

RCSA Supplementary Submission to the Productivity Commission's Inquiry into Indirect Employment in Aged Care

3 June 2022

Overview

The Recruitment, Consulting and Staffing Association (RCSA) welcomes the opportunity to provide supplementary information to the submission we provided earlier to the Productivity Commission (PC)'s inquiry. This supplementary submission provides additional data around the vital activity and role of agency workers in the aged care sector.

As outlined our initial submission, agency work is vital to the functioning of Australia's aged care system. The use of agency workers to supplement the permanent workforce is vital to continuity of care and provides clear benefits, not just for aged care providers, residents, recipients, and the broader community—but for workers as well.

The agency workforce has the capacity to address short-term staffing needs, support surge demand, or provide short-term specialised services. Its capacity to respond quickly and effectively to staffing demand with qualified, trained, and work-ready workers makes the agency workforce vital to continuity of care through unforeseen and extenuating circumstances. If removed or reduced in its capacity through policy direction, it would significantly impact the level of care and care structures that the community relies upon for its elderly. It would also threaten that ability for the sector to maintain continuity of care in times of great demand.

For aged care workers, agency work offers a degree of flexibility that is inaccessible in permanent work. In contrast to permanent work, where rosters and hours are determined by the aged care provider, agency workers can choose when they want to work. People who work through agencies choose it as their preferred form of employment because it allows them to manage their work schedule with their personal circumstances, to avoid burnout and support their mental health, or because it allows them to earn a higher hourly wage.

While these observations were expanded upon in our original submission, RCSA has since collated data from its members in response to questions from the Productivity Commission during the consultation phase the inquiry.

RCSA circulated a survey to its members, which included those make up its member group association, the Association of Nursing Recruitment Agencies (ANRA), which is the peak body covering recruitment and staffing in health, community, and disability care.

We received a strong and significant response to the survey from members who supply workers into the aged care sector. We are confident that the insights below, collated from respondents to the survey, provide a relevant and realistic reflection of the current market.

Summary of survey response data

Number of workers placed into aged care by RCSA and ANRA

On average, RCSA and ANRA members place anywhere between 5,500 and 7,000 workers into aged care in an average week. This figure includes nurses, personal care workers, allied health professionals, medical practitioners, and ancillary staff. Member organisations estimate that number would likely have been closer to around 15,000 per week during the peak demand periods during COVID and flu outbreaks and vaccine program activity.

These figures relate to the number of workers 'placed', as opposed to the number of workers 'employed' by agencies. The reason for this is that there are a significant number of agency workers who are 'on the books' for multiple nursing agencies. By working on 'placements' as opposed to 'employees', it avoids double counting of workers who are engaged through more than one agency.

From the workers placed in aged care each week, our members reported that:

- 29% are registered nurses (RNs);
- 51% are personal care workers (PCAs);
- 1.2% are allied health professionals;
- 0.04% are medical practitioners; and
- 18% (are ancillary workers (cookers, cleaners, administrative staff etc.).

Breakdown of placements across settings and regions

The data demonstrated that 95% of RNs and PCAs work in RACFs in an average week, while around 13% are placed in in-home care scenarios. This 'overlap' in data relates to those limited scenarios where workers are placed and work across both settings. As the numbers show though, the vast bulk of agency activity is in RACFs.

In relation to location of workforce, in an average week for our members, around 82% of RNs and PCAs are placed in metropolitan areas, while 18% are placed in regional and rural areas.

Operational quality and safety measures

As part of the survey, RCSA asked members to share evidence and information about the measures that they have in place to ensure their workers are providing quality care, are doing so safely, and are in a safe environment when doing so. Every respondent was able to readily share detailed and extensive information about protocols and processes they have operationalised to protect their workers, care recipients and their clients. We have collated a series of examples below from the responses received:

'[We complete] extensive pre-employment checks, certificates and qualifications are set with an expiration date in our platform, if expired, workers are unable to work on site. Regular onsite visits to supervise quality of care, rating, and reviews of workers by facilities to ensure quality care is being provided.'

