



Improving the quality of aged care through education and registration

A submission to the Australian Government Productivity Commission Enquiry into Aged Care Employment

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About Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia. We support and empower the estimated half a million Australians living with dementia and 1.6 million people involved in their care. Dementia is the second leading cause of death in Australia, yet it remains one of the most challenging and misunderstood conditions. Founded by carers more than 35 years ago, our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the lived experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

Introduction

Dementia Australia welcomes the opportunity to make a submission on indirect employment practices in the aged care sector. Dementia Australia has a long-standing interest in aged care workforce issues and in particular, the quality of dementia care provided in the sector. We have made a number of submissions to Federal Government and industry consultations in relation to these issues over the last decade, proposing amongst other solutions, compulsory dementia education for all aged care employees, minimum entry level dementia competency requirements and a national registration scheme for all personal care workers.¹ Our submissions to the Royal Commission into Aged Care Quality and Safety, and Parliamentary Friends of Dementia Roadmap for quality dementia care, set out in detail the conditions under which we believe the quality of dementia care could and must be improved in the sector.²

Our broad concern lies with the quality and continuity of care in the aged care sector. Our specific focus is on the urgent need to improve dementia knowledge and skills in the aged care workforce, to ensure the delivery of high quality dementia care. This submission will take the form of overarching observations about systemic aged care workforce issues with an emphasis on what we believe are two urgent priorities in this context: education and

¹ Communique, Department of Health Aged Care Worker Regulation Scheme Dementia Australia, June 2020; Aged Services Industry Reference Committee The Reimagined Personal Care Worker Dementia Australia, July 2020; Pathways and tertiary education in aged care: A submission to the Aged Services Industry Reference Committee, Dementia Australia, October 2020.

² Royal Commission into Aged Care Quality and Safety Response to Counsel Assisting's submissions on the future of the aged care workforce, Dementia Australia, March 2020; A Roadmap for quality dementia care, Parliamentary Friends of Dementia Paper, Dementia Australia, March 2021.

registration. We have addressed a selection of questions from the issues paper that address these and related issues.

Valuing Older People and the Aged Care Workforce

The value we place on older people in our community has direct consequences for how we in turn value, support and remunerate the aged care workforce in Australia. There have been numerous State, Territory and Federal Government enquiries and reports - most recently a Royal Commission into Quality and Safety in Aged Care - which have identified long-standing and systemic problems with the quality of care provided in the aged care sector. Inadequate education, training and support provided to the aged care workforce over many decades has been consistently linked with the inadequate quality of care in the sector. The potentially profound impacts of an inadequately resourced and educated workforce on older people, including those living with dementia, have been documented in detail in the Royal Commission report and elsewhere.

Educating and Supporting our Aged Care Workforce

Dementia Australia believes that an appropriately skilled and knowledgeable workforce is vital for the provision of high quality care in the home and residential aged care sectors. It is estimated that two thirds of aged care residents living in the 2700 aged care homes across Australia have a diagnosis of moderate to severe cognitive impairment.³ Providing high quality dementia care should therefore be a central focus of service provision for every aged care provider. 70 per cent of all people diagnosed with dementia in Australia live in the community so it is equally critical that the home and community aged care workforce have appropriate dementia care skills and knowledge.

There are currently no minimum compulsory dementia education requirements for the aged care workforce – this includes personal care workers, enrolled and registered nurses. Registered and Enrolled Nurses do not require specialist training or qualifications to work in the sector, and recent analyses show most do not have relevant qualifications or knowledge, particularly in the critical areas of best practice palliative and dementia care.⁴

The recent Royal Commission into Aged Care Quality and Safety identified training and education inadequacies, including in dementia care, as a significant concern. Dementia Australia strongly supports compulsory dementia education for all staff working in the aged care sector in combination with improved education and qualification pathways and ongoing

³ Caughey GE, Lang CE, Bray SC, Moldovan M, Jorissen RN, Wesselingh S, Inacio MC. (2020) International and National Quality and Safety Indicators for Aged Care. Report for the Royal Commission into Aged Care Quality and Safety. South Australian Health and Medical Research Institute, Adelaide, South Australia

⁴ National Institute of Labour Studies (2017) The aged care workforce, 2016

professional development. A rigorous knowledge of dementia, and person-centred approaches to dementia care, must form part of any minimum levels of qualification required to work in the aged care sector. Given the varying quality of VET and other education provided to the aged care workforce identified through previous reviews, clear standards must be developed for determining the quality of dementia education provided nationally.

For those already employed in the sector who have not previously completed dementia education, we recommend that they should be required to undertake our 'Dementia Essentials' foundational education program. We also believe that ongoing professional development in the dementia education area, and support and mentoring of aged care staff, will be crucial to improving the quality of dementia care in the future.

