Submission to the Royal Commission into Aged Care Quality and Safety re Workforce Policy

6 December 2019

About the NHLF

The National Health Leadership Forum (NHLF) was established in 2011. It is a collective partnership of 12 national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing.

The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership.

Committed to achieving health equality, the NHLF draws strength from cultural integrity, the evidence base and community. The NHLF provides advice and direction to the Australian Government on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

The NHLF shares a collective responsibility for the future generations of Aboriginal and Torres Strait Islander people and we pay our respect to our Elders who came before us.

Our vision is for the Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

The NHLF Membership

- Aboriginal and Torres Strait Islander Healing Foundation (Healing Foundation)
- Australian Indigenous Doctors' Association (AIDA)
- Australian Indigenous Psychologists' Association AIPA)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- Indigenous Allied Health Australia (IAHA)
- Indigenous Dentists' Association of Australia (IDA)
- The Lowitja Institute
- National Aboriginal and Torres Strait Islander Health Workers' Association (NATSIHWA)
- National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Association of Aboriginal and Torres Strait Islander Physiotherapists (NAATSIP)
- Torres Strait Regional Authority (TSRA)

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Introduction

The NHLF welcomes the opportunity to respond to the Royal Commission into Aged Care Quality and Safety. This Inquiry will be critical in establishing the true investment and benefit of Australian Government funding to Aged Care.

The NHLF supports the submissions by our members during the general submission phase: NACCHO, CATSINaM and Healing Foundation; and submission by Aboriginal Medical Services Alliance Northern Territory (AMSANT) and National Advisory Group of Aboriginal and Torres Strait Islander Aged Care (NATATSIAC). These papers highlight concerns pertaining to workforce sustainability, and the cultural safety and responsiveness of the aged care sector for older Aboriginal and Torres Strait Islander peoples. The Royal Commission's own interim report highlights concerns with recruitment, retention, skill suitability and cultural safety of the workforce within the sector.

Responses to Policy Questions:

1. **methods for determining and implementing the minimum staffing levels and appropriate skills mix for aged care services, including for nursing, personal care, allied health and others**

    1.1. Any methodology that is developed to determine future staffing levels and skill mix for aged care services, must be underpinned by the principles of person-centred care and needs based planning. Whilst the diversity of clients, either within a residential care or in home care, within a single aged care provider or across the system makes a needs-based workforce structure difficult, it is nevertheless necessary to employ nurses, personal care workers and allied health staff based on the care and support needs of the clients rather than a focus on minimising cost.

    1.2. The first step in the development of and implementation of the methodology must be the creation of a single definition for the personal care workforce (PCW) to enable the skills set of this workforce to be clearly articulated. Defining the PCW will shape the current skills sets and future skills sets required to deliver optimum care and support.

    1.3. Implementing a workforce methodology will require reform of a system that is perceived to be focused on marketisation and profit rather than the best possible care and support to our elderly population. Particularly evident, by the diversity of the skills sets and experience of the PWC workforce and their lack of ongoing professional development and varied work conditions.

    1.4. The perception of an aged care system focussed on service providers and profit rather than the elderly is exacerbated for older Aboriginal and Torres Strait Islander peoples due to a lack of culturally safe service providers and the lack of readily accessible services. The development of a methodology to determine staffing levels and skills mix should also include Aboriginal liaison officers as part of the workforce arrangements.[1]

[1] Royal Commission Submission: NACCHO AWF.001.04347.

1.5. Workforce planning should also contribute to developing a workforce that is culturally safe across the entire aged care system. Co-design and shared decision-making with Aboriginal and Torres Strait Islander peoples should be part of workforce planning and development processes to enhance local employment opportunities particularly within rural and remote Australia where there is no market of service providers.

2. who should be covered by a registration scheme for non-clinical staff in aged care, and how such a scheme might be implemented, administered and funded?

2.1. The National Registration and Accreditation Scheme (NRAS) for health professionals, asks as its first criteria for entry into the Scheme - does this workforce pose a risk to public safety. The establishment of a national registration scheme for all aged care staff providing direct care is justified due to the failings of the current system and the inherent flaws which are being brought into the open through this Royal Commission.

2.2. Accordingly, PCWs who are the least defined workforce, assistants in allied health and assistants in nursing who provide direct care should come under a national regulatory scheme. However, for PCWs this is not immediately possible given the inconsistency in their education and training levels and scope of practice.

2.3. There are several steps that could be implemented to enable a regulatory scheme to be established in the longer term for PWCs. Similarly, to Strategic action 3 of the Aged Care Workforce Strategy[2] there needs to be a:

2.3.1. defined the scope of practice for PCW

2.3.2. defined minimum education levels for entry including English literacy

2.3.3. defined ongoing continuing professional development and education level required to work autonomously

2.3.4. defined minimum training requirements such as cultural safety and responsive care, mental health first aid, trauma informed care.

