



Submission to the Productivity Commission on Aged Care Employment

Prepared by
COTA Australia

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About COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members include State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. COTA Australia and the State and Territory COTAs have around 40,000 individual members and supporters and more than 1,000 seniors' organisation members, which jointly directly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

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Introduction

COTA Australia appreciates the opportunity to present a submission to the Commission's Inquiry into indirect employment in aged care, and to have had the opportunity for earlier discussion with the Commissioners and staff. We have sought to address a number of principal concerns from a consumer viewpoint based on our extensive discussion with many people with lived experience of aged care, whether as a direct consumer or as a family or friend carer over a long period, formal consultations with consumers on quality in aged care, and a substantial and important action research project undertaken by COTA Australia in conjunction with aged care providers and university evaluators.

Competing workload pressures in the current aged care reform and federal election context mean that we have not sought to respond to all the issues and questions raised in the Inquiry Issues Paper, but we have focused on key concerns from the consumer perspective that arise from the focus of the Inquiry. We would be happy to expend on this submission in further discussion, and to respond verbally to issues and questions we have not directly or extensively addressed.

Consumer perceptions of quality

An aged care system which is responsive to the needs of a diverse older population, many with complex care and support needs, requires a workforce capable of providing inclusive and appropriate support and care within practice approaches which maximise choice and control for older Australians. An appropriate skill mix, and workers with the right aptitude and attitudes are essential to deliver quality consumer outcomes.

A discussion on consumer views of quality outcomes and perceptions of quality is important in the context of discussing staffing arrangements, as much of the current focus in quality is on clinical and other health performance indicators. COTA Australia's research and ongoing engagement with older people indicates that consumers think of quality and quality outcomes in a broader framework based in their own experience and the experience of their peers.

In 2018 COTA Australia was contracted by the Department of Health to conduct a short consultation on Measuring Quality and Consumer Choice in Aged Care.¹ Both the literature review, survey and focus groups supported the power of "customer experience" in informing choices of older people when selecting an aged care provider. The research also highlighted the consumer's relationship with and experience of staff, and the quality of communication, as key indicators of quality for consumers.

For consumers, the top five indicators of quality were:

- Staff aptitude, attitudes and skills

¹ <https://www.cota.org.au/wp-content/uploads/2018/09/Quality-and-Choice-in-Aged-Care-Project-Report-FINAL-Feb-2018.pdf>

- Reliable and consistent staffing
- Showing respect for older people and their allies
- Good communication with older people and their allies
- Supporting independence²

This is important as the consumer's experience of aged care is tightly interwoven with their experience of the people that deliver their care and supports. Whilst showing respect to older people and their allies and demonstrating good communication may involve some level of technical skills, much of the demonstration of these traits is inextricably linked with the attitude of aged care workers. We believe that much of the evidence from management research and modern management literature would link the attitude of workers with levels of engagement and feelings of being valued by their employer. The feelings of connection and value then directly impact on the experience of the older person in the caring relationship, where workers are supporting people with their most personal needs at a time they feel most vulnerable.

Consumers at the Centre – choice and control

We have continuously advocated for the aged care system to be designed around the needs of consumers. Too often the focus is on systems and processes without enough emphasis on the people for whom the service system exists. Right now, whilst there is rhetoric about the consumer at the centre and the first standard of the current Aged Care Quality Standards focuses on consumer dignity and choice, the lived consumer experience of this is still very uneven. In part this is because there is still not enough emphasis on the consumer experience and the perception of quality as seen by the consumer.

Consumers see aged care providers as powerful and influential in the care relationship. Whether this is real or perceived, whilst aged care providers hold the care funding, consumers see them as having the balance of power. Most consumers tell us that they see workers, whether directly employed by, or contracted to the provider, as loyal to, and in the control of the aged care provider. We see some deviation from this perception inexperience with the self-management of Home Care Packages.

Self-Management in Home Care Packages is not widespread, because the regulatory framework of home care mitigates against it. The Department requires that one provider be responsible and accountable for each Package. A consumer cannot directly hold a Package. Consumers must find providers who will enable a high degree of self-management, and these are few and far between, and have shrunk in number over recent years. Yet we are seeing a growing number of older people who are keen and able to manage their care - after all they have managed themselves, families, businesses, etc. for most of their lives.

² ibid p 19

COTA Australia undertook a three year project³ aiming to increase the flexibility in the delivery of home care services for consumers and to increase consumer awareness of their choices about the care that they receive and how they receive it, to determine the most appropriate means to share information on consumer choice with special needs groups, to develop tools or models that enable the department to assess awareness of consumer choice in the delivery of aged care services, and to support the role of consumers in informing continuous quality improvement within aged care services.

The project evaluated the requirements, benefits and challenges of a self-management approach by investigating the activities involved in self-management, the personal competencies that consumers and/or their representatives need to maximise consumer choice and flexibility, ways of increasing consumer capacity to undertake the tasks associated with self-management, and the safeguards needed to achieve positive outcomes where consumers self-manage. The project also assessed how competing aims can best be managed so that consumers are supported to be engaged in continuous improvement and use the maximum amount of their packages in supports and services, while providers remain financially viable when consumers pay minimum fees.

This project delivered a replicable model for the innovative delivery of home care services to clients and produced consumer and provider toolkits⁴ that identify the tasks and competencies associated with different levels of self-management.

