Advancing nurse leadership

Australian College of Nursing

16 December 2016

Department of Health
Aged Care Legislated Review Project Team

Email: agedcarelegislatedreview@health.gov.au

To whom this may concern

Re: Aged Care Legislated Review

The Australian College of Nursing (ACN) is pleased to provide a submission to the Aged Care Legislated Review consultation.

ACN is the national professional organisation for all nurse leaders and its aim is to ensure that the Australian community receives quality nursing care now and in the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva.

Please do not hesitate to contact me for further information or clarification. We look forward to the outcomes of the Review.

Yours sincerely,

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ACN submission to Aged Care Legislated Review consultation

Submission template

Aged Care Legislated Review

Submissions close 5pm, 11 December 2016

Instructions:

- Save a copy of this template to your computer.
- Populate Section 1 with your details.
- If you would like to respond to a specific criteria please use Section 2 of the template.
- If you would like to provide general comments please use Section 3 of the template.
- Email your submission to agedcarelegislatedreview@health.gov.au

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Thank you for your interest.

1. Tell us about you

1.1 What is your full name?

First name **Kylie**
Last name **Ward**

1.2 What stakeholder category do you **most i**dentify with?

Professional organisation

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.5)?

Organisation

1.4 Do you identify with any special needs groups?

1.5 What is your organisation's name?

Australian College of Nursing

1.6 Which category does your organisation **most** identify with?

Aged Care Workforce

1.7 Do we have your permission to publish parts of your response that are not personally identifiable?

☒Yes, publish all parts of my response except my name and email address

☐No, do not publish any part of my response

2. Response to Criteria in the Legislation

2.1 Whether unmet demand for residential and home care places has been reduced

Refer to Section 4(2) (a) in the Act

In this context, unmet demand means:

- a person who needs aged care services is unable to access the service they are eligible for e.g. a person with an Aged Care Assessment Team / Service (ACAT or ACAS) approval for residential care is unable to find an available place; or
- a person who needs home care services is able to access care, but not the level of care they need

ACN has been advised that some nurses working in residential aged care reported an increased number of empty beds (in both rural and metropolitan areas) suggesting, in some cases, that this is due to the inability of potential residents to fund the shared payment. This feedback may not indicate a reduced need for residential places, rather, it could be an indicator that reform measures in some cases could be creating access barriers and/or there is consumer confusion relating to payment requirements which is impacting demand. Examination of the reasons behind any shifts in demand for both residential and home care places resulting from the aged care reform measures is an important consideration in the analysis of whether unmet demand for residential and home care places has been reduced.

It is recommended that consideration be given to *a nation-wide data collection on the usage of residential beds including reasons why eligible consumers choose not to live in residential care.*

2.2 Whether the number and mix of places for residential care and home care should continue to be controlled

Refer to Section 4(2) (b) in the Act

In this context:

- the number and mix of packages and places refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government ; and
- controlled means the process by which the government sets the number of residential care places or home care packages available.

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2.3 Whether further steps could be taken to change key aged care services from a supply driven model to a consumer demand driven model

Refer to Section 4(2) (c) in the Act

In this context:

- a supply driven model refers to the current system where the government controls the number, funding level and location of residential aged care places and the number and level of home care packages;
- a consumer demand driven model refers to a model where once a consumer is assessed as needing care, they will receive appropriate funding, and can choose services from a provider of their choice and also choose how, where and what services will be delivered.

ACN believes older Australians deserve access to engaged aged care systems that:
- are assessed against quality of life and quality of care indicators; and
- systematically monitor and respond to service achievements and opportunities as well as inequities, barriers and risks, including those arising from shifts to consumer-directed aged care.

Until which time the impacts of current reform measures are comprehensively evaluated and understood, most importantly the risks arising from the implementation of consumer directed care (CDC) models within the Commonwealth Home Support Program and Home Care Packages (HCP) Programme, further changes should not be pursued.

