



# AGED CARE REFORM NOW

## PRE-BUDGET WORKFORCE SUBMISSION

October 2022-2023

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**AGED CARE REFORM NOW 2022-2023 AGED CARE WORKFORCE SUBMISSION:**

**Aged Care Reform Now is a volunteer, grassroots multi-state organisation of concerned citizens who campaign for urgently needed reform of Australia's failing community and residential Aged Care system.**

Our **membership** consists of mostly mature aged people from all parts of society with vast life experience. Many have business and professional backgrounds including public service in the social services, nursing and allied health professions.

Most have experience of aged care services as support persons or nominated decision makers for frail older family members or significant others. Some of our members were involved with health workforce planning and reform via their state professional organisations and have testified before Productivity Commission enquiries and State Health Workforce committees.

**ACRN members engage in ongoing consultations** with care consumers and members of Parliament with the aim of providing direct constructive inputs to Federal Government and Commonwealth Department of Health reform processes. We engage in ongoing formal research and consultations commenced since the Aged Care Royal Commission.

ACRN applauds much of the legislative change made since the change of Government in May 2022 but views with alarm the state of workforce attrition and ongoing failures of care in both residential and community care despite the millions of dollars allocated to the task.

We ask that the recommendations of this paper be considered, and programs be commenced with some urgency to undo and repair the daily instances of neglect, failures of care and recipient distress we observe and are reported by our membership and the care workforce.

ACRN does not have the means to cost the recommendations which follow but wherever possible we have researched programs which are already established, have been previously trialed and could be expanded or have resources which could readily be utilised and expanded nationwide.

Many of our recommendations have been canvassed in Workforce Reports and research reports by professional peak bodies to parliamentary community affairs standing committees.

**Recommendations:**

1. Severe workforce shortages are the main issue blocking reform in aged care. This needs urgent solutions. Creating a supervised universal work rotation of experience in aged care would provide a temporary source of workers and hopefully encourage students to see aged care as a future career.
2. RUSON scheme as an additional source of skilled workforce to rebuild the aged care workforce.
3. Pay parity for Registered Nurses and Enrolled Nurses to stop the exodus of skilled staff to acute health and primary care.
4. Introduce national registration for aged care Certificate 3 and 4 staff as a separate register overseen by AHPRA
5. Create a tiered workforce structure to encourage the aged care workforce to view care work as a long-term career.
6. Create a mentor pathway to build a supportive culture of continuous improvement and staff support in aged care.
7. Create a federal-state collaboration to utilise and expand existing education resources via existing TAFE and university schools of Nursing and Paramedicine. Provide free bridging short courses to bridge current knowledge gaps and train workers with no formal training.
8. Palliative care needs to be core business in aged care. Restore advanced certificate in palliative care courses which were cut due to university and TAFE funding cuts.
9. Set up a National Aged Care Workforce Recruitment Task Force
10. Examine new models of aged care provision which require fewer direct care staff, provide family respite care and keep elders in touch with the wider community.
11. The new funding model AN-ACC does not provide for allied health interventions. There is an urgent need to design and fund care concepts for allied health providers such as physiotherapists and occupational therapists in residential and community care. This is essential to encourage functional mobility and prevent issues such as pressure sores, falls due to loss of muscle tone and poor use of gait aids.
12. Municipal councils are rapidly exiting aged care service provision due to opening up of tenders for service provision to private providers nationwide. Private providers are failing to provide services to thousands of vulnerable clients because they cannot attract staff due to

offering low pay rates. Appoint a community care oversight authority to monitor care delivery.

### **Rebuilding the National Aged Care Workforce:**

1. Government has committed to RN 24/7 by July 2023.

There is a national and international registered nurse shortage.

Relying only on skilled migration alone will not fill estimated minimal numbers of RN staff to meet the requirement of residential care by the planned implementation date.