2.3.4.1. The above topics should be mandated for all staff.

2.4. The regulation of this workforce should at least be equivalent to the Aboriginal Health Practitioner (AHP) workforce under the NRAS. Similarly, to AHP the minimum training for a PCW should be certificate 4 and to work autonomously be required to have diploma level qualification. Clear articulation of education levels combined with scope of practice will create the career pathways into the aged care sector as well as enabling someone to move into other sectors as well as clearly enabling cross sectoral alignment particularly for small and remote centres that may only have one service provider that delivers a range of health and community services programs.[3]

[2] A Matter of Care Australia's' Aged Care Workforce Strategy. Aged Care Workforce Strategy Taskforce. June 2018. P26

[3] Royal Commission Submissions: AMSANT AWF.600.01078 and NACCHO AWF.001.04347.

2.5. Implementing these changes would need to include support and a grandfathering period to enable the existing workforce who do not have these qualifications to obtain them while continuing to work. These steps would assist in developing an interim national code of conduct for this workforce and shape the expectations on employers in how they are to engage and support this workforce. Furthermore, the true size of this workforce and consequently the feasibility of national regulation would also be known.

2.6. This work needs to be undertaken in conjunction of strengthening the accreditation system as the problems highlighted in this Royal Commission do not reside solely on the individual worker. It is evident that service providers have been remiss in their governance practices including poor oversight in employing adequate numbers of competent staff and providing the conditions for good quality care.

3. options to resolve low remuneration and poor working conditions, including how the remuneration and working conditions of aged care workers can be aligned with their counterparts in the health and disability sectors

3.1. The Aged Care Workforce Strategy[4] provides a way forward to improving the poor perception of working within the aged care sector; and as importantly the interface between primary and acute care. However, the proposed voluntary code of practice[5] that would sit alongside current regulatory frameworks is unlikely to create the required ethos change within the sector. Instead the elements of the codes need to be embedded into the accreditation system and strengthen enforcement and consequences for failure.

3.2. The work of the Aged Care Workforce Taskforce examined many of the issues raised within the Royal Commission regarding recruitment and retention of staff. Likewise, there has been much examination regarding capacity and capability within small and remote communities. It is well known that remote communities or small centres are unable to compete within metropolitan or regional centres with recruitment or retention of staff.[6] Yet, the policy framework for aged care which is about consumer directed care, is based on metropolitan and middle to higher income capacity which these locations don't reflect.[7]

3.3. Much of the poor public perception of aged care regarding career choice is due to the poor pay and conditions experienced by staff.[8] However, investment alone won't easily resolve these issues unless providers are held more accountable regarding employment matters to ensure quality and safety. Renumeration and employment arrangements often influence workers level of engagement – hence low wages and poor conditions create low commitment to the employer and clients.

[4] A Matter of Care Australia's' Aged Care Workforce Strategy. Aged Care Workforce Strategy Taskforce. June 2018.
[5] Ibid p20
[6] Royal Commission Submission: NACCHO AWF.001.04347.
[7] The Royal Commission into Aged Care Quality and Safety. A History of Aged Care Reviews, Background Paper 8. October 2019.
[8] O'Keeffe, D. 2017. Aged care wages: tackling pay in the 'forgotten industry' retrieved from: https://www.australianageingagenda.com.au/2017/02/08/aged-care-wages-tackling-pay-forgotten-industry/

3.4. Current wage levels are insufficient to attract staff to regional and remote locations. There is considerable expense and waste with training new staff when there is a high turnover. Investment or incentives to provide education and training local people in small centres or remote communities is an opportunity to provide place based aged care services and address under employment and/or unemployment.[9] Better integration across our service system as recommended in the Aged Care Workforce Strategy[10] is more likely to contribute to improvements particularly for the workforce than a single industry focus.

3.5. The recommendations for action within the Aged Care Workforce Strategy particularly around strategic actions 3 and 4 require full government support and investment. Proper support for these strategic actions will assist in addressing recruitment and retention of staff and the quality and safety of services.

4. how to raise the overall skill, knowledge and competencies of all care staff (existing and new entrants) in working with vulnerable people, especially those with age related conditions and illnesses

4.1. The Royal Commission's own interim report acknowledges that many submissions have stated that professional development for staff was lacking and, in many instances, had declined over the years. The lack of training and ongoing professional development illustrates a lack of respect to the workforce but more importantly the needs of the clients. Similarly, many submissions advocated for more investment in the education and training for the workforce both entry level and for existing staff, and for minimum qualifications standards be instituted. The NHLF supports the calls for investment in education and training for aged care staff to raise their skills levels and confidence to provide care and support.

