



LASA
LEADING AGE SERVICES
AUSTRALIA
The voice of aged care

COMMUNITY AFFAIRS REFERENCE COMMITTEE FUTURE OF AUSTRALIA'S AGED CARE SECTOR WORKFORCE

Member Briefing Paper

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Leading Age Services Australia

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Leading Age Services Australia (LASA)

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our vision is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Should you have any questions regarding this Member Briefing Paper, please don't hesitate to contact Marlene Eggert, Senior Policy Officer on e:marlenee@lasa.asn.au or p: 02 62301676.

Where to from this Report?

The *Future of Australia's aged sector workforce* report aims to identify issues the aged care workforce taskforce should address through the national aged care workforce strategy. The Federal Government in its 2017-18 Budget announced that it will provide \$1.9 million over two years from 1 July 2017 to establish and support the industry-led aged care workforce taskforce. According to the Government the taskforce will not only contribute to the development of an aged care workforce strategy but also explore how to improve the aged care workforce's productivity.

The legislated review of the Living Longer Living Better Act 2013 (the Tune report) also addresses workforce issues and will add to the discussions about workforce.

To represent our Members' viewpoint to government LASA is gathering Member feedback on the *Future of Australia's aged sector workforce* report through the following LASA Member groups:

- Workforce Relations Advisory Group
- Residential/Home Care/Retirement Living Advisory Groups in your state
- Member Advisory Committee in your state.

The conveners of these groups will be tabling this Member Briefing Paper for discussion by Members. You can also provide your feedback directly to Marlene Eggert, Senior Policy Officer on marlenee@lasa.asn.au or phone 02-62301676.

Introduction

On 1 December 2015, the Senate referred the issue of *The future of Australia's aged care sector workforce* to the Senate Community Affairs References Committee for inquiry and report. In early 2016 LASA made a submission and in November 2016 LASA gave evidence at the Inquiry. The Committee's report *Future of Australia's aged care sector workforce* (the report) was published on 20 June 2017.

The Terms of Reference for this Inquiry are¹:

- a) the current composition of the aged care workforce;
- b) future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers;
- c) the interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out;
- d) challenges in attracting and retaining aged care workers;
- e) factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths;
- f) the role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded;
- g) government policies at the state, territory and Commonwealth level which have a significant impact on the aged care workforce;
- h) relevant parallels or strategies in an international context;
- i) the role of government in providing a coordinated strategic approach for the sector;
- j) challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and lesbian, gay, bisexual, transgender and intersex people;
- k) the particular aged care workforce challenges in regional towns and remote communities;
- l) impact of the Government's cuts to the Aged Care Workforce Fund; and
- m) any other related matters.

The report makes 19 Recommendations for the development of an aged care workforce strategy to enable government and the education and aged care sectors to navigate the issues facing the aged care workforce now and in the future.

¹http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareWorkforce45/Terms_of_Reference

Background and context

The report presents demographic data predicting a near exponential growth in demand for aged care services. The data also underlines the urgency with which issues affecting the growth and effectiveness of the aged care workforce require addressing. Care use data demonstrates an already high uptake of the entire range of aged care services.

More aged people of more diverse backgrounds require a higher level of care

- In 9 years' time (2026) 18 per cent of Australia's population will be 65 years or older.
- In 38 years' time (2055) the proportion of Australians over 65 years of age will be almost 23 per cent (22.9%).
- In 9 years' time (2026) one in every four people aged 80 and over will be from a CALD background. In general, people born in 'non-main English speaking countries' have higher usage of non-residential care.
- Aboriginal and Torres Strait Islander peoples use residential aged care at higher rates than non-Indigenous people aged under 85 years.
- In the 12-year period between 1999 and 2011 the number of people moving into residential aged care (RACF) increased by 25 per cent.
- 82 per cent of permanent RACF residents required high level care in 2014.
- Almost 50 per cent of all RACF residents have a diagnosis of dementia.
- In 2015-16 over 1.3 million people received some form of aged care: 640,000 people through the Commonwealth Home Support Programme (CHSP); 285,432 people through Commonwealth-State HACC; 56,852 people accessed residential respite care; 88,875 people received care through a home care package; and 234,931 people were permanent residents in RACFs.

