

**National Seniors Australia's  
Response to the Productivity Commission's  
Indirect Employment in Aged Care  
Issues Paper**

April 2022

## Introduction

National Seniors Australia is a member-based not-for-profit research and advocacy organisation committed to representing and promoting the views, values and beliefs of older Australians. We regularly undertake research into older Australians' views on topical issues, particularly through our annual National Seniors Social Survey (NSSS) which attracts thousands of responses from Australians aged 50 and over. In our research we often invite free text responses to questions, allowing seniors to write about their views in their own words at length. This grants us unique insight into older Australians' opinions and experiences.

We welcome the opportunity to respond to the Productivity Commission's *Indirect Employment in Aged Care Issues Paper* (hereafter, *Issues Paper*). Our response is based on comments we have received from older Australians within our research program, including responses to survey questions we asked about aged care in 2021 and two interview-based research projects. When discussing their views on aged care, our research participants frequently draw on their own experiences of the aged care system, whether as past or present employees, as care recipients, or as family and friends of care recipients. Based on research participants' views, we here argue that:

- Aged care workers' welfare should be prioritised when making decisions about staffing structures and systems, because improving workers' pay and conditions is a high priority for senior Australians to benefit workers and care recipients alike.
- When determining the appropriate employment conditions for aged care workers, priority should be given to ensuring care recipients receive a consistent service, including the ability to build relationships of trust with individual workers over time.
- Priority should also be given to maximising the diversity of the aged care workforce and allowing consumers flexibility and choice so that they can receive a service that is compatible with their diversity needs, for example with respect to sexuality, gender, language and culture.
- Older Australians must be meaningfully involved in co-designing any changes to the aged care system, including aged care workers' pay and conditions, quality assurance mechanisms related to staff, and legislation governing accountability for this.

In discussing these aspirations, we conclude that older Australians are more likely to get what they want and need through a system built on direct employment of aged care workers.

The research reports these principles are drawn from, including full research methods and contextual details, are listed in the References section of this document.

## Older Australians want more aged care workers and better pay and conditions for them

The most direct evidence we have of older Australians' perspectives on aged care workers' situation comes from a qualitative survey we conducted in late 2021. A subset of the 5430 people who had participated in our 9th National Seniors Social Survey (NSSS-9) earlier that year had provided us with contact details for further research opportunities, so in this follow-up survey we invited them to write about their ideals for residential aged care. In total, 553 people responded, and around half mentioned worker issues including staff numbers, pay, conditions, duties, training and more. Their written comments point to needs that would best be met by workers employed directly by aged care

facilities. Agency workers, gig economy casuals and others employed indirectly are unlikely to be able to meet these needs.

Based on responses to this survey question we concluded that older Australians want mandated higher numbers of staff per resident at all times of day and on all days of the week including public holidays. Within this they want enough carers to support nursing staff so that staff roles are better differentiated, for example so that nurses are not given cleaning and cooking duties. At the same time, they want administrative staff and others not directly involved in caring duties to be trained in aged care, so they are more part of the care team. While we recognise there will be a need for a surge workforce in situations such as the COVID-19 pandemic, direct employment in facilities would best serve the desired outcome of all staff working as a team with specialised duties.

Older Australians want to see staff numbers high enough that carers (or other specialised staff) can devote at least a standard minimum amount of time per day to each resident that includes concerted attention to their quality of life, exercise and leisure activities, and time to stop for a chat. This emphasis on care recipients' emotional and social wellbeing highlights the importance of relationship building as part of care work, a facet that can only be served by direct employment of a consistent team of workers. While our survey question focused on residential aged care, the same principles apply to home-based aged care, especially for care recipients who are isolated, lonely or highly dependent on care, and especially for carers engaged in personal care duties.