4.2. Training particularly around cultural safety, complex issues such as dementia; palliative care, end of life care, mental health and communication were common themes within the interim report. The education of our future workforce should include these skills as part of any 'curriculum' delivered in either the vocational or higher education sectors.

4.3. There would also need to be serious investment undertaken to support the existing staff to undertake similar education and training. The training and professional development of staff should be mandated either under a regulatory regime for workforce or the accreditation process for employers.

4.4. These training topics should be viewed as a minimum requirement provided to all staff and there is no justification to back away from this call in the Royal Commission's Final Report.

[9] Royal Commission Submission: AMSANT AWF.600.01078.

[10] Strategic action 9: Strengthening the interface between aged care and primary/acute care. A Matter of Care Australia's' Aged Care Workforce Strategy. Aged Care Workforce Strategy Taskforce. June 2018.

5. ***how to* ensure *service providers develop a culture of strong governance and workforce leadership, and***

5.1. Good governance equates to effective administration, quality and safety management systems, which create a culture that espouses organisation, training, compliance and client and workforce satisfaction.

5.2. The accreditation system must be credible and have legitimacy with a range of penalties imposable including deregistration of a provider or restrict (conditional) accreditation of poor performing providers and include penalties such as barring the directors of those service providers from serving on future boards. Such penalty may require legislative change however, given that voluntary regulatory is seen to fail across many industries, legislative enforcement is necessary.

5.3. The ongoing care, support and respect of all residents/clients should focus not on keeping a problem provider operating. The accreditation standards must mean something through proper enforcement complemented by a strong regulatory framework for the workforce.

6. any *institutional* changes needed to ensure that the Commonwealth fills its role as the system steward and exercises leadership in workforce planning, development and remuneration.

6.1. The oversight and provision of aged care services to older Aboriginal and Torres Strait Islander peoples, and indeed all older Australians, should be in a manner consistent with the human rights of self-determination and health, as outlined by the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights (ICCPR) both of which Australia has ratified.[11]

6.2. The Royal Commission's interim report acknowledged[12]

6.2.1. self-determination, trust, cultural safety, respect, connection to community and connection to the land are at the heart of many Aboriginal and Torres Strait Islander peoples wish for aged care services to be accessible on country.

6.2.2. that the current aged care system is failing Aboriginal and Torres Strait Islander peoples and communities

6.2.3. the failure stems firstly from "Australia's history includes mass displacement, dispossession, cultural disruption, loss of language, and policies of assimilation for Aboriginal and Torres Strait Islander people. This has led to intergenerational

[11] United Nations, International Covenant on Civil and Political Rights, Article 1 and 12; and United Nations, International Covenant on Economic, Social and Cultural Rights, Article 1.

[12] Commonwealth of Australia. 2019. The Royal Commission into Aged Care Quality and Safety. Interim Report: Neglect. Chapter 7 Elders are our Future, p166.

trauma, a deep distrust of mainstream and government services, and pervasive inequality in life expectancy, health status, education and employment outcomes."

6.3. The data on health and wellbeing differentials across Australia and the challenges aged care, disability services and the health system confront illustrate current systems have not been effective in meeting the needs of many people and communities. Different approaches are needed. Tailored modes of delivery can be highly effective, when incorporated into a system that enables continuity of care and adapts to the ongoing needs of the community and individuals.

6.4. The assumption that marketisation is the solution to the provision of human services is fundamentally problematic as it ignores the fact that for many areas outside of metropolitan or regional areas capacity is limited or non-existent. The focus of the market disrespects the very nature of Australia's geographical expanse. The NHLF supports NACCHO, AMSANT's[13] and others call for intervention of government in areas that are considered 'thin markets' with direct investment and assistance to communities to establish their own aged care service. This investment should be placed based and include making education and training available for local people to enable them to work in their own community to provide aged care services.

6.5. Australia is still in a transition period with a population demographic comprising people born and lived experience with education and much of their work life did not include computers and the internet, and others whose contact with computers and the internet late in their work life , and those that have it embedded in their daily lives. Yet the assumptions underpinning changes to the delivery of human services, such as the My Aged Care, do not reflect the disparity in IT knowledge and access, which hinders people's accessibility and trust in government agencies to understand how people live.

