they are not able to spend sufficient time with residents[36]. The problem appears to be a perennial one.

> *My mother was in a nursing home for just under two years. She was unable to leave her bed. I visited her every day. She was well looked after and the people were kind but too busy to really stop and care beyond meeting physical needs. For those without families emotional needs went unmet - a hand was never held, a head was never stroked, dry skin was never massaged with a soft cream, a funny story was never shared.*
>
> \- National Seniors member

As many as 45 per cent of residential care workers believed they didn't spend enough time with care recipients[37]. Given that residents in aged care homes have increasingly higher and more complex needs, it is important that staffing levels reflect the higher workloads for staff. If staffing does not adequately reflect workloads this will diminish job satisfaction and undermine retention and recruitment in the future[38].

Job satisfaction is also related to workplace abuse, which is common in the aged care setting. Staff must contend with abuse from managers and colleagues and also from clients and families. This can at times include direct physical abuse. This abuse contributes to poor morale among staff and has been implicated as a leading factor in the lower levels of staff morale in aged care compared to other nursing settings[39].

National Seniors believes much could be done to improve the working conditions for aged care staff. Providers have a significant role to play in creating positive working conditions. This will rely on having managers with the time and resources to engage staff in meaningful ways.

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[33] Richardson, S. and Martin, B. 2004. *The Care of Older Australians: A picture of the residential aged care workforce*. National Institute of Labour Studies, Flinders University: Adelaide. http://www.flinders.edu.au/sabs/nils-files/reports/Final_Report_ISBN_inc.pdf
[34] Berlardi 2016. *Ibid.*
[35] Productivity Commission 2011. *Ibid.*
[36] Richardson and Martin 2004. *Ibid.*
[37] King *et al* 2013. *Ibid.*
[38] Productivity Commission 2008. *Ibid.*
[39] Productivity Commission 2008. *Ibid.*

Education, training and skills

Recommendations

10. **Explore ways to incorporate social and emotional skills into aged care training and recruitment processes.**
11. **Ensure that all direct care workers hold a minimum qualification related to health or aged care.**
12. **Ensure that residential care facilities have adequate staff with skills in dementia and palliative care.**
13. **Ensure that workers from Culturally and Linguistically Diverse (CALD) backgrounds have the support to develop their language skills.**

National Seniors believes that aged care should not be a sector of last resort for low-skilled workers. Caring for older Australians requires highly skilled, trained, motivated, compassionate and socially and emotionally capable staff who can administer quality care to residents and clients, especially those who are frail.

> *…my family had a mum in care until quite recently and we were concerned by the quality of training and the quantity of staff in the centre…. While you are still mobile and relatively independent these issues were not so obvious, but once you lose these abilities flaws appear.*
>
> \- National Seniors member

There are many reasons to be concerned about the quality of the training and skills of workers in the aged care sector. As the Productivity Commission has noted, some aged care workers have insufficient skills for the tasks they perform[40]. While a large proportion of the workforce have post-secondary qualifications, training is viewed by staff not as an ongoing activity to improve practice, but as a necessary minimum required to sustain employment[41].

Evidence clearly shows that outcomes for residents, clients and workers is improved when more training, rigorous recruitment and selection practices, performance management and grievance procedures are put in place[42]. This requires skilled and qualified managers who encourage workers to undertake professional development activities by providing flexible rostering, allowing time off to study and by providing financial assistance to help cover costs[43].

Providers can play an important role in supporting staff to develop their skills and knowledge, but this will only occur if providers are willing to do so. Providers are unlikely to invest in workers from their own pockets when there is high turnover of staff; and staff are unlikely to invest in training that locks them into jobs offering limited career advancement or pay increase[44]. This results in a significant problem for the sector as it tries to attract and retain staff to meet shortfalls and meet future demand.

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[40] Productivity Commission 2011. *Ibid.*
[41] Pocock, B., Skinner, N., McMahon, C. and Pritchard, P. 2011. *Work, life and VET participation amongst lower-paid workers* NCVER MONOGRAPH SERIES 05/2011.
[42] Sargent *et al* 2008. *Ibid.*
[43] Productivity Commission 2008. *Ibid.*
[44] Pocock *et al* 2011. Ibid.

