

Position Paper

The Aged Care Workforce

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Introduction

The intention of this paper is to share NARI's position on the recommendations of the Royal Commission into Quality and Safety and the subsequent announcements in the Australian Government's 2021-22 Budget relating to the aged care workforce. It encompasses recommendations 30, 75-86, 89 (See Table 1). As Australia's longest standing and only independent medical research institute specifically focused on ageing, NARI is responding from a strong position of research, advocacy and education.

Australia's aged care workforce consists of over 366,000 employees which represents approximately 3 per cent of Australia's total workforce¹. This makes it one of the largest workforces in Australia. With an ageing population, the aged care workforce is amongst the fastest growing sectors in Australia and hence, the overall demand for aged care workers will rapidly increase².

Aged care workers are employed in residential aged care homes (n=235,027) and in home care and home support services (n=130,262)¹. Most aged care workers are women (median age 46 years), who are employed as personal care workers (PCA) on a part-time and casual basis¹. In residential aged care homes, 70% of the workforce are PCAs, 15% are Registered Nurses (RNs), 10% are Enrolled Nurses (ENs) and 1% are Allied health Professionals¹. One third of the workforce is born overseas and many speak a language other than English¹.

The Royal Commission into Aged Care Quality and Safety illuminated longstanding systemic policy failures in the aged care sector that have set the conditions for substandard care, particularly in residential aged care³. They also cited evidence of an association between the quality of care and the number of employees and their knowledge, skills and qualifications. Although the Commission did not blame aged care workers for these failures, employees in residential aged care homes in particular, have felt the brunt of these findings. The Commissioners claimed '**getting the aged care workforce right is vital to the success of any future aged care system**'³ (p. 371, vol 3).

The debate about the number and type of staff working in aged care is a highly contested one, and is in part, related to differences in beliefs about the needs of older people. As noted by Eagar, 'aged care cannot be separated from health care. People do not need aged care because of their age but because they develop health conditions that result in cognitive loss, behaviour issues and/or frailty and so on. Social isolation and needs are the consequences of the health problems, not the cause'⁶. Therefore, we agree with Eagar that '**while a social care system for older people is essential, it is still not enough**'.

Hence, NARI welcomes the Government's announcement of \$3.9 billion to increase the amount of front line care (care minutes) delivered to residents of aged care and respite services, mandated at 200 minutes per day, including 40 minutes with a Registered nurse. NARI advocates for an integrated approach to meeting the health and social care needs of older people, wherever they live.

We also welcome initiatives to appropriately remunerate aged care employees. As in most other countries, paid care work is often distributed along lines of class, caste, race and gender, and careworkers in residential aged care homes are exposed to courtesy stigma, racism, sexism, classism and occupational violence^{4,5}. Carework is, in most cultures reserved for individuals who are the least valued^{4,5}. The aged care workforce struggles to gain respect, recognition for its work and appropriate remuneration, and careworkers' low wage relative to the other employment, serves to reinforce a low occupational status.

NARI welcomes the Commissioners' recommendations on:

- Education, recruitment, development and career progression of aged care workforce
- Remuneration, career progression, professional development and support for the frontline aged care workforce
- Governance and management of aged care
- Promoting a Culturally and Linguistically Diverse (CALD) aged care workforce

However, we do not feel that they go far enough in preparing and supporting the workforce to deliver high quality and safe, person-centred care. Protections also need to be in place for aged care employees. The recommendations do not address the underlying ageism and gender bias that undervalues carework, careworkers and care recipients.

Summary of key points

Based on our research and experience in the aged care sector, NARI supports the following:

- Improved remuneration and status of aged care workers.
- Stronger recognition and valuing of diversity in aged care.
- Aged care workforce planning that is underpinned by evidence.
- Systematic and structurally resourced efforts to build capacity within the aged care workforce
- A scheme to regulate PCAs which features minimum education and English language proficiency requirements.
- Additional training places for aged care workers.
- Mandatory minimum qualifications that go beyond the Commissioners' and governments' recommendations.
- A comprehensive review of certificate-based courses for aged care and engagement with researchers to ensure the content is evidence-based and reflects contemporary best practice.
- The developing and funding of nationally recognised micro credentials and skill sets for aged care workers.
- Gerontological content in undergraduate curricula for health professions' that is theoretically informed by a human rights framework.
- Intentional strategies that link research and teaching with aged care to facilitate an evidence-based approach to practice.
- The adoption of minimum staff time standards for residential aged care and improved reporting of direct care time.
- Measures to improve leadership capacity within the aged care workforce and at an executive level.
- A public awareness campaign that challenges the underlying ageism and gender bias that undervalues carework, careworkers and care recipients.