'We do Occupational Health and Safety site inspections, we run training sessions with our staff to ensure they are adhering and understanding their obligations. We also do spot checks with ALL clients at different times of the month where we ask specific questions to capture how the staff have gone working at their site. Our staff are very thoroughly screened prior to being employed so unless they adhere to a set standard they are not employed. Our management system is full proof to capture issues at both the staff member and the client end.'

'[We]...are committed to developing the clinical skills of our [workers] through high quality, accessible education, and training. We provide easy access to training for all our...[workers] through a combination of both online and interactive face to face workshops. By delivering quality training and education sessions to all classifications of...[workers], [we] can enhance and provide our... [workers] with remarkable healthcare skills to utilise within our clients' healthcare settings. This process strengthens the quality of care our...[workers] deliver to our clients. All staff undertake work health and safety training and are provided with OH&S manual. [Our]...Occupational Health and Safety Manual covers Employee Safety Responsibility, Manual Handling, Use of PPE, Incident Reporting, Emergency Protocols, and a wide range of other OH&S procedures and instructions. All staff are provided annual refresher training in manual handling and infection control relevant to their role, as per...[our] mandatory training outlined in the Staff Development Policy and Procedure.'

'[All candidates and employees undergo] mandatory training/ training Checks/ WHS questionnaire/ medication test/references/(if applicable) AHPRA check/pre-employment checks/police checks/(if applicable) NDIS checks/ screening with [internal] consultants/documentation checks/fatigue management [training].'

'[Our organisation provides] education, training, support, credentialing and performance reviews. [We collect] feedback from clients and stakeholders, [and complete] regular audits on nurses and compliance, risk and mitigation reviews.'

'[We do] Annual professional development, AHPRA spot checks, biannual appraisal/engagement checks, review of induction policies, ensure all required certifications are updated as required and suspended if incomplete.'

'[We complete] criminal record checks (vulnerable and aged care); ensure they have NDIS number, check references with supervisor, check qualifications, seek evidence of ongoing Continuing Professional Development (CPD) and updated certificates for manual handling, check for evidence of immunisation and vaccinations. [We also] undertake a behavioural based competency interview...[and] seek feedback from all placements.'

Examples of scenarios where agencies have removed or refused to supply workers to a residential aged care facility on health and safety grounds

68% of responders stated that there had been instances in which they have refused to send their workers to RACFs, or where their workers had refused to attend an RACF due to health and safety concerns. In most cases where our members had refused to send their workers to an RACF, it was the result of concern about poor practices at the facility.

Under Work Health and Safety (WHS) Laws in every state/territory of Australia, labour-hire providers and host organisations have a shared duty to ensure the health and safety of the workers on the host-businesses site. Our members take their obligations seriously and are very careful where they send their workers. They use checklists to ascertain whether the host organisation has the appropriate mechanisms, training, and equipment in place to assure the health and safety of the

workers that our members supply. Given the risk that exist for our member's own workers, if the checklist finds concerning information or is overwhelmingly incomplete, they will often refuse service. This was reflected in the survey responses.

One member advised that they refused to send workers to facilities which were not willing to share their COVIDSafe Plans. This was also the case for those RACFs that refused to send WHS documents. The member also explained that they have refused to send their workers to RACFs that do not have appropriate or adequate Personal Protective Equipment (PPE). This was raised by several other responders.

In instances where workers refused to attend an RACF, this was typically in due to lack of support/orientation during their shift from the permanent management and staff at the facility, as well as the general shortage of permanent facility staff. Members described occasions where workers were thrown 'in the deep end' during their shifts, with little to no guidance and poor management practices on-site. In situations where these issues arose, our members said that they refused to send workers back RACFs in question until they were satisfied that issues were rectified and there was evidence to the effect.

It is worth noting that it is an exception, as opposed to a rule, where these situations arise. Nonetheless, it speaks to the nature of on-hire staffing that there are occasionally scenarios where agencies are unwilling to supply workers to an RACF where they are concerned about the level of diligence in relation to work health and safety.

