



Healthcare, Disability Care and the Care Workforce:

Aged Care Reform Now (ACRN) is a growing volunteer grassroots movement of diverse people from across Australia who have joined together to ensure that the Aged Care Royal Commission recommendations become the basis for immediate and long-term reforms in Aged Care.

Worldwide, populations are ageing and there is a growing need to increase the care workforce to serve an increasing population of people with chronic health conditions as well as various levels of physical and mental health conditions which require support from a trained care workforce.

Healthcare, aged care and disability care needs will compete for a skilled workforce in a rapidly growing care economy.

Demographic studies predict an ageing population with the over 65+ age group set to double and the over 85+ age group predicted to triple. Additionally, many younger people will survive health issues such as closed head trauma, strokes, and degenerative disabilities for many years which will require formal as well as informal carer support.

There is a worldwide shortage of all classes of health practitioners, nurses, allied health and trained support workers and carers. Although some overseas recruitment of a carer workforce is underway this will only be a short-term limited solution as most of the source countries have their own severe shortages.

Major reform reviews are underway in both NDIS and Aged Care which already compete for a carer workforce which is under trained, requires increased skills and are under resourced in the face of massive growing demand.

Therefore, it is important that Governments, federal, state and territory commence an urgent collaboration to form a detailed plan to commence a staged workforce recruitment, design induction training modules and the ongoing skills requirement training of the required workforce.

The Australian Government's **Economic impact of care and support: A rapid growth sector, historically undervalued report states:**

“The care and support economy is a significant contributor to employment, economic growth and societal well-being in Australia. Yet, care and support work has not traditionally been considered by governments through an economic policy lens, resulting in its associated economic benefits often being neglected. We also don't capture the value of the unpaid labor that takes place, overwhelmingly performed by women, within households in our Gross Domestic Product. This means the socio-economic value of this unpaid care to the Australian economy is not always visible and appreciated.”

The recent **Capability review report** under **Systemic consideration of the health and aged care workforce** states “A range of stakeholders told the review team that the department needs to take a greater national leadership role in coming years in health and aged care workforce policy, as this is one of the most pressing challenges across the sector and will remain so for many years to come.”

Throughout Aged Care Reform Now's engagement on aged care reform forums, submissions, and roundtables it has become increasingly clear to us that workforce issues across the care sectors have suffered systematic deskilling, downgrading and neglect, the consequences of which are being realized now.

ACRN therefore recommends the following as a matter of great urgency and importance.

Recommendation 1:

That the NDIS recommends to the Department of Health and Aged Care that the carer workforce be regulated by national registration via initial and ongoing registration on a separate roll through the Australian Health Practitioner Registration Authority (AHPRA) as is almost every other category of health practitioner.

Recommendation 2.

That the Department of Health and Aged Care carry out an urgent review of the skills training requirements of Certificate 3 in Personal Care and the Certificate 4 in Disability Care.

That a national harmonized curriculum be produced as a matter of urgency by Skills Australia.

Recommendation 3.

That NDIS recommends that there be a national registration body set up to create a register of all Certificate 3 and Certificate 4 carers as with nurses, allied health and other health practitioners. This is in addition to the current Code of Conduct.

The purpose is to create uniform, **harmonized national training standards**, Australia wide, so that governments, employers and care recipients can be assured that staff receive measurable initial training and mandated ongoing training to achieve world best practice care. Currently 18% of carers have no formal training. (Aged Care Workforce Report 2018). Many have very poor practical skills and a depleted working knowledge of safe work practices.

Recommendation 4.

That NDIS recommends yearly re-registration of all Certificate 3 and Certificate 4 practitioners with the proviso that they provide evidence of ongoing training in:

- Safe manual handling (O'Shea method)
- Proficiency in using hoist equipment and mobility equipment
- OHS awareness and obligations

- Basic infection control principles
- English language health literacy proficiency
- Ethical care practices,
- Recognition of health deterioration
- Mental health and dealing with behaviors of concern
- Cultural awareness sensitivity training
- Awareness of abusive practices reporting
- Serious incident reporting obligations

Recommendation 5

Create a national training syllabus for Certificate 3 in Personal Care which will equip carers to work across NDIS, Aged Care and some acute health areas.

Recommendation 6.

Create a **nationally recognized Certificate 4 in Disability Care** with revised enhanced training components with a mandated formal supervised practical training component.

- No lift training
- Mobility equipment training
- Basic OH&S knowledge / responsibilities

Recommendation 7:

Workers recruited from overseas:

- should have a mandated induction training period and be tested by a nationally accredited trainer before commencing their employment and achieving registration.

- Should receive cultural sensitivity training in CALD and first nations awareness.
- Should receive mandatory training on reporting of abuse and Serious Incident Reporting (SIRS)
- Be required to be registered and thereafter be required to do the mandatory re-training according to the area in which they work.

Recommendation 8:

That TAFE be the funded carer workforce trainer of choice.

Many TAFE colleges have Enrolled nurse training schools, have training laboratories, equipment and allied health and nurse trainers equipped to provide required education, also OHS and industrial safety education.

In regional areas some rural institutes of learning and universities with allied health and paramedic training schools may well be deemed training schools of choice to offer courses for the proposed enhanced carer courses. This could also include access to Nurse Practitioner run education programs from local and regional health services.

Also additional retraining for current carers in

- Industry OHS
- Safe manual handling techniques
- PPE use and infection prevention and control
- Behaviour modification training
- Mental health awareness training

Recommendation 9.

That the NDIS enquiry recommend that mandated harmonised Cert 3 and Cert 4 training and national registration be placed on the discussion agenda for the next National 2023 Health Ministers Meeting.

Workforce regulation and training: an urgent imperative.

Skills training has been shown to improve client satisfaction, employee work satisfaction, improved productivity and workplace efficiency

- A skilled workforce helps to improve individual employability
- Greater worker confidence may encourage workers to make a career in the care industry
- Create a workforce with valued skills across the care sector
- Provide the basis for a career structure and secure work
- Will reassure vulnerable clients with best practice safe care

A skilled workforce is the main missing ingredient at the root of much client and community discontent and client suffering in both aged care and NDIS.

“One family member reported that when her husband had a stroke resulting in permanent mobility issues requiring hoist transfers, he was unable to leave hospital because the care provider had first to train three care givers to provide the 7 day a week personal care transfers which required knowledge of a common brand of hoist. It took 3 weeks before he was able to go home. The provider stated none of their staff had been trained in their initial Certificate 4 training.”

Poor training and mentoring supports create low staff morale and high staffing attrition. Up to 48% per annum in some areas.

Without measurable, harmonized training and an ongoing requirement for continuous career long learning there is little prospect of measuring standards in the care industry except by reports of care failures.

Whether care is delivered in a residential care setting, in the community in a private home, workplace quality of care does not improve without structured ongoing training and best practice methods being taught and reinforced.

Abuse, malpractice, neglect, and failures of care are more easily prevented and

changed if the workforce is expected and trained to provide best practice.

Training gives the worker, the provider and the client confidence in the service being delivered.

Measurable standards and ongoing expectations of continuous improvement monitoring delivers value for taxpayer and client funds expended.

Conclusion

ACRN's vision is a collaborative, transparent and accountable care system that is focused on the human rights and quality of life of all people across the life span, who require support and care, as their needs change, to live their best lives.

ACRN believes that to achieve this goal, it is imperative that the government takes immediate action to improve the education and regulation of all care workers across the care spectrum.