Table 1: NARI's position on the recommendations of the Royal Commission into Quality and Safety and the Australian Government's 2021-22 Budget relating to the aged care workforce

Royal Commission	Government Response	NARI Response
Recommendation 30: Designing for diversity, difference, complexity and individuality	The Government accepts this recommendation and is responding through the measures Residential Aged Care Quality and Safety - Empowering consumers of aged care with information to exercise choice and Home Care - Connecting senior Australians to aged care services.	<i>NARI supports the recommendation that aged care services should be designed for diversity, difference, complexity and individuality.</i> However, there must be stronger recognition and valuing of diversity in aged care. This would involve making better use of the talents that already exist in the aged care workforce. NARI's research has found that the delivery of culturally competent care in routine practice is premised on organisational support, personal motivation, and professional resilience. We have already translated this research into practice through our training on cultural competency, cultural safety, and trauma-informed service delivery. – Our direct education program, which has been delivered to ~90 Victorian health and aged care providers in 3 years. – Our education program through Dementia Training Australia across Australia (curriculum development) and in-person to ~200 health and aged care workers in 2 years across Victoria and Tasmania. NARI led the development of a scoping review of dementia clinical and cohort studies (funded by the NHMRC National Institute of Dementia Research), which has already identified the variables on diversity to include in national surveys and datasets. Our team included representation from AIHW and ABS. We are also working with the Australian Clinical Trials Alliance, the Federation of Ethnic Communities Council of Australia on this area. In 2021-22, we will be working with the international CONSolidated Standards Of Reporting Trials (CONSORT Group) and the NHMRC to lead the development of a CONSORT extension aimed at increasing diversity in clinical trials.

Royal Commission	Government Response	NARI Response
Recommendation 75: Aged care workforce planning	The Government accepts this recommendation, which will be considered in the context of the role of the Aged Care Workforce Industry Council.	<i>NARI supports efforts to systematically address structural gaps in information about Australia's aged care workforce.</i> NARI has been working with CEPAR researchers to model Australia's future aged care needs, demographic population, and English proficiency. We have completed the policy analysis for this work, and are well placed to contribute to the work of the Aged Care Workforce Industry Council.
Recommendation 76: Aged Care Workforce Industry Council Limited	The Government accepts this recommendation, noting that the Aged Care Workforce Industry Council will work in collaboration with the Human Services Skills Organisation who will lead on work in relation to qualifications and career pathways. Additionally, the Government is responding to address elements of this recommendation through the measure Workforce - Extending the care and support workforce national campaign.	The Aged Care Workforce Industry Council is an important initiative designed to ensure the aged care workforce is suitably skilled and able to deliver safe, consistent, and high-quality care services to older Australians, irrespective of setting. <i>NARI supports the council's mandate to implement Australia's Aged Care Workforce Strategy and looks forward to opportunities to contribute to evaluating its outcomes.</i>
Recommendation 77: National registration scheme	The Government accepts-in-principle this recommendation, but not through an Australian Health Practitioner Regulation Agency (AHPRA) model. The Government is responding to this recommendation through the measure Workforce - National care and support worker regulation.	<i>NARI welcomes the Commissioners' recommendation that health professionals, personal care attendants should be subject to a regulatory scheme which features minimum education and English language proficiency requirements,</i> particularly given they spend proportionately more time caring for older people than any other staff type', and that this makes them 'a crucial component to the aged care workforce and a crucial component in influencing safety and quality issues. The current voluntary code of practice is an important initiative, but we believe it does not go far enough in protecting older people from harm.

