

Attachment

Aged Care Workforce Strategy¹

16 March 2018

Questionnaire responses and additional comments

¹ <https://consultations.health.gov.au/aged-care-policy-and-regulation/aged-care-workforce-strategy/>

Survey responses

PART B: Shaping the Aged Care Workforce Strategy

Q1. Why does an aged care workforce strategy matter?

Because care and quality of life depend largely on adequate staffing and that impacts profitability. That is why this cannot be left to the industry.

Q2. What practical difference do you hope a strategy will make?

Setting minimum as well as acuity based clinical and life need staffing levels and skills that are based on data and nursing experience and are not commercial considerations. If care needs to be rationed then we must do that openly and honestly and not by subterfuge as currently happens. Ensuring total transparency. Being directly accountable to the communities served for numbers, skills and care through a process of regular consultation with them.

Q3. How do you think a strategy can contribute to meeting future needs in aged care?

If it is realistic and if it includes regular data collection and transparent monitoring. Real needs and not commercial needs must be set against available funding in consultation with the communities served. Staff need to have a far greater say in how their workforce operates.

Q4. 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)?

Please tell us what you see as the changes on the horizon that aged care needs to be ready for, and how you think a strategy can contribute to meeting these future needs?

Making this market work for citizens as much as for providers. This is not happening. Overall management and oversight needs to move into local communities to restore flexibility, transparency, oversight, trust, relationships and the day to day social control of society over the conduct of its members including managers in each community. Government's role is to support society and not usurp its important roles and responsibilities.

A market system based on branding and marketing idealised images that cannot be met because everyone there usually quite rapidly deteriorates and dies is unworkable. Disillusionment leads to distrust and when problems develop, anger. It makes sensible and careful rationing based on need impossible. A very different sort of market is required, one where the realities of care are cooperatively addressed. Staffing levels show that care is suboptimal and that makes it more obvious.

Q5. 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.

Looking in on this system it soon become obvious that very little is working well. When it is, it is because of the dedication of people who defeat the system and provide care in spite of it. The problem is that too many believe in a system and deride its critics rather than looking at it objectively. This is only possible because no one collects reliable data.

Q6. What do you think are the key factors the Taskforce needs to consider to attract and retain staff?

Addressing the cultural problems that arise from conflicts between the neoliberal free market discourse and the discourse of care that motivates aspiring carers, brings them to the work and that should be there to maintain their dedication.

Staff should be working with and relating to local communities who share and reinforce their discourse of care. In this sector staff and communities should be the driving forces in setting the discourse that governs care. Management must work within that and bring their insights and skills to it. The system and its funding should be structured to support this.

If some are incapable of meeting the communities' expectations then clearly the market will gradually dispense with them and they will go elsewhere.

A workplace where staff are supported and admired for their work by the communities with whom they interact will be a desirable place to work.

Q7. What areas of knowledge, skills and capability need to be strengthened within the aged care workforce?

Clinical skills at all levels of the aged care system are sadly lacking, particularly in management, in government and in regulation. There is no leadership, role modelling or support in this basic area. There is a self-serving illusion created in 1997 that because ageing is inevitable it is "not a disease" and clinical care is unnecessary. This leads to the illusion that quality of life can be addressed without supporting the physical and mental wellbeing that make it possible. Skilled staffing are therefore not necessary. Twenty years later we still see this nonsense coming from senior levels in the industry.

In practice illness is much more common, more difficult to diagnose and manage. Almost every aged person has some quality of life limiting or life threatening medical problem that needs to be supported. Early diagnosis and prompt treatment is therefore more important. Ethical and management decisions about when to treat and when to stop are more complex and more frequently made. All this requires clinical and ethical expertise.

There are resource implications that make ideal care unattainable and society cannot sacrifice each new generation to the departing one. That challenging issue should be confronted so that communities fully understand the situation and do what they can to contribute. Selling snake oil like the Aged Care Roadmap is not sensible. The danger is that staffing strategy developed within the marketplace discourse will be made in the same way. We cannot make sensible decisions when we live in a make-believe wonderland.

Q8. What do you think is needed to improve and better equip the workforce to meet individual needs and expectations?