The sector, and associated industry, needs adequate time to adjust to changes in service arrangements to support smooth systems transition and to ensure access protection and service quality particularly for marginalised and special needs groups. This includes opportunity to assess and respond to workforce requirements, including skills and training needs, to unsure the availability of an appropriately prepared and skilled professional and non-professional workforce of adequate size to meet current and future aged care demand. The protection of people unable to advocate for themselves, such as people with cognitive impairment and/or at risk of elder abuse, must be a key consideration in the implementation and evaluation of the CDC approach.

The introduction of CDC models within aged care is likely to provide an opportunity to make greater use of the available aged care workforce. To support this, the Australian Government should undertake to improve Nurse Practitioners (NP) access to the Medicare Benefits Schedule (MBS) and to offer other funding incentives to expand aged care service options. NPs are able to provide a comprehensive approach to aged care service delivery, however, their services are not offered on a consistent basis within aged care. Improved access to the MBS, further incentives and innovative models of care would allow the sector to improve access to NPs to assist in meeting the growing demand for services resulting from the ageing population. A recent report goes some way to confirming this position. The National Evaluation of the Nurse Practitioner – Aged Care Models of Practice Initiative, 2011-2014 found that nurse practitioner service models in aged care (on a case by case basis) *"...promoted healthy ageing; provided timely access to sub-acute care; supported primary care and primary health care; and helped to reduce unnecessary hospitalisations...Nurse practitioners improved access to primary health care by filling gaps in services*" (Davey et al 2015).

Davey R, Clark S, Goss J, Parker R, Hungerford C, Gibson D 2015, *National Evaluation of the Nurse Practitioner – Aged Care Models of Practice Initiative: Summary of Findings*, Centre for Research & Action in Public Health, UC Health Research Institute, University of Canberra, Canberra.

2.4 The effectiveness of means testing arrangements for aged care services, including an assessment of the alignment of charges across residential care and home care services

Refer to Section 4(2) (d) in the Act

In this context:

- means testing arrangements means the assessment process where:
  - the capacity of a person to contribute to their care or accommodation is assessed (their assessable income and assets are determined); and
  - the contribution that they should make to their care or accommodation is decided (their means or income tested care fee, and any accommodation payment or contribution is determined).

2.5 The effectiveness of arrangements for regulating prices for aged care accommodation

Refer to Section 4(2) (e) in the Act

In this context:

- regulating prices for aged care accommodation means the legislation that controls how a residential aged care provider advertises their accommodation prices.

2.6 The effectiveness of arrangements for protecting equity of access to aged care services for different population groups

Refer to Section 4(2) (f) in the Act

In this context equity of access means that regardless of cultural or linguistic background, sexuality, life circumstance or location, consumers can access the care and support they need.

In this context different population groups could include:

- people from Aboriginal and/or Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran;
- people who are homeless, or at risk of becoming homeless;
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations);
- parents separated from their children by forced adoption or removal; and / or
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

ACN is aware of nurses who have received feedback from Culturally and Linguistically Diverse (CALD) and Aboriginal and/or Torres Strait Islander consumers and communities who are experiencing significant difficulties in using the My Aged Care website to access services and to exercise their choice of services and service providers. Nurses advise that older people who cannot speak English or cannot speak English well rely on their family members, friends or others to assist them to access aged care services. Furthermore, many older people do not have computers or computer literacy which compounds their difficulty in accessing service advice and services in a timely way.

Service access by Aboriginal and Torres Strait Islanders

It is well documented that Aboriginal and/or Torres Strait Islander people are more likely to access services that are culturally safe as well as experience greater health outcomes. Service utilisation by Aboriginal and/or Torres Strait Islander people can also be influenced by complexities of location, cost and responsiveness (Australian Government, 2013). ACN has been advised that Aboriginal and/or Torres Strait Islander consumer groups face particular language and cultural challenges with the My Aged Care operations. For example, some groups require specific language interpretation services that are not always available. Furthermore, feedback suggests there are significant cultural training needs for My Aged Care contact centre staff and assessors to better enable access by Aboriginal and/or Torres Strait Islander consumers.

