



**dementia
australia™**

The new voice of Alzheimer's Australia

AGED CARE WORKFORCE STRATEGY SURVEY

Response from Dementia Australia

March 2018

About Dementia Australia

Dementia Australia (formerly known as Alzheimer's Australia) is the peak, non-profit organisation for people with dementia and their families and carers. We represent the more than 425,000 Australians living with dementia and the estimated 1.2 million Australians involved in their care.

Dementia Australia works with consumers, all levels of government, and other key stakeholders to ensure that people with dementia, their families and carers are appropriately supported – at work, at home (including residential aged care) or in their local community.

Our close engagement with consumers means that we are an important advocate for those impacted by dementia and we are also well placed to provide input on policy matters, identify service gaps and draw on our expertise to collaborate with a wide range of stakeholders, including researchers, technology experts and providers.

In addition to advocating for the needs of people living with all types of dementia, and for their families and carers, Dementia Australia provides support services, education and information aimed at addressing the gaps in mainstream services.

Dementia Australia is a member of Alzheimer's Disease International, the umbrella organisation of dementia associations around the world.



PART B: Shaping the Aged Care Workforce Strategy

1. Why does an aged care workforce strategy matter?

The number of older Australians with dementia is growing exponentially, and the core business of both residential and home-based aged care services increasingly includes providing care to people with dementia. As the prevalence of dementia increases in our community, it is critical that all aged care services are well equipped and motivated to provide safe, high quality care for people with dementia, as part of their core business.

The aged care sector workforce is a critical element in the provision of quality services, and this workforce must be available in the future in sufficient numbers and at a high quality. There are currently significant threats to the availability and quality of the future aged care sector workforce in Australia. Although much greater numbers will be needed in the future, the current workforce is ageing, and services already report that they are experiencing difficulty in filling vacancies. At a time when the number of people needing access to aged care services is increasing, and the acuity of care required is also increasing, levels of direct care staff to residents in aged care services are often decreasing and the number and proportion of qualified nursing staff positions in aged care, particularly residential care, has fallen dramatically.

Dementia Australia is concerned that these trends are already impacting on the quality of care offered to some of the most frail and vulnerable people in our community, and that the situation has the potential to worsen in the future as demand pressures increase.

For this situation to change there needs to be a clear strategy which involves the sector, government and consumers showing leadership in addressing these challenges.

Consumer comments:

“Staff level is a pressing need as most RACH are understaffed due to illness or unforeseen circumstances. I have seen a Registered Nurse at my parents’ CALD (Chinese nursing home) spent more than one hour on the phone trying frantically to get enough staff for the next day roster. On the other hand some staff depend heavily on the regular shifts plus overtime to support their heavy house mortgage especially those live in metropolitan area like Sydney. The educational level of the Personal Care Assistants usually is low or their overseas qualification not recognised in Australia. My parents have been in both Aussie and CALD homes and I found most staff are migrants. It is easy to get a job in the aged care sector as there are plenty of jobs available. They have to do a certain amount of paper work plus the basic care duties and do not have enough time. We cannot expect every staff had the patients at their heart or we can never have enough staff.”

-Carer of person living with dementia

2. What practical difference do you hope a strategy will make?

A well designed and implemented workforce strategy will create a workforce who can deliver improved quality of care for people living with dementia. A recent analysis noted calls for cultural change in parts of the aged care sector, so that dementia capability, including behaviour

management, is accepted as part of core business and an essential in-house capability, rather than a discrete expertise or specialty area.¹

A strategy will also be able to create a workforce that can meet the needs of all people within aged care, including people with complex needs such as dementia. People with dementia will always need to be supported by mainstream services. However, specialist support services may also be needed, including those that build capacity in mainstream aged care services to help staff identify and proactively address unmet needs which can lead to the manifestation of behaviours of unmet need. It should be acknowledged that a lack of social engagement, deficits in appropriate clinical care, inadequate treatment of pain, or a range of other environmental, physical and social deficits can lead to behaviours of unmet need.

A focus on domains of well-being and person-centred care, and a proactive approach through education and culture change to better meet the needs of people with dementia, offer significant scope to improve well-being and reduce the need for medical intervention in relation to distress exhibited by the person with dementia. This approach also has the potential to greatly improve job satisfaction and reduce staff turnover. A workforce strategy is needed that combines building capacity in mainstream workforce to provide quality care for people with dementia, along with the integration of skilled and specialist dementia services to support mainstream services where required. This strategy needs to have a primary focus on promoting effective leadership at a service level to ensure the maximum likelihood of creating positive learning cultures.

