Aged Care Workforce Strategy

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Australian Government

Department of Health

ACWSTaskforce@health.gov.au

ABOUT FECCA

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA has had a longstanding presence in policy and systemic advocacy on ageing and aged care issues for CALD Australians. FECCA is the leading stakeholder in CALD ageing and aged care policy, and has been a significant contributor to a range of collaborations, including the National Aged Care Alliance, and partnerships with other peak bodies, to achieve the inclusion and empowerment of older CALD Australians, their carers, and CALD people who work in the aged care industry.[1] FECCA undertook the consultations to inform the National Ageing and Aged Care Strategy for People from CALD backgrounds[2] and was a member of its implementation committee. Currently, FECCA is represented on the Aged Care Sector Committee Diversity Sub-Group where it is working collaboratively with the Department of Health in developing and implementing the Diversity Framework.

FECCA wishes to thank the Aged Care Workforce Strategy Taskforce for the opportunity to input into the consultation process regarding the future of Australia's aged care workforce.

FECCA gives consent for this submission to be published in whole or in part.

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[1] *FECCA's 2020 Vision for Older CALD Australians*, 2015, http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf
[2] Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds,* 2015

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SUBMISSION INTO THE AGED CARE WORKFORCE STRATEGY

PART B:

1. Why does an aged care workforce strategy matter?

The current aged care workforce is not currently prepared for the growing demands of an ageing Australian population. It is imperative that there exists a strategy which encompasses and addresses the needs of all older ageing Australians. Many diverse (special needs groups as outlined in the Aged Care Act 1997) older people are not being afforded the care and supports from the system which they deserve and are generally not receiving inclusive and respectful care in their advancing and vulnerable years, particularly due to their diverse needs and life characteristics. For people from culturally and linguistically diverse backgrounds, there is a strong resistance to living in an aged care residential facility as they are separated from community, they experience language barriers and do not have their cultural needs met. By placing the needs of the consumer at the centre of any strategy will ensure that their particular needs are met and that they will be afforded respectful and inclusive care. The aged care workforce itself needs to be professionalised to ensure that the best care is being delivered as per the requirements of the consumer in an ever growing consumer centric system. Presently, there exists no mandating of formal qualification, skills and knowledge base to work in aged care. Aged care is not considered an attractive vocational option and suffers from a bad reputation based on structural and cultural barriers. This needs to be urgently addressed.

It is considered an entry point for a non-skilled labour force and for a people whose overseas health qualifications are not recognised. Consideration should be given for inclusion of international qualifications more positively with recognition of prior learning (RPL) practices developed and for evaluation/accreditation of international qualifications.

A formalised system for credentialing aged care qualifications is needed to increase the attractiveness of the sector and to retain staff who is working within aged care due to true vocation. Staff should be supported through proper remuneration and clear and achievable professional development paths and opportunities.

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

Practical differences will cover better care outcomes for consumers, a better reputation for aged care providers in the community and will provide better opportunities for employees. We hope that the strategy will: ensure training in culturally competent care; tackle racism and exploitation of the caring workforce, especially CALD and migrant workers; and will lead to proper recognition and skills of the contribution of bilingual, bicultural and migrant workers.

The aged care workforce needs support because the very nature of their work is difficult and generally unappreciated by society at large who are not aware of the daily challenges which they face. Providing care in different environments such as the home, in community and in residential care require varied work practices and complexities. A practical difference would ensure that in residential aged care that the current resident/staff ratio imbalance is addressed and older people are properly cared for. The ratio should not be static, but should vary according to the model of care which is provided in any particular organisation.

For people of CALD backgrounds, the attention to their diverse needs and life characteristics will be addressed by carefully trained professionals who are competent in providing culturally inclusive and respectful care.