Royal Commission

Recommendation 78: Mandatory minimum qualification for personal care workers

Government Response

This recommendation is subject to further consideration through the development of the whole-of-government Care Workforce Strategy.

NARI Response

NARI welcomes the additional 33,800 training places for existing and new aged care workers to support the increase in their skills and qualifications, and the additional support for training in dementia, palliative care and infection control. Whilst these are important measures, we support Commissioner Briggs recommendation for personal care workers to additionally have core competencies in: personal care, including trauma-informed care, cultural safety, mental health, physical health status, wound care, oral health, palliative care, falls prevention, first aid, monitoring medication and dysphagia management quality of life and wellbeing, including the use of technology, interventions for older people at risk, and recognising and responding to crisis situations. We add to this, the need for core competence in continence care. Whilst a staff member's temperament is fundamental to quality care, so too is their clinical competence.

Recommendation 79: Review of certificate-based courses for aged care

The Government accepts this recommendation. A review of the Certificate III in Individual Support and the Certificate IV in Ageing Support is currently underway and is due to be completed by mid-2021. The Human Services Skills Organisation is being closely consulted as part of the review.

NARI strongly supports a comprehensive review of the Certificate III and IV courses – neither of which we believe, prepare the aged care workforce with the knowledge and skills required to work in residential aged care and to deliver holistic care that meets aged care residents' biopsychosocial care needs

As part of the review of certificate-based courses for aged care, NARI calls for consistent standardised training that is evidence-based and subject to ongoing rigorous review. The review should clarify the competencies required for different roles in the workforce, reframe and modernise the qualifications and skills framework and define clear and rigorous assessment criteria for accreditation and career progression.

Given our track record, we are the best placed to develop core-competencies on continence, falls, dignity of risk, cultural safety and trauma-informed care for diverse Australians, including Aboriginal and Torres Strait Islander, CALD, LGBTQI+, veterans, and forgotten Australians.

Royal Commission	Government Response	NARI Response
Recommendation 80: Dementia and palliative care training for workers	The Government accepts this recommendation. The Government supports training for aged care workers in both dementia and palliative care. The Review of the Aged Care Quality Standards will consider appropriate regulatory levers to require providers to ensure staff are appropriately trained. The reviewed Certificate III in Individual Support (Ageing) will require units of study on dementia and palliative care.	<i>NARI welcomes the requirement for aged care providers to ensure staff are appropriately trained in dementia and palliative care</i> and for the reviewed Certificate III in Individual Support (Ageing) to include units of study on these important topics. However we also call for training in personal care, including trauma-informed care, cultural safety, mental health, physical health status, wound care, continence care, oral health, palliative care, falls prevention, first aid, monitoring medication and dysphagia management quality of life and wellbeing, including the use of technology, interventions for older people at risk, and recognising and responding to crisis situations.
Recommendation 81: Ongoing professional development of the aged care workforce	The Government accepts this recommendation. Developing and funding nationally recognised micro-credentials and skill sets, in addition to full qualifications, is identified as a priority area for reform for the future National Skills Agreement in the Heads of Agreement for Skills Reform signed by all jurisdictions in July 2020.	<i>NARI welcome strategies for the aged care workforce to access ongoing professional development</i>, particularly through nationally recognised micro-credentialling. We suggest the courses have clear and rigorous assessment criteria for accreditation and that they are linked to career progression. They should also take account of existing skills within the workforce, which are often underutilised.
Recommendation 82: Review of health professions' undergraduate curricula	The Government accepts this recommendation, noting accreditation of health professional education is conducted independently of Government under the National Registration and Accreditation Scheme (NRAS).	<i>NARI supports the review of health professions' undergraduate curricula</i> and calls for the development of curriculum that is based on the best available evidence about gerontology and a holistic biopsychosocial model of ageing and aged care that is informed by a human rights framework. Dedicated education that frames ageing and aged care as a discipline-specific and complex area of health is required across all disciplinary area and education levels.

Royal Commission

Recommendation 83: Funding for teaching aged care programs

Government Response

The Government **accepts** this recommendation and is responding through the measure **Workforce - Growing a skilled, high-quality workforce to care for older Australians**. This builds on a number of programs announced in the 2020-21 Budget.