Summary of key issues

In its report the Committee considers (1) the role of government in addressing problems concerning the aged care workforce and (2) key issues a *national aged care taskforce* (the taskforce) should seek to address through a *national aged care workforce strategy* (the strategy).

Role of government

The Senate Committee sees a clear role for government in addressing the issues affecting the aged care workforce. As a funder of aged care services, the government should take responsibility for ensuring the aged care sector responds to the workforce challenges and makes best use of the public funding underpinning the sector. Further, the government should ensure that the workforce strategy aligns with policy and outcomes across all parts of the sector to achieve (1) better services (2) value for money and (3) a sustainable workforce. The Senate Committee calls for improved workforce data to support the planning for and monitoring of the aged care workforce (Recommendations 1, 2 and 5).

From the evidence provided to the Inquiry, the Senate Committee identified four key issues that the taskforce should seek to address through the strategy.

1. Need for an integrated sector-wide workforce development strategy

The Senate Committee notes the almost universally acknowledged need for a workforce strategy. The Senate Committee welcomes the government's announcement to establish an industry-led taskforce, recommending that the taskforce be representative of all stakeholders. The Senate Committee further suggests that the taskforce develop a national aged care workforce strategy that addresses, among others, following priorities:

Recruitment and retention

The Senate Committee recommends that the taskforce should urgently address factors that impede recruitment into and retention in the aged care workforce. Impediments to recruitment and retention are identified as: uncompetitive pay and conditions for workers, lack of career-structures, lack of development opportunities and concerns about workplace health and safety. Measures to improve worker recruitment and retention may contribute towards improving the industry's reputation. The strategy should pay particular attention to the workforce issues experienced by providers in rural and remote Australia (Recommendation 4).

Worker-client ratios

The Senate Committee is concerned that in some RACFs the ratio of clients to workers is too low. The Senate Committee suggests mandating a minimum number of registered nurses working at any one time as an appropriate regulatory requirement. The Australian Health Ministers' Advisory Council has asked the government to consider including into the Single Quality Framework a standard requiring clinical care to be best practice and provided by a qualified clinician (Recommendations 8, 9 and 10).

2. Need for improved training

Evidence suggests considerable inconsistency in the quality, scope and suitability of aged care training programmes. Many courses are too short to provide learners with an appropriate level of skill. Nursing courses' core curriculum tend to lack an aged care component and courses lack training in dementia skills. Very few student nurses seek a placement in a RACF. The Committee recommends a national approach to the accreditation of State, Territory and Commonwealth education services and that the Australian Skills Quality Authority give priority to and maintain close scrutiny of the aged care training sector (Recommendations 14, 15 and 16).

3. Need for further workplace and workforce regulation

The taskforce should examine the best approach to workplace and workforce regulation. The Senate Committee considers that regulation of workers in aged care should be consistent with that in the disability and acute health care sectors (i.e. Working with

Children Check with clearance number, Working with Vulnerable People Check and registration, health professional registration) (Recommendation 19).

4. Challenges for the rural and remote workforce

The Senate Committee considers the Consumer Directed Care (CDC) model as a 'one size fits all' approach to be unsuitable, in particular, for remote services. Remote services require a more tailored, flexible approach to their service delivery. Apart from reviewing service models appropriate to rural and remote settings, the taskforce should also consider how to improve access to available supports and programs (Recommendations 11, 13, 17 and 18).

Analysis of Recommendations

This part of the Member Briefing Paper presents the Inquiry's Recommendations together with LASA comments and questions designed to trigger further reflection of the workforce issues addressed.

Recommendation 1

The committee recommends that the aged care workforce strategy taskforce be composed of representatives of service providers, workforce groups, including nurses, care workers/personal care attendants, medical and allied health professionals, and others, and representatives of consumers and volunteers. Representatives of workers, care providers and consumers from regional and remote areas should also be included.

LASA comment: The government announced Professor John Pollaers as the chair of the taskforce. LASA supports that the composition of the taskforce reflects the wide range of stakeholders in aged care with industry taking a leading role on the taskforce. The Federal Government should be member of the taskforce. An advisory group should be formed through which the other stakeholders can provide input to the taskforce.