**Action:** Make a rotation to residential aged care a mandatory requirement in the undergraduate BSN program and EEN Diploma course. This would give students an insight into a possible future career path and would improve interaction between acute and aged care health streams. Extra hands would help to ensure resident care is less likely to be missed during recruitment periods.

2. **Consider the RUSON scheme as in Victorian public Health** to put 2<sup>nd</sup> and 3<sup>rd</sup> year BSN student nurses into aged care facilities on a paid job share basis.

**Action:** Utilise the Registered Undergraduate Students of Nursing (RUSON) scheme in all states to increase the available workforce in residential aged care. Instead of student nurses working in retail or hospitality during their student years these students, working under supervision of RN mentors, could gain experience of aged care and might then be encouraged to make aged care their specialty after completing their graduate year.

**RUSON students are already working in Victoria's public Health system, the model has been trialled and is supported by educational and professional associations.**

3. **Support pay parity for RN's and Enrolled Endorsed Nurses (EEN Diploma Nurses).** Since privatisation of residential care facilities nurses pay has not had parity with public sector nurses. RN and enrolled nurse numbers have decreased creating more responsibility for those remaining. Wages awards have not kept up with peers in the acute health sector making recruitment difficult.

**ACTION:** Government to support a nursing aged care pay structure based on seniority, training and experience as in acute private and public health. Aged Care nurses to have parity with their peer's state-based Enterprise Bargaining Awards (EBA) This would make recruitment and retention of staff easier.

4. **Introduce a personal assistant/carer national registration (Certificate 3 in Personal care) roll administered by AHPRA**

**as required of all other regulated healthcare practitioners.**

All carers to have completed a minimum of Certificate 3 in Personal Care by July 2023. Currently an estimate 28% of the care workforce have no formal training, many have poor English comprehension and communication skills and have poor understanding of safe manual handling. All Health practitioner **registration to be dependent on adherence to a Code of Conduct, mandated currency of practice and mandated ongoing proficiency education to qualify for ongoing registration.**

- **All currently employed personal care staff would be required to have completed basic Cert 3 education within a 6-month period.**
- **All registered Cert 3 staff to show evidence of updated units of training by 12 months after commencement of mandated initial registration period.**
- **Yearly mandated ongoing training in continuous professional development (CPD) to re-register.**
- **Registrant to provide evidence of good character, police check as with nurses' boards**

**ACTION: Appoint a training review board to set an Australian national harmonised carer training curriculum which should include TAFE to be funded as the approved provider.**

- English proficiency and health literacy communication,
- infection control,
- basic mental health and dementia training,
- Safe behaviour management concepts
- care responsibilities, legal and ethics concepts,
- occupational health and safety training.

**5. Create a tiered workforce structure to encourage role ownership and foster a culture of ongoing learning among personal carer workforces.**

**ACTION:** National Aged Care Workforce studies have suggested entry level, advanced level and team group leader levels be created with incremental ongoing learning as a basis for increased remuneration **and upskilling of the workforce.**

**6. Create and fund a mentoring pathway structure to apply in every aged care facility or community aged care service to ensure clinical supervision for carer students on rotation, RUSONS, undergraduate BSN and EEN students.**

**ACTION:** Dedicated mentoring staff would facilitate continuous quality improvement activities that lead to best practice outcomes. Staff support and onsite training and would benefit the facility to achieve or improve their star rating. Recruit experienced registered nurses on a job-share, part time basis

Mature aged, transition-to-retirement, experienced nurses might well be enticed back into the workforce by a national and regional recruitment campaign.

Such mature aged workers have a wealth of experience and could be quickly orientated to provide a mentorship and supervisory clinical role, be available 24/7 and 52 weeks of the year on a job share part-time basis, a win-win for both employees and employers.

Fund and promote regional Nurse Practitioner projects. These would become support for local General Practitioners and be able to set up "Nurse Link" networks. Such systems entail knowledge sharing and ongoing directed education programs concentrating on interested portfolio nurses sharing knowledge in Dementia training and palliative care. These care staff can then come together from different care areas including residential and home care to communicate and cross pollinate experiences, learnings and best practice outcomes.