Government will need to look carefully at the operation of the merged Health Workforce Fund and the Aged Care Workforce Fund to ensure that it is supporting the development of the aged care workforce adequately.

Specialised training to equip the aged care workforce with the skills they need to effectively manage specific conditions is vital.

> *There is a need for continued professional development for aged care workers as research into ageing and associated diseases and conditions. Strategies for improving or maintaining quality of life are always evolving and need to be recognised by training providers and aged care providers.*
>
> \- National Seniors member

For example, both staff and providers recognise the need for more dementia-based training[45], as it is one of the main reasons older people require assistance at home or move to residential care[46]. In 2015, estimates suggest 342,800 people are living with dementia in Australia [47] with as many as 53 per cent of aged care residents having a diagnosis of dementia[48]. A National Seniors member notes the lack of staff expertise in the care of her mother.

> *Some of the nursing staff also seemed to have serious issues looking after a difficult patient, with little knowledge of how to handle someone with even mild dementia and the temper that can accompany that condition. Update training to all medical staff needs to be done, as the numbers are rising in this condition, so things are only going to get worse if staff are not trained properly*
>
> \- National Seniors member

Conditions, such as stroke, also require specific and timely treatment to ensure that people can manage independently at home for as long as possible. In 2009, it was estimated that 260,000 Australians over the age of 65 had a stroke at some time in their lives, with as many as one third of all stroke survivors having a resulting disability[49]. As this member explains, the lack of assistance for her mother after experiencing a stroke had negative impacts for her recovery.

> *When she left hospital there was little assistance arranged other than for showering her every morning. Physiotherapy seemed to have been arranged piecemeal, and was provided again by a sports physiotherapist, who tried hard but really did not understand how to address the issues mum had. And no assistance was given to rehabilitate her back to doing household jobs that she could have managed, nor any concerted therapy for her arm and hand (again because she went home from the private sector which did not have the protocols in place to assist in her rehabilitation).*
>
> \- National Seniors member

Given the increasing age and frailty of residents, questions must also be asked as to whether facilities and staff are adequately equipped to deal with residents nearing the end of

[45] King *et al* 2013. *Ibid.*
[46] Department of Health 2015. 2014–15 Report on the operation of the Aged Care Act 1997 Department of Health: Canberra https://www.dss.gov.au/sites/default/files/documents/11_2015/final_final_typeset_version_-_sent_to_printer_20_nov_2015.pdf
[47] King *et al* 2013. *Ibid.*
[48] Department of Health 2015. *Ibid.*
[49] Australian Institute of Health and Welfare 2013. *Stroke and its management in Australia: an update*. Cardiovascular disease series no. 37. Cat. no. CVD 61. AIHW: Canberra. Australian Institute of Health and Welfare 2013. *Stroke and its management in Australia: an update*. Cardiovascular disease series no. 37. Cat. no. CVD 61. AIHW: Canberra. http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129543611

their life. If residential aged care is becoming an "end-of-life care service", as some analysts have noted[50], adequate supports within aged care facilities are required. This includes trained and qualified staff with medical and palliative care skills. Several of our members have had traumatic experiences as a result of the lack of specialised training in residential care facilities.

> *My dad passed away in a Palliative Care Unit in the local hospital.*
>
> *The week before we found out that dad had a tumor, and was at Stage 4 and the vomiting and diarrhea were just the disease. I noted, whilst helping to care for him that he bought up green phlegm. "Oh, that's the liver breaking down" says the nurse, in with the morphine. He was now suffering pain and delusion, so they administered more drugs to quiet him down. He had an allergic reaction so the ambulance was called. At arrival at emergency we were told to go back to the home. I stood my ground and got some a real medical assistance. It wasn't the liver breaking down but pneumonia and the potassium in his blood was dangerously low.*
>
> *The home possesses none of the equipment to detect this problem let alone remedy this situation – hopeless when it comes to real people who just happen to be old and get very sick.*
>
> *The hospital insisted that he should return to the home and be nursed. Best go back to the nursing home to die - with no medical support and limited care.*
>
> *My dad was eventually assessed and moved to the Palliative Care Unit. There was a compassionate doctor who took the time to actually see him, there were two nurses trained in end of life care administering under supervision of a team of palliative care professionals to a small number of patients.*
>
> *I believe the home's lack of professional expertise hastened his death and contributed shamefully to it by its lack of adequate resources or qualified personnel. Expecting Certificate III carers to act in the place of nurses without a coordinated team approach is wrong. It should have included a doctor who regularly cared for my dad. The model simply does not work for end of life.*
>
> \- National Seniors member