LASA question: Apart from the provider peak bodies and government, are there other important stakeholders which should be represented on the taskforce itself?

Recommendation 2

The committee recommends that the government, as a key stakeholder in aged care in terms of regulation, policy, intersections with other sectors and the coordination of government involvement, and as the key source of funding and revenue for the aged care sector, must be an active participant of the taskforce and must take ownership of those aspects of the workforce strategy that will require government intervention and/or oversight.

LASA comment: LASA considers that the government as an 'active participant' on the workforce should work alongside industry. LASA supports the government taking ownership of those workforce aspects clearly requiring government intervention and /or oversight such as the acquisition of workforce data, support for workforce training, facilitating immigration of suitable workers etc.

LASA question: Which demarcation issues between Federal and State/Territory Governments might get in the way of effective action? How can areas of ownership by the various governments be clearly defined? When would government intervention hinder rather than help?

Recommendation 3

The committee recommends that the aged care workforce strategy include a review of existing programs and resources available for workforce development and support and ensure consideration of the NDIS Integrated Market, Sector and Workforce Strategy to identify overlapping issues and competitive pressures between the sectors and how they may be addressed.

LASA comment: One of the challenges for the taskforce will be identifying how to supply the rapidly emerging demand for workers in a labour market with strong competition for suitable care workers. To gain an edge in the labour market and attract and retain skilled and knowledgeable workers employers may need to consider offering monetary and non-monetary rewards.

CDC based service delivery will likely demand a high level of flexibility from the workforce. The issue of workforce flexibility is best considered in the context of (1) industrial relations (2) models of care/service delivery and (3) new technologies.

LASA questions: In 2015 the Australian Government commissioned the *Stocktake and analysis of Commonwealth funded aged care workforce activities*. Would a review of existing programs and resources yield new and important information about the aged care workforce? Which non-monetary rewards could be made available to employees at little cost to employers?

Traditionally Australia has been solving workforce shortages through immigration. Is this path an option in the current political environment and would it be a viable option, considering the complexity of immigration processes? How can government support the immigration of registered nurses to be employed in aged care? What would be the appropriate attributes and skills for participants in such an expanded immigration program?

Recommendation 4

The committee recommends that, as part of the aged care workforce strategy, the aged care workforce strategy taskforce be required to include:

- *development of an agreed industry-wide career structures across the full range of aged care occupations;*

LASA comment: An industry-wide career structure may serve as an attraction factor, particularly for young people joining the workforce.

LASA questions: How do other industries manage their career structures, for example the mining industry for mining engineers? Are smaller providers able to introduce and sustain a career path? Could an aged care career structure be incorporated into an integrated labour

market that may include aged care, disability and health? Would such an integrated career structure attract workers in the first instance but also provide outflow channels for workers to other sectors in the care economy? Would a career structure have implications for overall labour costs? Would the cost of any higher-level positions be offset by a reduction in costs related to lower worker attrition and any improved productivity of a more stable workforce? How can the career path be designed so it fits the array of models of care being used?

- *clear steps to address pay differentials between the aged care and other comparable sectors including the disability and acute health care sectors;*

LASA comment: LASA would not necessarily be against such an initiative; provided government specifically addresses the funding required to respond to pay differentials and support providers' financial sustainability.

LASA questions: What is known about the motivational structure of aged care workers? Are there non-financial rewards that may be as effective or even more effective than pay in the attraction and retention of suitable workers?

- *mechanisms to rapidly address staff shortages and other factors impacting on the workloads and health and safety of aged care sector workers, with particular reference to the needs of regional and remote workers including provision of appropriate accommodation; and*

LASA comment: The Department of Health introduced the 'Boosting the Local Care Workforce' workforce initiative. This initiative assists providers in rural, regional and outer suburban areas to provide the workforce required to meet the expected growth in the disability and aged care sectors arising from the introduction of the National Disability Insurance Scheme and an ageing population.

LASA questions: Is the 'Boosting the Local Care Workforce' initiative effective? If not, why not? Are nursing and other staff agencies effective in providing staff at short notice? What are the specific needs of regional and remote workers in aged care? Is accommodation a key problem in rural and remote areas? Is cost of accommodation a problem in metropolitan areas too?