6.6. Likewise, that lack of understanding of trauma and how that can impact on a person's ability to trust government agencies and to navigate the various systems with confidence is poorly understood by our bureaucracy and government. The Royal Commission's final recommendations need to include government agencies undertake systemic and structural transformation to enable better oversight of the aged care system so that its workforce provides safe, person-centred care and support, and is also culturally safe for Aboriginal and Torres Strait Islander peoples and fulfils our United Nation conventions.

6.7. The NLF also supports the recommendations put forward by the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) in their Submission to the Royal Commission into Aged Care Quality and Safety in September this year. NAGATSIAC's recommendations 37 to 43 regarding workforce sustainability and recommendations 44 to 51 regarding trauma informed care should inform the Royal Commissions findings and final recommendations.[14] Embedded in NAGATSIAC's submission is the requirement for ongoing cultural safety training and trauma informed care for management and staff.

[13] Royal Commission Submission: NACCHO AWF.001.04347; AMSANT AWF.600.01078.

[14] Royal Commission Submission Reference: NAGATSIAC AWF.600.01262.

6.8. The impact of trauma on our elderly and the need for trauma informed care and cultural safety training is also advocated by CATSINaM, the Healing Foundation and NACCHO within their respective submissions.[15]

6.9. The joint submission by the Healing Foundation and the Australian Association of Gerontology Aboriginal and Torres Strait Islander Ageing Advisory Group call for institutional change in their recommendations including:

6.9.1. workforce frameworks that are strength focused and build appreciation and capability for the skills and experience required to work respectfully with all elderly people, including Stolen Generations survivors

6.9.2. having services that are culturally safe, trauma informed and recognise the diversity of experience of elderly people across all parts of the aged care system, with compulsory training and accreditation for management and staff

6.9.3. accreditation frameworks must articulate quality standards and measures of care for elderly Stolen Generations survivors that reflect their complex needs and history of trauma. [16]

6.10. Development of cost-effective and viable, culturally safe and responsive aged care facilities and arrangements on country is feasible. This could substantially reduce the need to resort to older Aboriginal and Torres Strait Islander people being removed from their communities at times when the dislocation is most damaging in terms of their own needs and the important cultural and spiritual roles they play in communities. For many, decisions to relocate people way from communities to facilities deemed to provide higher standards of care due to proximity to equipment or for other factors that may be of relatively little consequence to the person, and often expressly against their wishes is likely to be more harmful than not. These decisions must be taken with the genuine needs and preferences of the individual in mind, albeit balanced with other considerations: they should not prioritise on the basis of established procedure or system convenience. The Interim Report of the Royal Commission provides an insight to the extent of dislocation and stress that can be involved in these situations.

6.11. Unfortunately, much of Australia's health and support service system is predicated on models that are designed for high population, metropolitan settings that do not easily translate to rural, remote and especially Aboriginal and Torres Strait Islander community settings. Often policy and program adjustments designed to translate services to these settings are little more than:

6.11.1. a scaling down of the service (which in practical terms often means a removal of allied health and other less "general", but effective care services); and/or

[15] Royal Commission Submission References: CATSINaM AWF.600.01046; Healing Foundation AWF.001.04106.04; NACCHO AWF.001.04347.

[16] Healing Foundation and the Australian Association of Gerontology Aboriginal and Torres Strait Islander Ageing Advisory Group Submission. Stolen Generations Aged Care Forum Report August 2019. Royal Commission Reference: AWF.001.04106.03.

6.11.2. purportedly delivered through inadequate, infrequent and ineffective visiting services and/or telehealth-type servicing.

6.12. To meet the needs of Aboriginal and Torres Strait Islander peoples and communities, governments and other stakeholders need to fundamentally look at ways to develop a locally based workforce (including the Assistant workforce, providing ongoing therapy and assistance under direction of professionals who may be available less frequently in location). This requires supporting education and training models that aforementioned organisations have suggested in their own submissions. Organisations such as Indigenous Allied Health Australia (IAHA) have established an Academy model that is designed to develop this workforce. It is in the process of being established across a range of sites nationally and is premised on the needs of community, rather than a program or funder-centric model of care. Additionally, IAHA is also working with communities (and a range of interested service stakeholders) to establish allied health service and training hubs in remote and regional centres, where such services are rare, inadequate and sometimes non-existent at present. With limited government support IAHA have started developing these hubs, which aim to provide education and career pathways for local people to work in allied health across the human services system such as aged care, disability and health. In addition to providing employment opportunities, these hubs would assist in cross sector alignment and support particularly in areas where there are either a single or limited number of services, and where the current costs associated with servicing may be extremely expensive but deliver limited impact to the community or ongoing capacity.

7. Finally, NHLF member organisations each have unique and specific experience and views regarding aged care workforce, and some organisations may provide their own submissions directly to the Royal Commission's request for workforce submissions.