> *My mother "lives" in residential care. The quotation marks are to stress that she is not "living" there but existing.*
>
> *Medical attention is sadly lacking-rather the resident is told to go to bed and lie down if he/she is not feeling well. Rather than being assessed properly it is not until they require hospitalisation that intervention occurs. This leads to a higher than necessary death rate my mother believes. Whether this is true or not I am uncertain but I do know that the quality of the trained nurses leaves a lot to be desired. They will suggest that a bra that is too tight is the cause of chest pain in a patient with angina and that a deep skin tear is okay to be covered with a bandage only. A couple of days later it required stitching by a specialist!*
>
> *The carers, the untrained staff are angels and are the best part of the service but the food, activities, and medical attention leaves a lot to be desired.*
>
> \- National Seniors member

While it is vital that aged care workers have adequate formal education and training, caring for older people also requires social and emotional skills. Some of these skills come from

[50] Keane, A. 2016. 'Older Australians staying out of aged care homes longer as they receive home care' 1 March 2016 http://www.news.com.au/national/older-australians-staying-out-of-aged-care-homes-longer-as-they-receive-home-care/news-story/6085fafbc43b5dbdf3faba442a53fe8b

age and experience. Member feedback suggests mature-age workers bring maturity, understanding and empathy to caring for older people.

Social and emotional skills can be cultivated through formal training and through mentoring, but these skills are not well-defined or generally taught. This is unfortunate because a lack of social and emotional skills places pressure on other workers and diminishes the quality of care to residents and clients[51].

Another issue is the quality of the training being provided to the workforce. There has been significant concerns that Registered Training Organisations (RTOs) are not able to provide adequate training and practical experience to prepare personal care workers for employment in settings where there is limited supervision[52].

> *The issue of the role and regulation of RTOs has been a very controversial area. Many private providers are "cashing-in" on government subsidies.*
>
> \- National Seniors Member

The variable quality of training has meant that some workers have insufficient skills to perform their required roles[53]. Some RTOs are not delivering courses to the required standard and the content and delivery of training courses needs ongoing review and oversight[54].

Some of these issues can be overcome by providing better integration between training and work. It has been argued that training providers who work closely with workplaces have the capacity to deliver staff with a better understanding of organisational processes and thus job-ready employees[55].

Language skills are another issue. Increasing the proportion of personal carers with a language other than English is important as it increases the number of staff who can communicate with residents and clients from a non-English speaking background. However it can present problems for residents or clients if it makes communication difficult. This issue has been raised by National Seniors members.

> *Unfortunately a high percentage of aged care workers have English as a second language and this severely impedes the effective communication between care staff and residents.*
>
> \- National Seniors member

> *…many of the workers were foreign with heavy accents. Old people have impaired hearing and are not good at sorting out accents. This meant that mum understood only a fraction of what was said to her even though she would smile and nod. This had the potential to cause serious problem and on a couple of occasions, if my visits had not been so regular, her wellbeing would have been compromised. I would suggest that people working with patients pass a stringent English test before employment. I have a diploma in second language teaching and even I struggled to understand some highly qualified hospital staff as well as the less qualified workers in the nursing home.*
>
> \- National Seniors member

[51] King *et al* 2013. *Ibid.*
[52] Productivity Commission 2011. *Ibid.*
[53] Productivity Commission 2011. *Ibid.*
[54] Productivity Commission 2011. *Ibid.*
[55] Pocock *et al* 2011. Ibid.

Effective communication is essential for adequate care. Policies encouraging migrants to participate in aged care training programs have occurred without vital language skills assistance.

National Seniors recommends that social and emotional skills be better incorporated into training and recruitment processes as critical skills for working in aged care. We also argue that all direct care workers should hold a minimum qualification related to health or aged care (dependent on training programs meeting acceptable standards).

National Seniors believes that residential care facilities should have adequate staff with specialised skills in areas, such as dementia and palliative care, in recognition of the increased demand for workers with these skills. We would also recommend that greater assistance be provided to people from non-English speaking backgrounds to improve their language skills as part of aged care training programs.