Selecting staff was a key benefit identified by some of the participants in the project. One consumer said, “ *Self-management encourages people to use skills and take control... I interview and train my own staff. At [previous provider] I paid for most staff training myself because they could not train staff to meet my needs, and I got 4-5 different workers each week because of their rosters. The training for quadriplegics is different to old age generally.*”⁵ A carer participating in the project said, “*The admin has been easy [recruiting and paying staff]. It has enabled me to keep mum at home for longer. It is likely to be prolonging Mum’s life.*”⁶

In another case, a participant commented on their experience with workforce and perceived loyalty, “*We slowly got a new team. This self-management model is much better because the carers come because they want to. If they are paid by an organisation they work for their coordinator. But if I employ people, they are working for me, and we can have a more personal relationship – that is a much better situation... our staff’s loyalty is to our family... They’re happier when they come here.*”⁷

³ <https://www.cota.org.au/wp-content/uploads/2021/08/Self-Management-in-Home-Care-Final-Project-Evaluation-Report.pdf>

⁴ <https://www.cota.org.au/information/self-management-in-home-care/self-management-resources-and-tools/>

⁵ *ibid* p23

⁶ *ibid* p 26

⁷ *ibid* p.27

Many of the aged care providers participating in this project facilitated the use of debit cards for consumers to directly access package funds. “Almost 60% of participants used a debit card with package funds to pay for care and services; employ their own staff as contractors; and manage and roster their own staff.”⁸ In this project many of the consumers who chose and engaged their own workers used the Mable platform, to which COTA Australia has been an advisor since its inception.

We have seen the increased use of online platforms in the National Disability Insurance Scheme and consumers seeking to self-manage in home care are keen users of online platforms where their provider facilitates this. We see the continued development of online staffing platforms as important to providing choice to consumers in aged care.

Role of regulation

We see a role for consumers to directly engage workers to support and deliver their care as one of a number of viable and valid models of employment. However, it is also important that there are minimum conditions met that ensure safety and quality, and facilitate quality outcomes for consumers. In subsidising aged care services, government should be assured that these services are delivered in a safe and efficient way. COTA Australia supports police checks, minimum qualifications, a code of conduct for workers and a registration scheme for workers that are not already covered by a scheme for their own profession.

Mode of employment and the role of workplace culture

We recognise that for many workers an ongoing relationship with an employer contributes to engagement, motivation and attitudes to their work. However, this relationship is not in itself necessarily the driver of a positive working environment in which a worker contributes to positive outcomes for consumers.

The Royal Commission heard much evidence on the low levels of pay in the aged care sector. Evidence demonstrated that across the board workers in the aged care sector have lower rates of pay than their counterparts in primary health, disability and hospital sectors. We know from much of early (and current) management theory⁹ that a more solid foundation of adequate pay and conditions (the hygiene factors of work) must be addressed and met before tackling less tangible factors such as motivation and workforce engagement.

Consumers value the people who care for and support them and want to see fair and adequate pay in the sector. COTA Australia sees the Work Value case for the Aged Care Industry currently before the Fair Work Commission as an important step in developing a better payment regime for the sector. The fact and perception of receiving adequate remuneration, by both the worker and the consumer, cannot be underestimated in the

⁸ Ibid p.26

⁹ Herzberg’s Motivation-Hygiene Theory, Douglas McGregor - Theory X and Theory Y and Abraham Maslow’s Hierarchy of Needs

working/caring relationship. In our interaction with consumers, we hear many comments such as: “it’s just a job” (to the worker); “I know she doesn’t get paid much, but she doesn’t seem to care.” We also need to recognise that some employers remunerate at higher rates than the current awards, as are some workers in contracting arrangements. In general, we know from consumers that they are perceptive of the impacts of low remuneration in the sector and connect this to the how older Australians are perceived and their value to the community.

The role of workplace culture and leadership is also of fundamental importance. We hear many examples from consumers about the positive impacts on staff engagement of good management, and examples of vice-versa. Good leadership and culture flows into positive engagement with consumers and their families with higher levels of satisfaction and perceptions of good quality outcomes for consumers.

In an aged care service which has a positive workplace culture, as experienced by consumers, the mode of employment may have little impact. For example, the experience of some consumers in good residential aged care providers is of a team of people working together - personal care workers, nurses, allied health professionals and other supports, with no differentiation between who is employed by the home and who is contracted. So, a positive culture of the workplace contributes to the overall experience and quality outcomes for the consumer.

The Royal Commission heard of many examples of appalling practices and neglect of older people – particularly in residential aged care. We also hear from consumers of their experiences and poor outcomes. The Royal Commission validated what we and other consumer advocates had been saying for many years. In our submissions and evidence to the Royal Commission we have pointed to the link between poor governance, poor management, poor culture and low levels of staff engagement and poor consumer outcomes. Whilst the mode of employment may be a contributing factor, it is not the sole factor for these poor outcomes. The way workers are employed, whether directly or through contract arrangements, is not always aligned with quality outcomes for consumers.

However, we acknowledge that broad casualisation of any workforce would not have a positive impact for consumers. With high levels of casualisation, coupled with poor remuneration, many workers would not feel valued and secure, so this impacts their attitudes and engagement with work. Not feeling valued leads to other aspects of work being experienced negatively, leading to poor outcomes for the consumer. It comes down to how people feel and how they are connected to their work - the worker needs to be and to feel valued. This may mean for some workers the nature of the way they are engaged may be important either directly or as a contractor.

We would note that the 2020 Aged care Workforce Census Report found that “In all three service care types most direct care staff work in permanent part-time positions, consistent

with 2016. Staff employed through an agency or subcontractor are largely allied health professionals.”¹⁰

Conclusion

We need to see consumers at the centre of the design of the aged care service system. We want to see quality outcomes for consumers in aged care as they measure them. If prescribing one way of employing workers in the aged care sector impacts negatively on quality outcomes for consumers (as they perceive them) and to loss of choice and control, we could not support this, and indeed would actively oppose such a measure.

¹⁰ 2020 Aged Care Workforce Census Report, Australian Government Department of Health 2021, <https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census>