**7. Educating the Workforce: Create a Commonwealth-led plan to liaise with all States and Territories via National Cabinet to utilise existing state-based institutes of learning to expand currently available health, aged care and disability care programs to provide the estimated requirement of an extra 65,000 aged care workforce.**

**ACTION: Liaise with TAFE and university schools of Nursing and Paramedicine to create short gap learning courses in infection control, gerontology, dementia care, basic and advanced certificates in palliative care.**

Many current courses are aimed at community/welfare service provision and are not tailored to provide for the specific needs of frail elders 85+ to 95+ which is the cohort group receiving aged care services.

Provide free initial training courses through TAFE nationwide

Free Certificate 3 and Certificate 4 in personal care and disability care training courses for 2 years until workforce numbers are judged to be adequate.

**8. Palliative Care should be Core business for Aged Care.**

Studies show 32% of deaths in Australia occur in aged care.

Some 68% of elders admitted to residential aged care die within 6-8 months

Dementia is a terminal illness. Up to 70% of aged care residents are suffering from various forms of dementia.

- Current workforce analysis by Palliative Care Australia has found that only 1:39 registered nurses have any real understanding of the palliative approach and end of life care. <https://palliativecare.org.au/campaign/palli8-core-business-in-aged-care/>
- All care staff, EEN's and RNs should have training in palliative and end of life care.
- Current programs such as the existing Program of Experience in the Palliative Approach (PEPA) and Indigenous Experience in the Palliative Approach should be expanded to enable aged care residential and community care staff to gain an initial experience of the holistic multi-disciplinary end of life care delivered by public and community palliative teams.
- **Re-establish Advanced Certificate in Palliative Care courses** in all regional institutes and universities which have nurse training schools. Many courses were cut when previous federal governments cut university funding over a number of years. Although master's degrees in Palliative Care are desirable for senior clinical staff much immediate benefit would be gained to quality improvement in palliative symptom management and resident quality of life with the Certificate qualification.
- **Create scholarships for RN's and EEN's (endorsed enrolled nurses) to study Advanced Certificate in Palliative Care.**
- **Immediately restore ongoing funding for Palliative Care Australia, peak organisation for the research and co-ordination of palliative care.** Currently funding has been extended only till end 2023 because under revised funding criteria only peak bodies providing "health and wellness programs" are eligible!

Death is not optional but peaceful, well managed care at the end of life and care for the whole person physical, mental, emotional, spiritual and grieving support for families is desirable for all.

9. Set up a nationally co-ordinated Aged Care Workforce Recruitment Task Force to plan and implement a staged workforce replacement and recruitment strategy.
  - A national TV and social media campaign to recruit carer staff
  - Health Department Recruitment team to attend Nurse's Conferences, university open days, Workforce careers exhibitions, ANMF training course days,
  - Social media campaigns to encourage carers and nurses to return to aged care work
  - Advertise and recruit aged care positions on a government central data base
  - Create a new centralised Locum service for rural, remote and indigenous aged care services to allow for succession planning, pre-planned annual leave, gap filling while permanent staff are recruited. Look at the American "Travelling Nurse" schemes with bonus incentives for experienced nurses, allied health and care staff fill rural and remote limited time contracts.
  - Liaise with state governments and educational institutions to make undergraduate student experience rotations a part of all nursing, paramedic, physiotherapy and occupational therapy undergraduate programs. Such experience if done well may encourage graduates to consider a career in aged care.
  
10. Examine new models of residential and community care.

Aged care reform will be an incremental process, but it provides an opportunity to examine best practice models of care.

The Covid pandemic has highlighted the problems and exacerbated staff attrition.

As older Facilities are closed or become not fit for purpose newer models of care may be found to be more appropriate.