ACN is advised that currently, how many people with CALD and Aboriginal and Torres Strait Islander backgrounds use My Aged Care to access services and to choose the service providers they prefer is largely unknown. The effectiveness of arrangements for protecting equity of access to aged care services for different populations groups more broadly is also not likely to be comprehensively understood. To improve the effectiveness of arrangements for protecting equity of access to aged care services for different population groups, priority should be given to:

- Analysis of users' demographic information of My Aged Care Website in order to identify the inequitable use of this website.
- Investigating why consumers will not or cannot access My Aged Care Website services; their preferred approaches to access services and the assistance they need.

Australian Government 2013, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, viewed 15 February 2016
http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf

Aged Care Complaints Commissioner (ACC)

ACN stresses the importance of the role of the ACC in ensuring the quality of Australian Government funded aged care services. The range of services provided by the ACC to support consumers make complaints is essential at all times but particularly important with the implementation of the aged care reforms. The ACC's role could be valuable in identifying common aged care and service concerns such as service access barriers and issues associated with the functions of My Aged Care.

Cost of Care

ACN supports the principle of providing the older person with choice and control over how they direct funding for their aged care services. As a member of the National Aged Care Alliance (the Alliance) ACN supports the Alliance's positions in relation to *Incorporating individual funding across all aged care programs to provide the older person with choice and control,* in doing so, ACN stresses the Alliance's associated positions:

" - *That individualised funding be tailored to include the different circumstances of people with diverse and special needs (including cultural, linguistic, (dis)abilities, or cognitive needs).*
- *That safeguards and alternative funding models are provided in circumstances where the market might not otherwise provide services"* (National Aged Care Alliance 2016).

Related to this, ACN supports the need for a cost of care study to recognise the true cost of care, including the cost of nursing care and services. To protect equity of access to quality aged care services, ACN reinforces the Alliance's position that:

"- *Consistent with the principles underlying Medicare, government should continue to meet the care costs of those with limited means and to protect individuals who can contribute towards their care costs on a means tested basis from excessive care costs through lifetime caps on care contributions"* (National Aged Care Alliance 2016)

National Aged Care Alliance 2016, *National Aged Care Alliance Position Statement for the 2016 Federal Election, Enhancing the Quality of Life of Older People Through Better Support and Care, NACA Blue Print Series,* viewed 30 November 2016, http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf .

2.7 The effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

Refer to Section 4(2) (g) in the Act

In this context aged care workers could include:

- paid direct-care workers including: nurses personal care or community care workers; and allied health professionals such as physiotherapists and occupational therapists; and
- paid non-direct care workers including: managers who work in administration or ancillary workers who provide catering, cleaning, laundry maintenance and gardening.

There are pressing workforce issues to consider that will impact the effectiveness of the aged care reform agenda including: the declining direct care role of registered nurses at a time when aged care populations are expanding and their health care needs are becoming increasingly chronic and complex; the need for a coordinated national workforce strategy; and workforce development requirements to support increasing demands for dementia services, end-of-life care services, and the special needs of CALD, LGBTI and ATSI consumers.

Declining role of the Registered Nurse (RN) in residential and community aged care

In both community and residential aged care settings RNs provide frontline leadership in the delivery of nursing care and in the coordination, delegation and supervision of care provided by enrolled nurses (ENs) and unlicensed care workers (however titled). RNs are the key personnel qualified to assess, plan, implement, monitor and evaluate nursing services. RNs are responsible for ensuring adequate supervision and appropriate delegation of care to other staff with the appropriate skills and expertise, while retaining overall accountability for the provision of quality, coordinated care.

Due to the increasing acuity of the population groups receiving aged care services, the diminishing role of RNs is a significant concern for the sector as the role of the RN cannot and should not be substituted by any other category of aged care worker. There were 147,000 aged care workers employed in RACFs in 2012 (King et al. 2013). Unlicensed care workers (however titled) comprised the largest occupational group (68%) and were the only occupational group in this sector to be increasing both numerically and proportionally. This is in contrast to the number of RNs working in RACFs which decreased from 17 per cent to 15 per cent from 2007 to 2012 (King et al. 2013). Existing workforce strategies are not addressing this critical skill loss at a time of increasing resident acuity within residential aged care. In 2012, community care workers (CCW) accounted for 81 per cent of employees in community aged care settings compared to RNs comprising eight per cent and ENs almost four per cent. There has also been a decrease in RNs as a percentage of the community aged care workforce from 2007 to 2012 of two per cent (King et al. 2013). The declining direct care role of RNs in the sector will ultimately impact the effectiveness of the aged care reforms. The sector will not have adequate access to the essential skills of RNs required to ensure the delivery of safe and quality aged care services and to ease the burden of demand on hospitals and other health services.