- *development of a coordinated outreach campaign to coincide with developments introduced through the workforce strategy to promote the benefits of working in the aged care sector.*

LASA comment: This campaign should constitute an endpoint to the outcomes achieved by the taskforce. As the aged care and disability workforces overlap, the campaign could include the NDIS workforce as this would defray some of the associated costs. However, a campaign offers uncertain returns for the significant funds spent.

LASA question: Have other industries conducted national campaigns and what can the sector learn from their experience? Would funding be better used for more practical approaches to building workforce supply, such as school based apprenticeships, vocational education and placements of student nurses? What can the sector learn from other industries that have developed successful models of school-based apprenticeships?

Recommendation 5

The committee recommends that the aged care workforce strategy taskforce include as part of the workforce strategy a review of available workforce and related data and development of national data standards in a consultative process with aged care sector, and broader health sector and other relevant stakeholders. Any nationally agreed data standards should enable comparison across and between related sectors where possible.

LASA comment: LASA considers the development and implementation of national data standards to be a fundamental requirement for the monitoring of workforce supply. LASA supports the regular collection, analysis and dissemination of aged care workforce supply data similar to that undertaken annually for doctors and nurses by the Australian Institute of Health and Welfare.

LASA questions: The National Aged Care Workforce Census and Survey does not account for anticipated movements in and out of the workforce. A workforce modelling study would project workforce inflows and outflows and take account of the future demand for labour in aged care. Would such a study enable better informed planning for the size of the aged care workforce and the levels of skill required? How should such a study be funded?

Recommendation 6

The committee recommends that the aged care workforce strategy include consideration of the role of informal carers and volunteers in the aged care sector, with particular focus on the impacts of both the introduction of consumer directed care and the projected ageing and reduction in these groups.

LASA comment: The committee in its report expresses concern that that the number of informal carers and volunteers will diminish over time as these people age and themselves require support. Carers Australia expects that the demand for informal carers will significantly outstrip supply by 2025. The Senate Report states that there are five volunteers for every paid worker in the not-for-profit sector, at a value of about \$290 billion per annum. Better data on the number of volunteers and type of contribution they make is required to support workforce planning.

LASA questions: What are likely pools of people that could provide informal carers and/or volunteers in the future? Should LASA work with Carers Australia on initiatives designed to recruit and support volunteers and informal carers on a sector-wide basis? What should such initiatives look like? What would be the cost to the sector if the number of volunteers drops?

Recommendation 7

The committee recommends that the national aged care workforce strategy includes consideration of the role of medical and allied health professionals in aged care and addresses care and skill shortages through better use of available medical and allied health resources.

LASA comment: LASA considers medical doctors, such as GPs and gerontologists and allied health professionals to be an important part of the aged care workforce. LASA supports that the strategy considers how all groups of health professionals can be utilised to address care and skills shortages.

LASA question: Are there other groups of vital health professionals whose role should be considered such as gerontology or palliative care nurse practitioners? Could Primary Health Networks contribute to discussions about the role in aged care for health care professionals working in primary care?

Recommendation 8

The committee recommends that the government examine the introduction of a minimum nursing requirement for aged care facilities in recognition that an increasing majority of people entering residential aged care have complex and greater needs now than the proportions entering aged care in the past, and that this trend will continue.

Recommendation 9

The committee recommends that the aged care workforce strategy include consideration of and planning for a minimum nursing requirement for aged care services.

LASA comment: LASA in its submission to the Inquiry said: 'LASA believes staff ratios are blunt instruments that do not take into account the changing care needs of residents nor acknowledges the broad ranging skills the aged care workforce requires....' The push for ratios is based on very strong empirical evidence that patients in hospitals have a lower mortality rate and lower rate of adverse events if a ratio of 1 registered nurse to four patients (or thereabouts) is maintained. Extrapolating findings from the acute hospital setting to the RACF setting is not a suitable approach to using research evidence to inform the formulation of policy. Any introduction of a minimum nursing requirement would place an obligation on the Department of Health to fund these legislated positions. Generally, however, providers are looking for more not less flexibility in staffing and employment matters.

A possible evidence-based approach to determining the staffing requirements would be to map the practical and cognitive activities involved in delivering aged care and to match this map against the skills required to deliver the care. This should be done for the residential and home care settings.