Greater control and influence over the environment in which they work, greater support and help from those who share their discourse and their values (ie community and professional peers in the community) and a management that has clinical aged care experience, accepts the priority of a discourse of care and recognises the close and binding relationships on which care depends - then finds ways of supporting it. Working with community to improve the care given.

Q9. 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?

The problem in most truly dysfunctional systems is usually the leadership, a leadership that sells its ideas and does not engage and listen on any terms other than their own. Leaders set the scene and the program. The problem is that those responsible '*genuinely believe in what they are doing*' based on their business training and don't always consider what others who think differently and have a different expertise think they should be doing. This is glaringly apparent in aged care. Success is then measured in the success of the business (ie financial performance) rather than in the care provided. Business success becomes a token for care and a driving force for any innovation with little attention to the clinical consequences.

Families and community come to equate commercial performance and credibility with quality of care. Studies show that in practice the opposite is often the case, so making a mockery of choice. What is needed in aged care is grassroots involvement and a measure of supervisory responsibility by local community groups so that they examine data and gain direct knowledge. Empowered communities supporting residents and knowledgeable staff would then be in a position to focus their many different perspectives on problems. Current innovation is imprisoned by managerial and marketplace discourses that are unable to grant alternative insights legitimacy.

(Example on following page)

Example of commercial credibility

Extensive international research shows a link between profitability, staffing and failures in care. We need to consider the credibility financial leadership brings on the one hand and on the other, the problem this can create for families who want the best for their parents and make huge financial sacrifices to admit them to the leaders in the field.

One wonders therefore if there is any positive or negative association with staffing and failures in care in organisations and their leaders who *'genuinely believe in what they are doing'*, specialise in *"Revenue and Profit Growth"*, are recognised segment leaders of residential aged care, set business standards, are awarded business awards and are invited to speak and advise others at aged care business meetings where, for example, issues like the importance of *"employing people who know how to earn a dollar"* and *"who understand the basic principles of finance,"* are discussed.

Do those giving awards like Woman of West 2018 (Business), the Woodside Better Business Award (2013), Winner (2013) Enterprise Training Program of the Year, and also "Silver" and then later in 2012 "Gold" at the prestigious Australian Business Excellence Awards, actually examine where the profits came from? Do they look at the adequacy of staffing and any real measures of care, or do they simply look at financial performance? If they actually look, do they go any further than the flawed Quality Agency which rubber stamps almost anyone with full marks – even do an internet search to see what people who have been there are saying.

This is not a trivial issue as providers use these awards to advertise. Residents and their families equate these awards with excellence but international studies have shown a clear association between profitability and poor staffing as well as failures in care. If these awards are for successful performance in this marketplace, families might be making a terrible mistake and could even be risking their family member's life.

We are not suggesting that anything like that has happened in this case but if this market is to remain credible then these issues should be transparently addressed, and currently we do not collect the data needed for this.

- **How to make a buck from aged care - Australian Ageing Agenda (31 Mar 2011)**
<https://www.australianageingagenda.com.au/2011/03/31/how-to-make-a-buck-from-aged-care/>
- **Aged care CEO wins accolade for women in business - Australian Ageing Agenda (9 Mar 2018)**
<https://www.australianageingagenda.com.au/2018/03/09/aged-care-ceo-wins-accolade-for-women-in-business/>
- **Newcastle nursing home accused of failing to deliver care, resulting in elderly resident's death - ABC News (7 Mar 2016)**
<http://www.abc.net.au/news/2016-03-07/newcastle-nursing-home-summitcare-wallsend-another-death/7213038>
- **Negligence claim says killer nurse not vetted before getting job - ABC News (25 Jul 2017)**
<http://www.abc.net.au/news/2017-07-25/negligence-claim-says-killer-nurse-not-vetted-before-getting-job/8738178>
- **Hunter nursing home sued over resident's death - Bombala Times (31 Oct 2016)**
<http://www.bombalaitimes.com.au/story/4260571/hunter-nursing-home-sued-over-residents-death/?cs=4064>
- **A family's anguish - 13 Jun 2009; Interview with Clare and Alice - ABC 4 Corners - (1 Jun 2009)** <http://www.abc.net.au/4corners/interview-with-clare-and-alice/1698912>

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

Until you have accurate data based assessments of staffing needs based on clinical and then lifestyle needs (and you cannot fully separate and compartmentalise them) and variations for particular problems like dementia and palliative care you cannot address these issues and you will end with a wealth of uninformed personal views.