To ensure the appropriate application of dementia knowledge and skills in the workplace we also recommend the additional training of key workers to become dementia practice leaders. These workers will have additional dementia knowledge, skills and expertise, and the capability to mentor and coach their co-workers, and drive practice changes and improvements.

Studies have shown that dementia education increases staff confidence and satisfaction, so a career pathway education model supporting workers with dementia qualifications, clinical placement, ongoing supervision, continuing professional development, and career advancement has the potential to be an effective workforce recruitment and retention strategy.⁵

Registration

The second critical component of a competent and confident aged care workforce is a nationally consistent registration system. Dementia Australia strongly supports registration for *all* workers providing direct support and care to older people, including those living with dementia. The Australian Health Practitioner Regulation Agency (AHPRA) currently administers the registration of Registered Nurses and Enrolled Nurses working in aged care but there is no equivalent registration process for direct care workers (also known as personal care attendants [PCAs], personal care workers [PCWs] and Assistants in Nursing [AINs]). Dementia Australia believes this is a necessary reform to ensure minimum qualifications are undertaken to enter the sector and ongoing levels of knowledge and skill are maintained. This will make a significant contribution to ensuring that older people, including those living with dementia, receive safe, high quality and culturally appropriate care.

Dementia Australia strongly advocates for a direct care worker regulation scheme to be developed in the context of the Human Rights Approach to Ageing and Health, which focuses on a person-centred framework being meaningfully connected to practice. A staged

⁵ Chenoweth, L., Jeon, Y.-H., Merlyn, T. and Brodaty, H. (2010), A systematic review of what factors attract and retain nurses in aged and dementia care. *Journal of Clinical Nursing*, 19: 156-

introduction of the registration scheme could be developed to ensure existing workers are not disadvantaged and are supported to transition across to the new requirements. Recognition of prior learning, minimum qualifications and ongoing professional development must be considered for existing workers and those new to the sector.

Q What are the implications for aged care recipients of using agency workers, independent contractors, or platform workers to provide government-subsidised care? Who is responsible for the quality of care provided in these circumstances? Does the situation differ if the worker is engaged as an independent contractor rather than as an employee of an agency or a platform?

As noted in the issues paper, the proportion of personal care workers and nurses currently employed via indirect means is a modest 1% of the total Australian aged care workforce.⁶ The current impact of indirect employment practices in the sector is therefore difficult to evaluate. As outlined above, our broader concern lies with appropriate workforce education and compulsory registration as key to the provision of high-quality care, including dementia care. We believe therefore that this is an issue for both direct and indirect employment practices and consequently indirect employment practices in this current context pose no greater risk to the quality of care. As an organisation, we are therefore 'agnostic' in terms of the benefits and drawbacks of direct versus indirect workforce employment practices in the sector. Dementia Australia believes that if the competency of aged care workers can be supported through compulsory education as a condition of entry to the sector, annual registration, and ongoing education and professional development, we make no distinction between the quality of care that direct and indirect care workers could theoretically provide.

Q What are the pros and cons of agency workers, independent contractors and platform workers in aged care for:

aged care recipients (in terms of quality of care and consumer choice)

aged care workers (in terms of employment conditions and worker preferences)

aged care providers (in terms of job creation and availability of workforce, flexible and innovative models of care, accountability of aged care providers for the care delivered on their behalf, costs of providing care and viability of aged care providers)?

Are the impacts different in residential care settings compared to home care settings?

⁶ Indirect Employment in Aged Care Issues Paper, March 2022, p15

There has been, and continues to be, significant and long-standing staff shortages in the aged care sector. The estimates of current and future aged care workforce attrition rates are alarming. Compared with the nationwide overall workforce 2020 attrition rate of 7.5%, staff turnover in residential care is 29% and even higher for registered nurses (35%). In home care, turnover was 34% with 30% of registered nurses and 35% of person care workers leaving their roles in the previous 12 months.⁷ It is estimated that at least 17,000 more personal care workers will be needed each year over the next decade just to meet basic standards of care in the aged care sector. This could increase to 400,000 by 2050 unless urgent action is taken to boost the workforce.⁸ The current wage disparity between workers at all levels in aged care compared with their counterparts in the acute health and disability care sectors, and the additional workforce constraints imposed by the pandemic, has exacerbated these shortages.

As emphasised above, Dementia Australia believes that workforce continuity and competency underpins the quality of aged care service delivery. Regardless of whether they are employed directly or indirectly, in home or residential care, if aged care workers at all levels are employed on a regular basis, know their care recipients well, understand their individual needs and preferences and adopt a genuinely person-centred approach to their care, this will make the most significant contribution to ensuring the provision of high-quality dementia care.