3. How do you think a strategy can contribute to meeting future needs in aged care?

The prime consideration in developing strategies for the future aged care workforce must be the needs of the consumer. The overriding imperative is to ensure access by older people, including people with dementia, to high quality community and residential aged care services.

A well designed and implemented workforce strategy will aid and improve the quality of services delivered by our aged care workforce, including for people with dementia, who are growing in numbers and make up an increasing proportion of the aged care client base.

A successful strategy will ensure adequate numbers of skilled, qualified staff who are committed to providing person-centred care. Such a strategy will create a workforce that has the appropriate education and training, skills, and attributes to provide quality care for people with dementia, who frequently have complex care needs. The strategy will support equitable pay and conditions and appropriate career paths to attract and maintain an appropriately educated and skilled workforce.

4. Tell us what you see as the changes on the horizon that aged care needs to be ready for, and how you think the workforce strategy can contribute to meeting these future needs (in the context of an ageing population calling on aged care services in a variety of settings)?

The care and support of people with dementia is one of the largest healthcare challenges facing Australia. There are more than 425,000 Australians living with dementia. By 2025, the number of people with dementia is expected to increase to more than 530,000. Without a medical breakthrough, the number of people with dementia is expected to be 1.1 million by 2056.² Dementia is now the leading cause of death for women in Australia, and the second leading cause overall,

¹ KPMG (2015). *Analysis of dementia programmes funded by the Department of Social Services*.

² The National Centre for Social and Economic Modelling NATSEM for Alzheimer's Australia (2017). *Economic Cost of Dementia in Australia 2016-2056*.

with projections by the Australian Bureau of Statistics estimating it will be the leading cause of death in Australia within the next 5 years.³

A recent Dementia Australia focus group of carers of people with dementia has unearthed significant carer concerns about workforce trends in residential aged care. Changes to the workforce have been distressing for residents with dementia, staff and families. Carers in this situation report feeling trapped, as they worry a move to another facility would jeopardise the health and further upset their family member. Carers who were/are satisfied with the care received still report one their biggest concerns was/is a change in management or a perceived shift to a “for profit” model happening around them. This reflects the importance of sound leadership for consumers as well as staff. Carers have a high regard for residential aged care staff and would like to see them better compensated and acknowledged for the work they do.

Overwhelmingly, families consulted by Dementia Australia have expressed a strong desire to see aged care facilities invest in staff as a priority – to retain and support existing staff, increase staff remuneration and recognition, and roster adequate staff numbers to facilitate better, more person-centred care. Inexperienced staff, frequent shift rotations and poor hand-over procedures were cited by families as some of the main causes for avoidable failures, as well as a substantial barrier to achieving person-centred care. These are all issues that can be addressed through a well designed and implemented workforce strategy.

5. Tell us what is working well in the aged care workforce (across the industry, at provider or service level or through place-based initiatives) and where future opportunities lie.

Dementia Australia supports the approach taken by some aged care providers, to consider the attitudes and values of candidates in recruitment processes to ensure they are a good “fit” for the culture of care provided, on the basis that the required knowledge and skills can be readily taught, whereas attitudes and values can be more difficult to change. Dementia Australia also supports the approach taken by some aged care providers to provide greater opportunities for staff to access education and training on a broader range of areas including mindfulness and emotional intelligence.

Through its consultancy work with a number of providers Dementia Australia has seen the positive impact strong leadership can have on promoting a positive culture which supports ongoing learning in the workplace.

There are also good models of innovation in other sectors that can inform quality improvement in the aged care sector. One example is the Dementia Care in Hospitals Project (DCHP). Hospitals can be confusing and dangerous places for people with dementia. The unfamiliar environment of the hospital can cause confusion and distress and may lead to an increase in behavioural and psychological symptoms, and poor communication can contribute to poor outcomes.

DCHP is a national project based on a model developed by Ballarat Health Services in conjunction with Dementia Australia Victoria and people with dementia and their families. It has been implemented in over 20 hospitals across Victoria, and is now being piloted at a further four hospitals nationally. This approach, based on staff education and cultural change linked with an overbed alert (a visual Cognitive Impairment Identifier), has been shown to improve staff and carer

³ Australian Bureau of Statistics (2016). *Dementia: Australia's leading cause of death?* Accessed online.

satisfaction with the care provided to people with dementia in acute care facilities^{4 5}. Similar approaches which seek to promote leadership and effect cultural change, will be a critical element in building the workforce required to deliver Australia's future aged care services.