The need for staff to be available to assist care recipients with eating and drinking was highlighted by several survey respondents. They discussed the fact that some older people physically cannot feed themselves, drink by themselves and/or cut up their own food, so they will (and do) become severely dehydrated or malnourished if no one helps them. A respondent who had become familiar with approximately 20 local aged care facilities through their work with aged care clients discussed this problem and its further repercussions, writing:

*"I saw residents who were almost starved to death. They were given meals but they needed assistance to eat them. Because there was no staff to do this, a superficial assessment was made that they were not hungry and the food was taken back. This happened to my mother in aged care who became severely dehydrated and very thin, until the situation was drawn to the supervisor's attention. Because no one checks their fluid intake there is a widespread epidemic of urinary tract infections - often undiagnosed and residents do not disclose!"*

Such situations are much more likely to occur if facilities are staffed by workers who do not know the residents. They are more likely to be prevented if facilities directly employ a team of staff who work together every day and exchange information about residents regularly and over time.

Many survey respondents mentioned that aged care workers are frequently underpaid, undervalued and overworked, and they want this addressed with much better pay, conditions, recognition, and consideration for their health and wellbeing given their work can be difficult. They want to see aged care facilities staffed by quality, qualified people, and for aged care work to become more professionalised with career pathways, rather than 'just a job'. Consistent with this, they would like to see reduced numbers of casual workers or none, and instead stable staff in each facility so that residents are supported by people they know, as illustrated in this participant's quote:

*"Once my father passed away leaving mother by herself in the nursing home for a further 4.5 years, my wife and myself travelled 1000km from NSW to [town in Queensland] to visit her every 6-8 weeks. In those weeks when we weren't*

*present visiting her, we rang at least twice a week to talk with her and to determine from the staff as to her physical and mental condition and if she needed anything e.g. clothing, personal hygiene articles, sweets, chocolates etc., etc. On numerous occasions when ringing, we spoke with casual registered nurses, casual nursing assistants, very, very few of them knew my mother personally or what her condition or needs were. Often, I would hear the flicking through pages by the registered nurse, who come back to me and tell me, "Yes, she's okay." When questioned if she was in need of anything, very often received the reply, "I don't know, I'm only a temp here, please wait until I find someone who might know." All the foregoing commenced happening after the nursing home was taken over by a company that had many nursing homes on their books. Prior to this, the nursing staff were wonderful, they had been at the home long term, they all knew my parents and were always able to provide me with the information about them and their needs. Since the takeover by the new company, over a period of about 2 years, almost all the long term staff had left the home, with most of the new staff being made up of casuals, including the Registered Nurses. This tells me that the new operators were not treating their staff as well as they should and that their significant focus was on maximising profits which occurred at the expense of long term dedicated staff and more particularly, the resident seniors. In short, the personable and knowledge aspect of the home had almost disappeared."*

## **Older Australians want care to be as close to home as possible, built on consistent relationships with carers**

Survey respondents generally expressed a desire for aged care that is "as close to home as possible". As such, many supported smaller, community-based residential facilities or clusters of small, connected hubs rather than large, institutional facilities. A major reason people supported smaller residence models was their greater ability to retain a consistent team of staff and quality relationships with residents. For example, one person suggested a model for managing a larger facility as a group of smaller facilities, creating a more home-like environment in each by focusing on staff needs:

*"Create living hubs for small groups of residents living in the complex. Provide the same core of aged care workers for that hub. Create teams of workers that are rostered to care for the same residents on each of their shifts. Structure this team so the registered nurses, carers, meal providers, cleaners, support staff etc. are the same teams and each are carrying out the tasks they are trained to do: this then creates a living, vibrant hub where the residents and providers know each other and communicate well [...]. This then means family members also connect with the same core of persons caring for their loved ones which surely then creates a strong means of communication for all concerned. To achieve this, the employers have to offer permanent employment, workable rostered hours on and off and strong long-term incentives for career advancement and stability. The government is desperate for women to return to the workforce - the above surely is the means of opening the way [...] Each hub created joins together and becomes a well run aged care facility."*