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

As discussed in question 1, a strategy which considers the proper credentialing of aged care experience, international qualifications and that can develop a skills and competencies based framework will be a positive step for attracting and retaining a workforce that is rewarded appropriately for the work which they perform. Working in aged care can be complex with a variety of stakeholders all wanting their needs met. However, the focus should be on providing quality care and supports to the older population which is inclusive of people with diverse needs and characteristics. Migration can contribute positively to the future needs of the aged care workforce. The benefits of employing bilingual and bicultural staff particularly in the community sector – where the greatest demand lies– should be celebrated and supported. Amongst the benefits of employing bilingual and bicultural staff are enhanced cross-cultural understandings, language skills, and links to the community where added benefits for communication and support can be derived. This will lead to an improved quality of life for aged care consumers. It is imperative that the strategy includes processes to develop a formalised recognition of the skills and attributes of bilingual and bicultural staff.

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)?

Meeting the huge expansion in the sector: Aged Care is part of the Australian healthcare and social assistance sector. This sector is predicted to contribute the largest number of new jobs – 250,000 - over the next four years,.[3] The drivers of this increase include the National Disability Insurance Scheme, the increasing demand for childcare and home based services and the ageing population. It is crucial therefore that a ready workforce is available and appropriately skilled and professionalised in order to fill these positions. This sector must offer roles and salaries that can attract and retain suitable staff. The healthcare and social assistance sector provides care and support to the most vulnerable in Australian society and its workforce must be capable of meeting this responsibility and the needs of these vulnerable consumers.

Ensuring quality: The new Single Quality Standards will be focusing on consumer outcomes and it is necessary that aged care staff understand the reform in accreditation processes and is able to interpret the standards to meet the desired outcomes for consumers. The workforce needs to be trained and ready for this change. Moreover, the diverse needs and characteristics of older people also need to be attended to **equally** as directed by the *Quality of Care Principles 2014 Part 2, Division 2, Number 11.*

Understanding reform: Reform and the accompanying legislative changes that have moved aged care to a consumer directed model of care requires a change in mindset and understanding among aged care practitioners at all levels of the industry. Understanding the legislative changes in aged care should be everyone's business including care staff.

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.

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[3] Australian Government, Department of Jobs and Small Business, *Industry Employment Projections Report, 2017,* available at, http://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections

Services that cater for the needs of older CALD Australians particularly under the CHSP program are working well in regards to the provision of culturally specific care and supports by many ethno-specific and multicultural programs Australia wide. For example, the bilingual, bicultural workforce can provide assistance in understanding the aged care reforms as well as furnishing understanding of related areas, such as health literacy and engagement with the health sector in general. From FECCA's consultations with its consumers, it is aware of the extensive and value for money work that is being carried out by bilingual and bicultural staff. This specialised staffing cohort assist with access and entry (navigation) of the aged care system. It also assists its clients with liaising with the human services sector and health sector. FECCA wishes to make clear, that this workforce provides a value for money service to the federal government. Without it there would be increased demand for language assistance and also far less needs being met in accessing aged care services and supports.

This specialised workforce provides assistance outside the scope of their duties because they identify a great need for the CALD consumer. They assist without recognition of their skills and without targeted funding in assisting with access and navigation of the aged care portal. They also assist with the assessment process as they identify a need which is not covered by the existing assessment workforce – cultural understandings and language provision.

The future opportunities lie within creating a structure that embraces the skills of bilingual and bicultural staff and it should commence with acknowledging professionally their particular skills.

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

It is important that strong leadership models are addressed in the strategy. Currently the industry is not responding positively in this area. A culture of 'no blame', poor planning practices, clinically focused leadership, and governance issues due to lacklustre Boards of Management (which typically focus on the financial aspect of aged care) are failing the industry, particularly the workforce.

The strategy must look at what aged care organisations can do to make themselves attractive to the workforce which will include the need for the organisation to invest in their staff for good long term outcomes which will lead to higher retention rates. Improving attractiveness will vary for each organisation, however some key

organisational areas for consideration are related to improving leadership; culture and values; organisational achievements; and working conditions. Improving leadership should address paying careful attention to who is promoted into leadership positions, amongst implementing a program of leadership, ensuring diversity in recruitment and promotion, professional development and support, including professional supervision for new staff.

Working Conditions of the workforce should be addressed, particularly around undertaking Enterprise Bargaining Agreement (EBA) processes with staff engagement as a priority. This aligns with addressing the culture and values of an organisation which should be clearly articulated along with the behaviours that accompany good cultural practices. Staff should be appropriately recognised and rewarded for excellence in service.