Consumer Comments:

“Funding is a big problem. It is good to bring the salary level of RAC nurses comparable with their colleagues in other sectors. I understand some nurses with families especially those with young families prefer to work the regular hours in RACH than the irregular hours in hospitals. Salary level for the Personal Care Assistants are more pressing than the nurses. How to boost their esteem and respect is important. I was always polite and friendly to the staff as I believe when I was not around I relied on them to look after my parents. I built a good relationship with staff. Unfortunately not every family see that way, some families think since their loved ones pay the rent and bond and they can be mean, rude and unreasonable to the staff. We always talk about staff education but did we ever think about educating the patients families ? Staff and family should work together for the optimum result for the patient.”

-Carer of person living with dementia

6. What do you think are the key factors the Taskforce needs to consider to attract and retain staff?

You may wish to consider some or all of the following in your response:

• Rural, regional and remote

• A diverse workforce and diverse consumers

• Workforce planning, roles and occupations

• Education and training

• Right workers with right aptitudes in the right locations

To maintain an adequate, appropriately skilled and sustainable workforce, equitable pay and conditions, and appropriate career paths for workers in the sector are needed.

The wage gap between nurses working in the aged care sector and nurses working in the public hospital sector is exacerbating recruitment and retention difficulties in aged care services. Full time residential aged care nurses now earn on average over \$200 per week less than their colleagues in other sectors, resulting in increasing difficulties attracting and retaining adequate number of appropriately trained nursing staff.⁶

⁴Mark Yates - The Ballarat approach - The Dementia Care in hospitals program

⁵ Alzheimer's Australia (June 2014), Paper 40: *Dementia care in the acute hospital setting: Issues and strategies*, p 13.

⁶ Australian Nursing and Midwifery Federation (2015). *Fact sheet 4: A snapshot of residential aged care*.

Poor remuneration and lack of career progression is not simply an industrial issue: it affects quality of care. At the macro level, aged care, disability, community care, and some health services compete for essentially the same workforce, and the aged care sector will not be able to attract and retain a sufficient high quality workforce for the future if pay, conditions, and career progression in the sector are not competitive. At the individual service level, services may experience high staff turnover due to poor remuneration and a lack of career pathways, leading to unfilled vacancies and lack of continuity. This impacts on quality of care, as well as increasing agitation on the part of consumers with dementia.

DA recommends that remuneration for all staff in the aged care sector should be aligned with that for similar roles in other sectors including acute health care; and clear career paths should be developed and implemented for nurses and other workers in the aged care sector. Funding arrangements for aged care should support appropriate remuneration and career paths.

“The future of Aged care in Australia over the next generation will need to recruit the very best of applicants in caring for the needs of Elders. After all we are not serving burgers we are providing real CARE for people towards their end of life; with dignity, respect and empathy, making every day count.”

-Carer of person living with dementia

7. What areas of knowledge, skills and capability need to be strengthened within the aged care workforce?

You may wish to consider some or all of the following in your response:

- *Clinical care*
- *Care planning*
- *Needs assessment*
- *Dementia*
- *Workforce planning*
- *End of life care*
- *Business management and leadership*
- *Social care*
- *Risk management*

Dementia is an ever changing and progressive condition, often with complex physical comorbidities and psychological and behavioural symptoms, which should be prevented where possible through better engagement and care, and which require careful assessment and management by appropriately trained staff. At present there are insufficient measures in place to ensure that the workforce is equipped to fulfil this role. Minimum standards of education and training should be required for staff working with people with dementia.

While care for people with dementia is a core responsibility of all aged care providers, there must be clearer criteria and expectations to support this, which can be facilitated through a well-designed strategy. Dementia should be core business within aged care, but there is evidence that the needs of people with dementia are not being fully supported through current mainstream aged care services. Although quality should encompass individualised care, no matter what the requirement or how specialised the care need, Dementia Australia is concerned that dementia is not being adequately addressed through our current and draft regulatory/quality systems. For instance, we

were concerned to note that the draft aged care quality standards⁷ do not acknowledge or consider the high risk and prevalence of dementia and associated cognitive decline, despite more than half of all residents in residential aged care having some form of dementia and despite the clear need for providers to have specialist capacity to manage dementia appropriately.