Examples of where RCSA members have had to educate an RACF on their work health and safety obligations

44% of responders also explained that there had been situations in which RCSA members have had to educate an RACF on their WHS obligations under the law. Specifically, our members have had to educate their clients on the following:

- Infection prevention and control (one member had sent infection prevention and control nurses to an RACF with a COVID-19 outbreak to educate their staff in COVID safe practices);
- Department of Health (both commonwealth and state/territory) COVID-19 guidelines and recommendations, including timeframes for isolating staff and when staff needed to undergo PCR testing;
- Orientation and support for agency workers and staff to ensure patient safety; and
- Their WHS obligations in response to concerns or complaints received from agency nurses;

One member advised that they will not even consider sending their staff to RACFs where health and safety concerns have been raised.

Examples of cases where RCSA members reported an approved provider to the Aged Care Quality and Safety Commission (ACQSC)

8% responded that they had reported an approved provider to ACQSC.

Percentage of RCSA members who pay above award rates

84% of responders advised that they pay above the award rate for RNs. In most cases, this is 25-30%, but in some instances it is up to 40-50%. 84% also pay above the award rate for PCAs, and again in most cases this is 25-30% above.

RCSA also received anecdotal evidence from members that in the current skills and labour shortage, some agency workers have signed up with multiple agencies in an attempt to negotiate hourly wages between them, and at almost double the award rate.

Shifts filled by RCSA through the Aged Care Surge Workforce

As described in our earlier submission, RCSA is proud to have partnered with the Commonwealth Government to develop an Aged Care Surge Workforce program that mobilizes agency workers across our membership efficiently and effectively in response to outbreaks in facilities.

As of 3 June 2022, RCSA's own surge workforce program has filled 60,397 shifts in aged care facilities across Australia since its commencement in June 2020. This is in comparison to the 44,208 shifts that have been filled by the other program participants collectively.

These figures can be found in the attached document from the Federal Department of Health titled 'COVID-19 outbreaks in Australian residential aged care facilities' on page 4.

Summary

The data from RCSA's survey paints a picture that is reflective of the experience of agency work across the aged care sector.

Although agencies may not engage and supply an overwhelming number of workers, these workers are desperately needed, especially in the context of the severe demand peaks in the sector, and in RACFs, where reliance on the agency workforce is greater than in in-home care. Interestingly, the data from our survey indicates RACFs reliance on agencies clearly goes beyond workforce provision and management, it flows into education on appropriate and safe practice to ensure that residents receive adequate care and workers can turn up to a safe employment environment.

As expert employers and workforce managers, agencies go above and beyond when it comes to safeguarding the quality and safety of their workers. As described, their workers undergo multiple checks, compulsory training and CPD, and even behavioural assessments. A large majority also complete spot checks on the aged care providers, where they can both view the site and collect feedback from their clients about their workers. It is the thoroughness involved in these processes, that make them a reliable source of labour for RACFs, and the aged care sector more broadly.

The opportunity to earn far above the award rate, is also an attractive component of agency work. This, in conjunction with the increased flexibility, is what has acted as a safety net for the aged care sector's workforce—keeping formerly permanent workers who may have or be about to experience burn out in their role, in the sector caring for elderly Australians.

The data clearly shows that agency work is a fundamental component of our aged care sector. If it were to be restricted or limited through policy, or otherwise, it would directly challenge the aged care sector's ability to meet even basic service needs and standards. Ultimately, without agencies and their workforces, the aged care sector and those who engage with it—including both residents and workers—would be severely disadvantaged.

About RCSA

RCSA is the peak body for the recruitment and staffing industry in Australia and New Zealand.

RCSA promotes and facilitates professional practice within the recruitment and staffing industry. It sets the benchmark for industry standards through representation, education, research and business advisory support to our member organisations and accredited professionals who are bound by the Australian Competition and Consumer Commission (ACCC) authorised RCSA Code for Professional Conduct.

In addition to the Code and as described in the above submission, RCSA has established the StaffSure Certification Scheme. StaffSure permits business, government, and workers to find and partner with reputable Workforce Service Providers such as on-hire companies, professional contracting firms and private employment agencies. Going beyond most Labour Hire Licensing Schemes, providers are independently audited against the StaffSure Standard, which includes a fit and proper person check, work status and remuneration, financial assurance, safe work, immigration, and accommodation.

RCSA is also a proud member of the World Employment Confederation (WEC), the voice of the recruitment and staffing industry across 50 countries, and ACCI, Australia's largest and most representative business network.