There are additional, practical considerations to attract and retain staff.

1) Offer attractive remuneration that is aligned with the duties which aged care staff perform and which recognise the dynamism of their work which includes;
   - dealing with end of life issues,
   - family relationship challenges and expectations of care,
   - being able to market the organisation's services effectively (which is increasingly expected from managers due an increasingly market driven environment),
   - Cultural and linguistic capabilities and skills,
   - liaising with allied health professionals and medical staff,
   - for migrant background staff members, dealing with inherent racism and minimising practices, and
   - the lack of recognition for their existing international qualifications and experiences.[4]

2) By offering career pathways staff will tolerate low wages if they can see that there are clear progressions within the industry towards better paying jobs which offer a greater level of job satisfaction.

3) Deviate the aged service model of care from a clinical/medical based model to a social model. This will encourage the development of greater skills amongst care staff (PCAs and CCWs). There needs to be a whole of sector approach and also strict reforms in government funding (ACFI) which rewards the provider for implementing wellness and reablement approaches to care and fiscally rewards the provider for achieving such measures amongst its client base. The current

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[4] Xiao, D., Willis, E.M., Jeffers, L., (2014). Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study. International Journal of Nursing Studies (51), pp. 640-653.

model which rewards frailty, dependence and multiple morbidities does not provide scope for the betterment of clients of aged care or for staff to pursue a person-centred social well-being approach to care.

4) Improve the onboarding and orientation practices for aged care staff. Currently, there is a lack of focus on preparing staff for their roles, with typically a time-limited peer approach to supporting new staff members.

5) Ongoing training should be a priority for all staff members. The home care sector suffers from a lack of training. Online training with low to no follow up seems to dominate the industry. This is seen as a tokenistic approach to this area. Training should be assessed and provided by experiences trainers and facilitators. There needs to be more emphasis on providing cultural competency training on an ongoing basis to reflect the changes in resident, client and staff profiles. These also needs to be an emphasis on providing training for newly arrived Australians on Australian cultural practices and language idioms. It is generally assumed that migrant staff understand the nuances of the Australian language and customs. An open and inclusive organisational culture which celebrates the diverse nature of its staffing profile is the benchmark for a positive work place and for attractive prospective staff and retaining the current one.

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

Dementia: The greatest and most obvious gap in knowledge, skills and capability is in the provision of dementia care. There needs to be a much more targeted approach to educating and skilling the workforce in this area. The statistics are clear. Currently in residential aged care fifty-three percent of the cohort are living with dementia. The future projections are grim, with close to one million Australians living with dementia by 2050.

Cultural and linguistic capabilities: An obvious lack of knowledge, skills and capability exists around providing culturally inclusive and respectful care and services for people from CALD backgrounds. These people typically 'fall through the cracks' in aged care, particularly if they do not have family support or a suitable advocate.

Intersectionality, e.g. Dementia in CALD older Australians: Language barriers and difficulties are heightened when faced with living with dementia, as the commonly understood feature of losing one's acquired language with the condition is very real. So how is this cohort attended to? There is no communication channel for them, unless they are being cared for by a person who can speak their particular language. The obvious gap is the lack of appropriately qualified and experienced workforce to manage this growing client base. It is a great failing of the accreditation system that only ten per cent of the client base is interviewed during accreditation. The situation exists that people

living with dementia who have language barriers are not considered in this process, particularly if interpreters or language proficient people are not present during this compliance process.

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

Individual needs and expectations of the aged care consumer are defined by the care and respect that they receive from the service to which they belong. The aged care consumer wants regularity of staff, whether in the home, community or facility care. The consumer needs to be able to trust the support person who is providing them with care. It is difficult to engender trust if staffing rosters continually change. In order for stability in service provision from a workforce perspective, aged care staff need permanency in employment and satisfaction in their role. They also need clear accountability measures and to feel valued for their work. For consumers of culturally and linguistically diverse backgrounds, they need to feel respected and included. Aged care service providers need to ensure that their staff is adequately trained in providing culturally and linguistically inclusive care. A national approach to cultural competency training and education is required to fill this requirement. There needs to be a universal approach to this type of training and it also needs to be accredited and evaluated for efficacy. The provision of cultural competency training needs to be seen as integral and important. Currently, there is an overarching tokenistic attitude which is failing the service provision of care to older CALD Australians. The boards of aged care organisations also need to be included in the training regime as it should be seen as a whole of organisation approach towards providing inclusiveness for consumers and staff.