We recognise that from the perspective of a service provider the concept of person-centeredness should mean the needs of each individual are understood and considered regardless of their unique situation. However, as the peak organisation representing and advocating for the needs of people with dementia, it is our role to ensure the needs of people with cognitive issues are identified and supported. This is particularly significant around the discussion of what defines quality in clinical care and management of dementia. This concern was also raised by an anonymous query to the National Dementia Helpline:

Anonymous input from Quality Assessor

"I am a quality assessor with the Australian Aged Care Quality Agency - the body responsible for the accreditation of aged care homes and the quality review of home care services. I would rather not use my name as I prefer to remain anonymous. I have been reviewing the recently released Draft Aged Care Quality Standards (see <https://consultations.health.gov.au/aged-care-access-and-quality-acaq/single-quality-framework-draft-standards/>) and would like to highlight for your organisation that, unlike under the current residential accreditation framework, there is no specific mention of dementia or the management of behavioural care needs. (The current framework has expected outcome 2.13 - Behaviour management).

While I applaud the focus on end of life care in the draft standards (in requirement 3.3) and the specific mention of "falls, pressure injuries, medication misadventure, choking, malnutrition, dehydration, pain and delirium" (in requirement 3.7), I am stunned and appalled there is no mention of dementia and the management of behaviour care needs. I did a word search on 'dementia' in the document and found only one reference in a footnote; there are also no instances of the word 'behaviour'. And yet this is one of the key risk management areas for residential and home aged care providers AND one of the aspects of care where providers have the capacity to make a huge impact on a person's quality of life (and, sadly, often fall short). Note that the management of behavioural care needs often underlies all of the identified care issues in requirement 3.7!! I believe some specific mention of the management of behavioural care needs is absolutely necessary in any new set of aged care standards and I hope Dementia Australia is able to promote this view strongly to the Dept of Health."

Dementia Australia acknowledges that people with dementia will always need to be supported by mainstream services. However, it must be recognised that although dementia is a core part of aged care, it is not enough to rely on the provision of mainstream services to adequately provide for the needs of people with dementia. Instead there must be an approach that combines building capacity in mainstream services to provide quality care for people with dementia, along with the integration of specialist dementia services to support mainstream services where required.

To ensure quality dementia care, health care professionals and all care staff must be educated and trained in key aspects of dementia care including: person-centred care, the fundamentals of

7 Department of Health (2017). *Single Aged Care Quality Framework - Draft Quality Standards Consultation Paper*.

caring for people with dementia, psychosocial approaches to addressing unmet needs, pain assessment and management (particularly as people with dementia may be unable to verbalise their needs), and appropriate end-of-life care.

Learning pathways are needed for care staff to develop knowledge, skills and emotional intelligence, from basic level to advanced practice level. Government and aged care service providers have a shared responsibility to develop and fund education and career pathways for the aged care workforce. Government must maintain a commitment to supporting ongoing education and training to develop and sustain a workforce skilled in dementia care, and employers must also be committed and contribute to creating ongoing opportunities for both formal and on the job learning.

Consumer Comments:

“Twelve months before my Mum’s death the Nursing Director did have a talk with us and gave us a sheet of paper explaining the different stages of end of life care. Over the next 12 months we did not have much support and guidance. As an outsider it was difficult to understand the different stages of end of life care. The RAC should have more training and education to deliver better services to families

Dementia, Care planning, social care, risk management etc are important too. The RAC should work closely with the family to achieve better results. Close family carer involvement will get better treatment for the patients as the staff feel they are held responsible. If a patient with no back up or frequent visitors will easily be overlooked or left behind. A more mobile patient will have priority over an immobile patient in an outing. If the patient has a family to represent him or her will have better chance on the list of outing.”

-Carer of person living with dementia

8. What do you think is needed to improve and better equip the workforce to meet individual needs and expectations?

Education and training programs must respond to the evolving characteristics of the workforce, including targeted education and training for the increasing proportion of the workforce which comes from culturally and linguistically diverse backgrounds.

Further, there is a need to move dementia education and training from an output focus to an outcomes focus. Currently, education and training is essentially provided on the presumption that simply undertaking an activity or using a particular resource results in practice change; little import is given to whether this actually occurs. Practice change requires more than simply creating an awareness of knowledge; measures are needed to translate this to practice. Within workforce investment, priority needs to be placed on developing a cohesive, structured and integrated national dementia training and education program. Focus should be on practice changes, and on education and training activities that lead to better outcomes for people living with dementia and long-term sustainable change. Education and training on evidence-based care models, and on culture change processes, should be included.

Dementia training should be linked to clear levels of competency and/or practice standards, so that the learning outcomes of all dementia education and training activities may be aligned with the competencies/practice standards. Ideally, the outcomes of each education and training activity would be assessed using a framework to ensure that they achieve the intended outcomes and lead to practice change.