- The Netherlands model of walled village style dementia care residences with cottage accommodation, village coffee shops and live-in carers might be an option worth considering.
- The Dutch also have a system of aged "day care" centres. Residents are picked up by a village bus, spend their day in social activities, can be assessed and treated by nurses, OT's, attend lifestyle and physiotherapy, music therapy. At the end of the day, they are safely returned home to the care of family and significant others. This system provides family respite, allows partners and family members to work and self-care and maintains community contact for the care recipient.
- Much can be learned from the Victorian public funded aged care system. During the Covid pandemic few facilities had Covid outbreaks, staffing ratios and greater numbers of nurses trained in infection control prevented large outbreaks.
- Management of mental health issues and persons with late-stage dementia exhibiting behaviours of concern and disinhibited behaviours may well require a

specialist workforce of carers and mental health nurses to prevent the issues reported to the Royal Commission.

- Learnings from the Victorian Mental Health Royal Commission and the Aged Care Royal Commission need to be examined and urgent recruitment of nurses and carers to undertake specialised mental health and dementia training needs to commence immediately.
- Carers and nurses in the aged care Workforce should be made aware and encouraged to take advantage of currently available free education courses to improve their understanding of dementia care.
- The Wicking Centre, University of Tasmania, dementia research and teaching centre, provides free short courses open to nurses, care staff, families and volunteers.  
<https://www.utas.edu.au/wicking>
- Every facility should aim to have one or several dementia specialist mentor RNs to design and monitor cognition support programs
- Resident welfare and overly frequent hospital admissions can be prevented by increasing and utilising Nurse Practitioners and Clinical Nurse specialists in diabetes management, wound care, continence care, dementia care and palliative care.

11. The role of Health practitioners, particularly Physiotherapists and Occupational therapists is a subject of contention in this period of change since the Royal Commission final Report and Recommendations.

- The 1997 Aged Care Act resulted in a very limited and skewed role for allied health providers. Physiotherapy was prescribed for limited “pain relief” massage only rather than individually tailored support. Many older people and especially requiring “slow stream” palliative care would benefit from regular gentle physiotherapy programs for functional maintenance
- Occupational therapist assessment should ideally be done at initial admission to residential care and then as required according to needs for cognitive assessment, specialist pressure care aids, footwear, assistive splints, braces and items to assist activities of daily living

Occupational therapists also have a role in post-surgical lymphoedema massage treatment and in designing wellness maintenance programs and in assessing care needs to assist with home care and home modifications

12. **The demand for both residential and community care is expanding rapidly as the Baby Boomer generation reaches 65+ years and as large numbers of people live until their late 80’s and nineties and require greater assistance to maintain their independence.**

Reforms in aged care funding, the introduction of post pay and removal of block funding and requiring councils to tender in competition with private providers has resulted in a mass exodus of municipal councils as providers of home care services to frail elders and those with disabilities being supported in the community.



In Victoria 23 regional municipal Councils have already decided to exit care provision of home maintenance, cleaning, food services and personal care due to the changes in remuneration funding and the increased regulation complexity brought about by post Royal Commission changes to the Aged Care Act.

Other states such as NSW, SA and Western Australia have already been divesting themselves of such services since 2020.

**As services are tendered out to private providers staff formerly employed by councils are encouraged to seek employment with such contractor organisations.**

**Reports in the national and local press however report that staff who were formerly paid between \$29-\$34 per hour are only being offered \$22-\$24 per hour and so are leaving the care industry by early retirement or by seeking employment in other areas such as retail which pay better wages.**

**This has caused a mass exodus of staff and reports of care recipients being left without care for up to 6 weeks from 1<sup>st</sup> July 2022.**

**Action:** Cease privatisation tendering until such time as providers can prove that they have staff to meet the number of clients they propose to take over from councils.

**Private providers should be held legally responsible for ongoing failures to provide services.**

**Federal Government decisions to open home care to privatisation have created this issue.**

**Municipal government officials state that they are powerless to help once the staff they employed are given redundancies or have transferred to private employment.**

ACRN members will be happy to discuss issues raised in this presentation at any time.

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