LASA questions: In the future, the health care needs of older people are anticipated to become more complex, as older people live with more chronic conditions and demand for dementia and palliative care increases. Will providers be able to meet their residents/consumers care needs with the skill mix currently employed? If the mix needs to

change, what should the change look like? If older people live with more complex health conditions, how would this affect the delivery of Home Care Packages? What can technology contribute to bringing health care specialist assessment and knowledge to care settings?

Recommendation 10

The committee recommends that the government consider, as part of the implementation of consumer directed care, requiring aged care service providers to publish and update their staff to client ratios in order to facilitate informed decision making by aged care consumers.

LASA comment: LASA does not support the introduction of mandated staff to client ratios and considers that, given the labour supply issues, flexible approaches to staffing are required. Because of the different models of care in place, consumers would not be able to gain meaningful information from published ratios. For this reason, published ratios may even result in misinformed consumers. In LASA's view, reporting should be outcome focussed, i.e. the quality of life and safety of clients' receiving care. Reporting on inputs puts the wrong focus on provider accountability.

LASA question: What would it mean for the RACF sector if the sector has to also compete for residents on care staff numbers and staff skill mix through public reporting?

Recommendation 11

The committee recommends that the government take immediate action to review opportunities for eligible service providers operating in remote and very remote locations to access block funding, whether through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program or through other programs. The committee further recommends that consideration be given to amending the 52-day limitation on 'social leave' for aged care residents living in remote and very remote aged care facilities.

LASA comment: LASA supports this recommendation which may alleviate some of the difficulties experienced in these locations.

LASA questions: Are there other parts of the aged care sector that should also be considered for block funding? Are there other population groups, such as specific CALD groups, for whom current legislated rules create barriers to their participation in cultural/ family events?

Recommendation 12

The committee recommends that the Department of Health review the implementation of consumer directed care to identify and address issues as they emerge. Specific attention should be paid to any impacts on remuneration, job security and working conditions of the aged care workforce, and impacts on service delivery in remote and very remote areas, and to service delivery targeting groups with special needs, as identified in the Section 11-3 of the Aged Care Act 1997.

LASA comment: The legislated review of Living Longer Living Better does not provide specific feedback on the impact the implementation of CDC had on the workforce's service delivery. The Legislated Review of Aged Care states, however, that "There is no evidence to suggest that there has been a decline in the quality of care since the LLLB reforms (p.187)."²

LASA questions: What impact did the introduction of CDC have on Members' deployment of their workforce? Did CDC affect the working conditions providers offer their staff? Does CDC affect specific components of the workforce more than other parts?

Recommendation 13

The committee recommends that the aged care workforce strategy ensure consideration of the service delivery context in which the workforce is expected to perform. The strategy should also include medium and long-term planning for location- and culturally-specific skills, knowledge and experience required of the aged care workforce working with diverse, and dispersed, communities throughout Australia. This must specifically include addressing workforce issues specific to service delivery in remote and very remote locations.

LASA comment: By 2026 a quarter of people aged over 80 years will be from a CALD background, often from Asian countries whose culture is very different from mainstream Australian culture.

LASA questions: What strategies for recruitment and workforce development should the taskforce propose so the sector is prepared for these consumers? A CALD specific workforce also needs to include staff such as cooks and lifestyle activity officers etc. Which specific actions should be put in place to meet the needs of older people living in rural and remote communities?

Recommendation 14

The committee recommends that all recommendations of the Senate Education and Employment References Committee inquiry into the operation, regulation and funding of private vocational education and training (VET) providers in Australia be implemented.

LASA comment: The Senate Education and Employment References Committee inquiry into the operation, regulation and funding of private vocational education and training (VET)

² Commonwealth of Australia (Department of Health) 2017, *Legislated Review of Aged Care 2017*, Canberra.

providers in Australia³ made 16 recommendations. Most have been implemented. Standard 5 for Registered Training Organisations (RTO) requires learners to be fully informed about the course and protected from unscrupulous practices. RTOs are audited against this standard by the Australian Skills Quality Authority.

LASA question: Do members still hear of people who undertake a Certificate III or IV course and are being defrauded by the education provider in some way or other?