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?**

Boards of management need to be less risk averse. They need to introduce new ways of thinking around the provision of care. Boards need to be prepared to support innovation by investing in it. Investment in staff is crucial. Empower staff to achieve far beyond their KPIs by supporting them through training and education and viewing this practice as an investment. Support migrant staff to understand the Australian aged care system. Support migrant staff during their orientation process; support them to improve their language skills. Invite migrant staff into case conferences and celebrate their skills

and unique approaches and experiences, make their work experience inclusive. The international labour market is a real consideration for fortifying the numbers of aged care staff with appropriate skills. Introduce a system of evaluating and recognising prior skills of migrant staff. Do not repel them by making them complete impractical courses. They need to work and they need to establish themselves in their new communities. Do not give staff casual hours, as they need to have stability through permanency. This will reduce the anomaly of multiple job holdings. Multiple job holdings are far more common in aged care than in the rest of the Australian workforce. In 2016, nine per cent of residential care workers and 16 per cent of home and community workers had more than one job, compared to five per cent of the whole Australian workforce.[5]

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

Providers need to factor in the changing needs of their consumers when dealing with workforce planning. Changes in the vulnerabilities and frailties of older people need to be considered and flexible work practices and approaches should be easily implemented to reflect the differing care and support needs. Geographic considerations also should be taken into account for community care services. Burdening care workers with excessive travel commitments can lead to long hours and lower performance outcomes. Diversity needs to be considered in workforce planning, particularly in aligning the requirements of culturally and linguistically diverse consumers with the people who are providing frontline care.

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.

FECCA's 2017 report on *Australia's Bilingual and Bicultural Workforce* examines the training qualifications and career pathways of Australia's bilingual and bicultural workers. This report is available at http://fecca.org.au/wp-content/uploads/2017/12/Australias-bilingual-and-bicultural-workforce-Report-2017.pdf

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[5] Department of Health (2017), 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce.

FECCA's Positive CALD ageing newsletter is a quarterly publication which builds the capacity of the sector to provide inclusive care to older CALD Australians. In this issue, there is access to a Cross-cultural care program for aged care staff, and also an article which describes a program of volunteer aged care professionals who undertake to care for diverse communities in Perth due to a large need within the community for assistance with language and navigation of the aged care system. This is available at http://fecca.org.au/wp-content/uploads/2018/02/FECCA-Ageing-News_Issue-3_v3.pdf

FECCA supports The Ethnic Communities' Council of Victoria's submission. This is available at http://www.eccv.org.au/library/ECCV_aged_care_workforce_submission.pdf

For further information on the needs of culturally diverse aged care consumers and workforce, please see the following academic journal articles;

Xiao, D., Willis, E.M., Harrington, A.C., Gillham, D.M., De Bellis, A.M., Morey, W., et al. (2017). Resident and family member perceptions of cultural diversity in aged care homes. *Nursing and Health Sciences,* 19(1) pp. 59-65. [10.1111/nhs.12302]

Xiao, D., Willis, E.M., Harrington, A.C., Gillham, D.M., De Bellis, A.M., Morey, W., et al. (2018). Improving socially constructed cross-cultural communication in aged care homes: A critical perspective. *Nursing Inquiry,* 25(1) pp. e12208. [10.1111/nin.12208] [Scopus]

Gillham, D.M., De Bellis, A.M., Xiao, D., Willis, E.M., Harrington, A.C., Morey, W., et al. (2018). Using research evidence to inform staff learning needs in cross-cultural communication in aged care homes. *Nurse Education Today,* 63(April 2018) pp. 18-23. [10.1016/j.nedt.2018.01.007]