Another person who had visited numerous facilities felt this model worked well:

*“The best we found were the ones made up by Pods of about 30 self-contained rooms with communal TV, dining, and outdoor areas in each Pod. Their main kitchen supplied all Pods. The nursing and domestic staff [knew the residents] and the residents had confidence in the staff and were happier.”*

People also see smaller models as beneficial for communities as a whole:

*“I personally think it is time to move away from huge Residential Care Homes. I would suggest the option of having Aged Care Residential homes within the Community. Homes that have a main kitchen, dining room, lounge room and separate bedrooms with own bathroom. These homes would have a limited number of people in the home. For example 6 people. The home to also have large verandahs surrounding the home for residents to be able to sit outside to feel part of a community. This would also help create future employment within the community, involve the community as the residents would feel part of the area. There could be social Inclusion for young and old. I personally feel this would take the fear out of having to move from my home, knowing I was moving to another home with company, interaction, socialising and a sense of an extended family. I would like the home to be open for family and friends to be able to visit, once again this could help other residents of the home to feel part of the extended family.”*

The friendly, home-like atmosphere older Australians want in aged care will not be possible if care is provided by people they don't know, no matter how technically competent those workers are.

## Older Australians want diverse aged care services and staff

While older Australians highly value having consistent teams of aged care workers who can build relationships with care recipients, that does not mean that any worker will do for any situation. They also value diversity, in two important ways. First, they want to be able to access care services from people with whom they share an identity, in terms of things like language, ethnicity, culture, religion, sexual orientation and gender (beyond cis-binary gender). Second, they value aged care workers who have been trained in delivering specialised kinds of care, including dementia care, palliative care and more. Older Australians want choice and tailored expertise when accessing aged care services.

Our projects working with culturally and linguistically diverse (CALD) community members and lesbian, gay, bisexual, trans and gender diverse (LGBT) people have shown that diversity in the aged care workforce is critical to quality care. Members of new and emerging CALD communities often do not know what services are available to them and/or will not access available services unless they are assisted to do so by people who understand their language, culture and life history, which can include major traumatic events such as violence, war, political turmoil and civil disruption. They need aged care services that are provided by workers who understand them and can communicate well with them, as was highlighted by a community outreach project that National Seniors co-developed and hosted in 2020-2021. A Community Liaison Officer working with elderly members of the Chin (Burma) community in Melbourne put it this way in an interview with our research team:

*“Australians from Chin background have encountered structural systematic barriers. With this community-specific outreach program, we were able to address the social issues in their own language in a culturally appropriate manner.”*

We have also received survey comments from First Nations, Aboriginal and Torres Strait Islander participants, calling for specific services to support their needs:

*“Both being of Aboriginal Background we would like to see a better care plan put in place for our people.”*

Similarly, some of our LGBT survey respondents and LGBT seniors we have interviewed have expressed fears about entering residential aged care or accessing home care services. They are aware that trans people and people in same sex relationships are often mistreated because of cis-straight aged care workers’ ignorance or homophobia/transphobia. Some have said they would rather take their own lives than enter residential aged care. Some feel the need to ‘straighten up the house’ when accessing home care. Quotes from LGBT research participants include:

*“I am [also] very aware of the potential for discrimination when and if I ever need to access aged care. Ageism and homophobia make for a hideous cocktail!”*

*“[I am a] transgender person, and I am not at all sure I would find a place where I would be treated respectfully.”*

Like CALD and First Nations community members, LGBT seniors need aged care services to be provided by workers who not only understand their situation but positively support them and can relate to them in nuanced and meaningful ways. This usually comes through workers who share their identity and already have a deep understanding of their community’s needs and issues.