How can technology be used to improve the efficiency and quality of care?

Dementia Australia believes that technology can make a significant contribution to improving the quality of aged care, including dementia care, by providing tailored education options for aged workers. The delivery of effective dementia education must be flexible, responsive and accessible and delivered across a range of platforms. Variations in adult learning styles and preferences, technological literacy and diverse cultural and linguistic differences must be considered in engaging with and encouraging learning in the Australian aged care workforce.

The development of virtual reality (VR) technologies and related 'immersive' approaches is one of the most innovative areas of research and development in the aged and dementia education field over the last decade. These initiatives aim to simulate various aspects of the environment and the daily challenges faced by an older person, including someone living with dementia. There is increasing evidence for the appeal and efficacy of this kind of approach and Dementia Australia has been a leading proponent in the field.

⁷ 2020 ABS Workforce Census: <https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census>

⁸ Duty of Care: Meeting the Aged Care Workforce Challenge, CEDA - Duty of care: Meeting the aged care workforce challenge, August 2021

Designed in conjunction with carers and people with lived experience of dementia, our 'Virtual Dementia Experience' (VDE) exposes participants to a simulation of a home environment involving light, sound, colour and visual effects. Participants are required to navigate this environment while also undertaking typical tasks of daily living. The program's objective is to deliver '... experiential learning aimed at increasing empathy.' We have subsequently developed the VR initiatives 'EDIE' and the award-winning 'Talk with Ted.' These kinds of programs draw on 'experiential methods of learning' that are critical in conveying the lived experience of dementia and engaging students or participants 'at an emotional level'⁹

As one of program development team members noted, there has been a long history of traditional approaches to teaching best practice dementia care that has largely involved 'telling people what dementia is and what good dementia care looks like.'¹⁰ The powerful impact of immersive, experiential programs has produced better results. '... from our experience in VR to date, we're finding you're much more likely to get practice change with the use of VR.'¹¹ As noted in a discussion of emerging experiential approaches in the dementia education field, 'It is one thing to be told how another person feels; quite another to come close to feeling the same way.'¹²

Our recently relaunched Ask Annie app is another example of innovative technology in the service of aged and dementia care education. Ask Annie specifically targets the home and community aged care workforce. The micro learning education platform is designed so busy workers can complete short modules at their own pace. The app guides learners through scenarios based on real life experiences to provide practical ways to address challenging situations, including those involving people living with dementia.

Dementia Australia believes that harnessing the latest technological developments - from immersive learning experiences to self-directed micro-learning mobile phone apps - will play an increasingly prominent role in improving aged and dementia care education and in turn, the quality of care provided in the aged care sector.

⁹ Alzheimer's Disease International. (2016). World Alzheimer's Report: Improving Health Care for People Living with Dementia, p. 66. Retrieved from <https://www.alz.co.uk/research/world-report-2016>

¹⁰ Cheu, S., (2020). Experiencing Dementia, Australian Ageing Agenda, January/February, 46 – 47.

¹¹ Cheu, S., (2020). Experiencing Dementia, Australian Ageing Agenda, January/February, p 46 – 47.

¹² Joosten, M (2015). Reading into Dementia. Retrieved from <https://www.wheelercentre.com/notes/reading-into-dementia>

Q If the use of agency workers, independent contractors and platform workers in aged care was restricted, could they be readily and effectively replaced by workers engaged as employees of aged care providers?

Are there any preconditions in personal care and nursing workforce supply that would be required prior to any potential policies and procedures to preference the use of direct employment?

How would preferencing direct employment in aged care affect other care sectors and the economy more broadly?

As noted in response to previous questions, given the critical, ongoing shortage of aged care staff at all levels, and the small number of workers currently employed indirectly in the sector, it is difficult to assess the potential impact of these proposed restrictions. It is conceivable that imposing restrictions around indirect employment practices could have a compounding impact on an already depleted sector by channelling indirectly employed aged care workers to sectors where the remuneration and conditions are more appealing.

Conclusion

Dementia Australia is grateful for the opportunity to make a submission about indirect employment practices in the aged care sector. We believe that addressing the potential impact of different models of employment practices on the quality of aged care service delivery is an important part of addressing broader workforce-related issues in the sector. As outlined in our submission, regardless of the direct or indirect nature of how workers are engaged, we believe education and registration are urgent priorities in the endeavour to improve the quality of care, including dementia care, in the sector. Thank you for considering the issues raised in our submission and we would welcome the opportunity for further consultation.