Recommendation 15

The committee recommends that the aged care workforce strategy taskforce work with Australian Skills Quality Authority to establish nationally consistent minimum standards for training and accreditation.

LASA comment: The lack of practical experience for people completing Certificates III or IV in aged care should have been addressed when the Australian Industry Skills Committee mandated 120 hours of placement.

LASA questions: Do Members continue to experience problems with staff having completed a Certificate III or IV course but are poorly skilled? Are there issues with practical placements that require addressing (e.g. number of placements required, student expectations and performance)?

Recommendation 16

The committee recommends that the aged care workforce strategy taskforce work with the Australian Nursing and Midwifery Accreditation Council (ANMAC) to establish aged care as a core part of the nursing curriculum, establish dementia skills training, and develop greater collaboration between the sector and nursing colleges to increase student placements in aged care facilities.

LASA comment: LASA believes that the scope of the above recommendation should be widened to include medical doctors and allied health. Further, the taskforce should also work with those care peaks, professional bodies, statutory authorities and providers who can influence the uptake of ageing and gerontology knowledge and skills into workforce training.

LASA questions: Are there particular professional groups whose training in the care of the older person should be improved, such as GPs, Occupational Therapists? Should some aged care providers become 'Teaching Providers' who offer student placements? What should the process of becoming a 'Teaching Provider' entail? Should funds be made available by the Federal Government to develop a preceptor curriculum and train preceptors?

³ Education and Employment References Committee: *Getting our money's worth: the operation, regulation and funding of private vocational education and training (VET) providers in Australia*, October 2015

Recommendation 17

The committee recommends that the government and the aged care workforce strategy taskforce develop a specific strategy and implementation plan to support regional and remote aged care workers and service providers to access and deliver aged care training, including addressing issues of:

- *the quality of training;*
- *access to training;*
- *on-site delivery of training;*
- *upskilling service delivery organisations to deliver in-house training; and*
- *additional associated costs relating to regional and remotely located staff. This strategy should take account of consultation and analysis such as that undertaken through the Greater Northern Australia Regional Training Network (GNARTN).*

LASA comment: LASA is keen to support effective and efficient training for the aged care workforce in Australia's rural and remote regions. LASA is well placed to build capability and capacity to support rural and remote communities via its RTO and non-accredited training activities.

LASA questions: What is the best mode of delivery for this training (e.g. online)? How can the training activities listed above best be supported through funding? Should funding target providers supporting the upskilling of staff and/or should individual staff be targeted, for example through scholarships? Which issues need funding support most urgently: staff travel and accommodation, loss of staff from the floor (back fill or side fill during absence), course fees?

Recommendation 18

The committee recommends that the government work with the aged care industry to develop scholarships and other support mechanisms for health professionals, including nurses, doctors and allied health professionals, to undertake specific geriatric and dementia training. To succeed in attracting health professionals to regional and remote areas, scholarships or other mechanisms should make provision for flexible distance learning models, be available to aged care workers currently based in regional and remote areas, and include a requirement to practice in regional or remote locations on completion of the training.

LASA comment: LASA is of the view that apart from training in gerontological and dementia care, palliative care should also be part of the curriculum for aged care workers and health professionals as appropriate. LASA supports that the government makes available scholarships for geriatric, dementia specific and palliative care training with the education provided through flexible delivery. Further, such training should also be supported through scholarships, and financially and educationally supported clinical placements with specialist services.

LASA questions: Would bonded placement schemes be successful at delivering aged care workers and health professionals to geographical areas that are hard to recruit to? Would

bonded schemes work for recruiting immigrant aged care workers to rural and remote areas?

Recommendation 19

The committee recommends that the government examine the implementation of consistent workforce and workplace regulation across all carer service sectors, including:

- *a national employment screening or worker registration scheme, and the full implementation of the National Code of Conduct for Health Care Workers;*

LASA comment: The National Code of Conduct for Health Care Workers (the National Code) will be setting minimum standards of conduct and practice for all unregistered health care workers. An independent investigator (or a tribunal) will receive and investigate complaints about breaches of the National Code and if necessary, take disciplinary action or issue a prohibition order. Any person who breaches a prohibition order may be prosecuted through the appropriate court. LASA has been supporting the full implementation of the National Code. However, the National Code does not bar unsuitable persons from entry to practice (negative licensing). Combining the National Code with either national employment screening or a worker registration scheme protects the industry from unsuitable workers entering practice. A worker registration scheme combined with the National Code would negate 3 yearly police checks and raise the status of aged care workers.