Because we have studied the data we can confidently say that the greatest immediate need is the proper definition of the minimum numbers and skills of nurses needed to provide good and safe basic care as an essential beginning and a building block to determining the additional needs for some services. This can then be refined so that the additional needs for different services can be added.

That must be the primary target and, until we have that, too much elaboration will only result in wishful tokenisation. Currently we have half the number of trained nurses and an hour less nursing care per resident each day than the USA. Extensive US studies have shown the minimum nursing numbers for safe care should be RN = 0.75 EN 0.55 PCA 2.8 and Total 4.1 hprd. We cannot be providing safe care with current staffing. We need real transparently collected and verified data to see what is happening.

Additional comments

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.

- 1) Submission to House of Representatives Inquiry *Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia* - March Feb 2018²
- 2) Second supplementary submission to the senate's *Future of Australia's aged care sector workforce inquiry* November 2016³
- 3) Submission to the senate Inquiry *Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised* - August 2017⁴
- 4) Submissions to the ALRC Inquiry into Elder Abuse⁵.

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.

See following page for:

- Comment about the absence of data and the limits of surveys like this.
- Policy issues and the need for real change

² https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/AgedCareFacilities

³ <https://www.aph.gov.au/DocumentStore.ashx?id=2b325908-0cc9-439d-adc5-21b65b741681&subId=414405>

⁴ <https://www.aph.gov.au/DocumentStore.ashx?id=0b82626c-5677-48c7-b025-df10d5af63b7&subId=560850>

⁵ https://www.alrc.gov.au/sites/default/files/subs/165._aged_care_crisis.docx
https://www.alrc.gov.au/sites/default/files/subs/353._aged_care_crisis.pdf

Attachment to Aged Care Workforce Strategy - Survey

Introduction

In this appendix to our responses in the survey we examine the lack of adequate available data and the consequences for the validity of this survey. We go on to explain why the absence of data has resulted in a deeply flawed system influenced by individual perceptions, biases and ideological beliefs. We describe what is needed when making effective policy and managing any system, particularly human services like aged care. We have made proposals which create a path towards addressing these problems, a sensible path that industry and politicians are avoiding.

The example we referred to in item 9 exemplifies the problem. It describes an underlying assumption that is challenged by evidence that is ignored.

Absence of data

There is no readily available public information about staffing levels and care outcomes and none has been provided to those participating in the survey. The responses you will get to this survey will be based on opinion and perceptions that may not be well informed – or worse still be informed by prejudice or belief. This is not fair to those who are responding or to the consumers who will ultimately receive care. We know that there is very little reliable objective data collected in Australia but at least we should know what is there and decide what we need to inform the debate. This is not real involvement or consultation.

A flawed system that ignored data

The current system set in place in 1997 is flawed in concept and design because it was not based on knowledge from those who provided and received care in the sector or on readily available data. Instead it was based on a belief that spread a discourse about markets that ignored at least 2500 years of experience of the way markets operate in vulnerable sectors, the steps that were needed to make them work there, recent international experience, and the real experience in aged care Australia in the 1970s and 1980s. No useful ongoing data was collected and nothing was done to monitor its impact.

This is what happens when politicians believe in something and make uninformed decisions on their own and market them at society. That is not democracy.

Advocating for change

We have proposed changes in our submissions that would address the problems that have led us to a failed system. We must ensure that essential decision making about care is taken out of the silos that now control it and returned to our community where there is expertise and a broad set of perspectives that can provide new insights. We must stop politicians from marketing policies they want at us. That is not democracy. Instead they should be guided by and support an informed community.

We need changes that make the market work by resetting the balance between conflicting discourses. That means steadily and systematically rebuilding and involving an informed community and by empowering staff. At a fundamental level we must collect and use data transparently in order to combat illusions, inform policy, regulate effectively, address the problems in management, address the problems in staffing and make us acutely aware of any adverse consequences so that we can respond immediately. We need to carefully trial and evaluate any new policy.

Data must be collected and changes closely monitored so that their impact is readily apparent. Needed adjustments or changes can then be made at an early stage. We must create a context that will prevent us from repeating the mistakes of the late 1990s when these very basic requirements for developing and managing policy were ignored.