NARI Response

NARI supports the Commissioners' recommendations for funding for teaching aged care programs. Whilst the scholarships and training opportunities outlined by the Government are welcomed, intentional strategies that link research and teaching with aged care are required for the aged care sector to adopt evidence-based practice. The roles of research, evaluation and education in the aged care sector should receive as much priority, funding, and prestige as they do in acute sector teaching hospitals.

Structural processes are required to promote the engagement of researchers and educators in the aged care sector to translate evidence into useable forms and to ensure research is contextually appropriate, useable, feasible and results in practice and a sustainable culture change. NARI researchers have considerable experience in conducting research in aged care homes and have found a co-design approach is critical to staff and/or resident engagement. The concept of the teaching nursing home model was first mooted in the USA in the 1980's, and has been discussed in Australia for many years without strong direction or implementation. Some aged care providers have adopted this model in association with universities, but its promotion to an established structure in the aged care system may not be practical without substantial government investment, as neither universities nor aged care providers see aged care research as a funding priority.

With most of the aged care workforce holding TAFE or VET qualifications, and the increasing separation of research and teaching roles in universities, Australia needs a bespoke model of engaging aged care providers in both responsive staff training and responsive research, and a way to link the two. NARI encourages the government and providers to consider research and teaching as core business for aged care. Without research-trained staff embedded in aged care settings, mentoring and modelling the translation of research into practice, the sector may continue to view research and teaching as separate from its core business.

NARI is well placed to advise on the best approach and models for embedding research and teaching into aged care, since it was set up in the 1970's to provide a practical link between research and practice in aged care. More recently, NARI has established research networks on ageing for the acute and aged care sectors (MARC). NARI can therefore advise on the development of the aged care workforce through increasing qualifications and training in aged care, and by embedding research-trained staff in the aged care workforce to facilitate partnerships with universities and research institutes.

Royal Commission	Government Response	NARI Response
Recommendation 84: Increases in award wages	The Government notes this matter is currently being considered by the Fair Work Commission (FWC). The Health Services Union has made claims to the FWC for increased wages for aged care workers covered by the <i>Aged Care Award 2010</i> . Decisions made by the FWC are independent of Government. The Government will provide information and data to the FWC as required.	<i>NARI supports initiatives that improve the remuneration and status of aged care workers</i> , who are currently amongst the lowest paid workers in Australia. Aged care workers are amongst the lowest paid employees in Australia. The care work they perform is distributed along lines of class, caste, race and gender, and they are exposed to racism, sexism, classism and occupational violence. Aged care workers should not have to struggle to gain respect, recognition for their work and appropriate remuneration. <i>NARI supports the recommendation for improved remuneration for aged care workers.</i>
Recommendation 85: Improved remuneration for aged care workers	The Government accepts this recommendation and is responding through the measure Residential Aged Care Services and Sustainability - Independent Pricing Authority .	<i>NARI supports the recommendation for improved remuneration for aged care workers.</i>
Recommendation 86: Minimum staff time standard for residential care	The Government accepts this recommendation and is responding through the measure Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system .	<i>NARI welcomes the Government's announcement of \$3.9 billion to increase the amount of front line care (care minutes) delivered to residents of aged care and respite services</i> , mandated at 200 minutes per day, including 40 minutes with a registered nurse. Ideally, this additional RN care time should be delivered by an RN with postgraduate qualifications in gerontology. We believe this initiative will go some way toward addressing the disconnect between the acuity of aged care residents and the workforce capabilities. <i>NARI also welcomes the introduction of the AN-ACC</i> which it believes will be a substantial improvement on the ACFI.
Recommendation 89: Leadership responsibilities and accountabilities (Commissioner Briggs)	The Government accepts this recommendation and is responding through the measure Residential Aged Care Quality and Safety - Aged Care Immediate Priorities - Strengthening Providers .	<i>NARI welcomes measures to improve leadership capacity within the aged care workforce and at an executive level</i> . This should include clinical leadership that is linked to gerontological postgraduate education.

References

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