For these reasons and more, older Australians support the diversification of aged care providers, so that they can have genuine choice about who provides their care. Since interpersonal relationship building is inherent to care quality in these situations, a consistent workforce is needed – indeed it is probably needed in these situations even more than in others. This kind of care cannot be provided under a model that relies upon agency workers and gig economy shifts. In addition, people who are already marginalised may be more vulnerable to mistreatment by unscrupulous aged care workers, making workforce governance and accountability extremely important. This can be best provided under a direct employment model.

## Older Australians want to co-design changes to aged care

A question we asked seniors in our 9th National Seniors Social Survey in early 2021 was inspired by Recommendation 107 of the Royal Commission into Aged Care Quality and Safety’s Final Report. It stated that priority should be “given to research and innovation that involves co-design with older people, their families and the aged care workforce” (clause 7.a.ii). We asked older Australians what they understood by ‘co-design’ in this context and the question received responses from 4562 older Australians.

The overwhelmingly majority of the 4562 participants supported the prospect of older people being involved in co-designing changes to the aged care system. They expressed commitment to the principle that the system’s users should play a significant role in its ongoing design. Many seniors have a strong desire to engage in co-designing the aged care system themselves, and already have insights and ideas to contribute to this domain including on topics relevant to the *Issues Paper*, at all levels from policies, laws and funding through to staff pay and conditions on the ground.

The survey showed Australian seniors feel that opportunities for them to be involved in co-designing or managing the aged care system are currently minimal. For many, any chance to have input and voice their opinions would be highly valued given this current state of disenfranchisement and

disillusionment. They ideally want a “seat at the table” for older people and at least an equal say in decisions about all aspects of the aged care system.

For these reasons we support the *Issues Paper’s* attempts to elicit stakeholder input to help make decisions about aged care employment. We strongly recommend the Productivity Commission take further active steps to involve older Australians in this process, in ways that allow them greater input at the ideas and implementation stages, not just consultation on pre-crafted propositions. Our research clearly shows that seniors are wary of tokenistic gestures of involvement such as consultation processes that invite contributions but do not act on them, or surveys constructed with predetermined agendas. The points we have made in this response paper are small steps towards co-designing the system with older Australians, but there is room for much more.

## Conclusions

In considering the pros and cons of direct and indirect employment models, we believe it is important to differentiate between different kinds of aged care service provision. Aged care services are also heterogeneous, for example:

- Residential care is not the same as home care, so these should be considered separately. Based on our research with older Australians outlined above, National Seniors argues that all residential care services would benefit from workers being directly employed.
- In the home care space, some services could be provided under an indirect employment (gig economy) model without issue, such as delivery and transport services or yard maintenance services – in essence, services that involve technical tasks with only a minimal requirement for people-centred labour. However, the gig economy will still likely need to be closely regulated in a similar way to the EU regulations outlined in the *Issues Paper* before we can state this definitively and have confidence in this model to protect workers’ pay and conditions. National Seniors supports efforts to regulate indirect employment in aged care to protect both workers and care recipients.
- Other home care services, including most importantly personal care, decline in quality under an indirect model because workers’ pay and conditions tend to be worse, workers and care recipients are unable to build relationships and understandings, and the nuances of shared identity are reduced or lost with changes in workers. National Seniors supports direct employment of workers undertaking this kind of labour.
- Home care services involving housework are also better served by a consistent workforce so that trust can be built between workers and care recipients in this intimate, private space, and so that workers can get to know care recipients’ preferences within their own home.

In other words, when considering employment models, we encourage the Productivity Commission and Government to differentiate between different aspects of aged care labour.

We also encourage consideration of different measures of aged care quality. Workers’ technical competence, professional respect for care recipients, a large allowance of care time, and improved statistics in terms of falls and injuries are four measures of aged care quality that are best provided by a highly skilled, highly rewarded and valued workforce as the *Issues Paper* notes *per* the Royal Commission. But they are not the only such measures: others are workforce consistency, diversity and specialisation, because these enable tailored care built on quality relationships between workers, care recipients and communities. The available evidence points to the importance of direct employment to achieve a gold standard on all these metrics.

## References

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