LASA questions: Is the combination of a national employment screening or worker registration scheme together with the full implementation of the National Code of Conduct for Health Care Workers ‘regulatory overkill’? Would the combination of the two screening measures effectively safeguard consumers and also protect providers from reputational damage? Should workers or employers bear the cost of any registration scheme?

- *nationally consistent accreditation standards;*

LASA comment: It is unclear which accreditation standards the report refers to here. The Federal Government accredits aged care providers, thus accreditation is nationally consistent. If the report refers to nationally consistent accreditation standards for providers of aged care education, then LASA supports this Recommendation.

- *continuing professional development requirement;*

LASA comment: Registered and enrolled nurses are required by their registration body to complete at least 20 hours of continuing professional development (CPD) per year.

LASA questions: How many hours of CPD, if any, should aged care workers undertake per year? Who should pay the cost of CPD? What would the benefit of compulsory worker CPD be to (1) consumers and (2) providers?

excluded worker scheme; and

LASA comment: LASA in its submission to the Australian Law Reform Commission: Elder Abuse Discussion Paper March 2017 supports the National Code of Conduct for Health Care Workers which includes an excluded worker scheme.

LASA question: Are there any reasons that aged care providers would oppose an excluded worker scheme?

- *workplace regulation of minimum duration for new worker training.*

LASA comment: It is unclear what type of 'new worker training' the report refers to: workplace orientation programs for newly recruited employees or education programmes to facilitate entry into aged care. LASA interprets the proposed 'minimum duration of new worker training' to refer to new care workers entering aged care having undergone some formal training of minimum duration. LASA opposes this Recommendation. In LASA's view every aged care provider ensures that their employees deliver care appropriate to residents' needs. In doing so, providers also ensure that their employees have the necessary skills and training to deliver this care.

LASA question: What would be the benefit of workplace regulation of minimum duration for new worker training to (1) consumers and (2) providers?

- *The regulation of the workforce must address: historical issues impacting on employment of Aboriginal and Torres Strait Islander peoples; and*

LASA comment: LASA supports an increase in the component of Aboriginal and Torres Strait Islander peoples in the aged care workforce. LASA does not support that this is achieved by workforce regulation. Rather, LASA endorses the approach taken by the Department of Health which supports culturally appropriate and targeted training for Aboriginal and Torres Strait Islander aged care workers employed in eligible aged care services in the Northern Territory and Western Australia⁴. LASA would welcome an expansion of this programme to all Australian States and Territories.

LASA question: Which steps could the sector undertake to support the recruitment of Aboriginal and Torres Strait Islander peoples into the aged care workforce?

- *ways to ensure the costs of this regulation are not passed on to workers.*

LASA comment: LASA does not support that workers should not pay for the cost of their individual registration should this measure be introduced. LASA notes that usually

⁴ Department of Health website <Culturally appropriate and targeted training for the Aboriginal and Torres Strait Islander aged care workers who are employed in eligible aged care services> accessed 10.8.2017

employees who require registration bear this cost themselves and later defray part of this cost through their income tax returns.

LASA overall observations to this report

The report *Future of Australia's aged care sector workforce* sheds useful light on some key issues concerning the aged care workforce. However, LASA is disappointed that the report fails to acknowledge current aged care workers' daily good work and effort when delivering care and assistance to older people. Further, the report shows bias towards the care workforce in the residential aged care setting when future workforce demand is likely to be high in community aged care. Also, the report focusses on care workers when the service workforce is an essential and sizeable component of the aged care workforce.

Disconcertingly, the report gives little consideration to the impact new technologies may have on care delivery and emerging models of care generally. Technology is further likely to change the composition of the workforce once 'artificial intelligence' systems and robots replace elements of human labour⁵. LASA believes that the above identified issues are important and should be added to the list of matters the aged care workforce taskforce should consider.

⁵ <http://www.abc.net.au/news/2017-04-05/artificial-intelligence-taking-lawyer-accountant-analyst-jobs/8415286>