Alongside the development of individuals in the workforce, strategies are needed to develop leadership and cultural change at an organisational level and maximise opportunities to translate learning into improvements in practice.

9. *What is needed for leadership, mindset and accountability to innovate and extend new way of working tailored to the needs of older people who use aged care services, their families, carers and communities?*

First and foremost, the culture of the aged care service must be to deliver high quality, person-centred care for every individual accessing the service. The attributes and behaviours of the staff providing care are key to achieving such a culture and leaders are instrumental in modelling these attitudes and behaviours.

Strengthening organisational leadership within aged care is key to establishing an appropriate culture of care which takes a person/consumer centred approach to the way staff are supported, which in turn can help with staff retention. Through promoting a supportive learning culture for staff where they are supported to focus on building relationships with the people they support, is more likely to have a positive effect upon staff retention which has a significant impact on person-centred care. Practices such as appropriate rostering can also enable a more consumer-focused approach to care, and promote greater job satisfaction and staff retention. Resources are available to assist providers to self-evaluate the extent to which they are person-centred from both a staff and consumer perspective, and support a more person-centred approach.⁸

10. *What should aged care providers consider with workforce planning?*

⁸ <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care>

You may wish to consider all or some of the following in your response:

- Workforce size and structure
- Managing growth and change in service requirements

- Mix of occupations
- Workforce roles
- Distinct workforce needs in different workforce settings

Aged care services should have a skilled, experienced and adequate staff contingent to work effectively with people with dementia, and in many cases there is a great deal of room for improvement in this area. Services caring for people with dementia must have sufficient staff and an appropriate skills mix, as well as the right values and attitudes, to provide the care required.

Over the past decade and more, there has been a significant shift in the aged care workforce. There is a trend towards employing less skilled (and lower cost) staff in residential settings in the delivery of direct care services. At the same time as the acuity of care required has been increasing, there has been a substantial decrease in the proportion of qualified nursing staff in the aged care workforce, and an increase in the proportion of unlicensed and unregulated personal carers.

The trend towards lower staff to resident ratios along with lower proportions of qualified nurses on staff, is highly likely to be driven primarily by commercial considerations, and to have negative impacts on the quality of residential care.

Research has shown that direct care workers are generally highly committed to care recipients, and are keen to have the time and the skills to improve the well-being of residents and provide quality care, which they see as core components of their work. However, aged care staff must also meet regulatory requirements, operate according to organisational schedules, and work within budgetary constraints. Over 40% of nurses report spending less than a third of their shift performing direct care. This reflects the increasing managerial role that nurses, particularly Registered Nurses, are performing while Personal Care Assistants in particular are taking more responsibility for direct care.⁹

Although clinical care is only one component of quality, the reduction in direct nursing care to a residential care population with increasingly high needs may be problematic for achieving high quality care and avoiding unnecessary hospitalisations. Ensuring overall adequate staffing levels is also important to ensure that staff have sufficient time to interact with residents and assist them in meeting their physical and social needs.

11. In undertaking its work, the Taskforce has been asked to have regard to recent submissions to and reports of relevant inquiries on aged care workforce matters, and government responses. If you want the Taskforce to draw on a submission you have made, or evidence or materials you want to draw to our attention, please provide the details in the text box below.

⁹ King D., Mavromaras K., Wei Z., He B., Healy J., Macaitis K., Moskos M., Smith L. for National Institute of Labour Studies, Flinders University (2013). *The aged care workforce 2012: Final report.*

Dementia Australia has provided input to a number of consultations and inquiries which touch on the subject of aged care workforce. Some of these that maybe relevant to the taskforce's work include:

[Inquiry into the quality of care in residential aged care facilities in Australia](#)

[Future of work and workers](#)

[Specialist Dementia Care Units](#)

[Submission to the review of aged care regulatory processes](#)

[Submission to the Senate Community Affairs References Committee Inquiry: the Future of Australia's Aged Care Sector Workforce](#)

- 12. Is there anything else that you would like to contribute to inform the Taskforce?
Please contribute using the text box below. Alternatively, using the link below, add an attachment in Word or PDF to express your views or ideas more comprehensively.**

The area of Home Care provides significant challenges in how this workforce is supported to provide quality support and care to the majority of people who live with dementia in their own home. The casualised nature of this workforce and the nature of the work make it difficult to provide education opportunities which are accessible. Equally the very nature of the work performed on an individual basis in peoples homes makes it a difficult environment to promote the ongoing learning of staff.