Residential care is a combination of health care (chronic condition management, subacute care, dementia care, end of life care and rehabilitation), and social care. Residential aged care facilities (RACFs) predominantly provide services for residents who have complex care needs. For example, in 2013-14, over 50% of permanent residents in Australian Government-funded aged care facilities had a diagnosis of dementia (). Due to the growing prevalence of co-morbidities associated with physical and cognitive decline, polypharmacy, and greater professional accountability, increasingly the residential aged care population requires more complex care that can only be provided under the direct supervision of registered nurses (RNs). High-quality health care is dependent on RN leadership, specialist knowledge and skills in the care setting requiring an RN to be on-site and available at all times to promote safety and well-being for residents (Australian College of Nursing 2016).

Australian Institute of Health and Welfare 2016, *Dementia*, viewed 30 November 2016, http://www.aihw.gov.au/dementia/

Australian College of Nursing, 2016, *The role of registered nurses in residential aged care facilities Position statement*, *July 2016*, viewed 1 November 2016, https://www.acn.edu.au/sites/default/files/representation/position_statements/the_role_of_the_rn_in_residential_aged_care.pdf

King D, Mavromaras K, Wei Z, He B, Healy J , Macaitis K, Moskos M &Smith L 2012, The Aged Care Workforce 2012-Final Report, Department of Health, viewed 1 November 2016, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/11_2014/rdp004-nacwcas-report.pdf

Nursing skill-mix

ACN's position statement on *The role of registered nurses in residential aged care facilities*, July 2016 highlights the importance of ensuring appropriate nursing skill-mix the delivery of effective aged care services. It states, "*ACN holds the strong view that appropriate nursing skill-mix is fundamentally linked to delivering appropriate care. International and national research in the acute care sector indicates a direct correlation exists between nurse-to-patient ratios and patient mortality. That is, nursing care teams with a higher proportion of RNs are linked to reduced patient morbidity and mortality (Aiken et al. 2014; Duffield et al. 2011). Similar scenarios could be replicated in the aged care environment. As a key health protection measure for frail older people living in residential aged care, the regulation of RACFs should stipulate appropriate staffing requirements in the delivery of direct care and at a minimum mandate that an RN be on-site and available at all times.*

RACFs lack the clinical infrastructure of tertiary hospitals and, given the complexity of care needs they manage, this is a significant factor necessitating an RN be on-site and available in RACFs at all times. The health state of residents with complex care needs may quickly change and deteriorate and incidents requiring clinical nursing interventions cannot always be foreseen or planned. Having an RN on call to manage unforeseen events does not provide sufficient leadership and supervision for such situations.

Residents with complex needs in RACFs and their families rightfully expect and are entitled to safe and efficient evidence-based professional nursing care services led and managed by appropriately qualified and experienced nurses. It is therefore imperative that nursing care teams have the appropriate number and mix of RNs, ENs as well as unlicensed care workers (however titled) to meet the nursing needs of residents. ACN believes that approved providers have a moral and legal obligation under the Commonwealth Aged Care Act 1997 to ensure that residents' care, treatment, protection and support needs are met by adequately and appropriately skilled health professionals and workers sufficient in numbers to meet the demands and needs of residents at all times.

There are currently no Commonwealth standards or regulations prescribing minimum staffing or skill mix requirements for RACFs (General Purpose Standing Committee No.3 2015). ACN believes that in order to promote safety and quality the regulation of RACFs should stipulate appropriate staffing requirements in the delivery of direct care. ACN recommends that the Australian Government recognise that the role of the RN cannot be substituted by any other category of health care worker and at a minimum mandate a requirement for an RN to be on-site and available in RACFs at all times (Australian College of Nursing 2016)."

Australian College of Nursing, 2016, *The role of registered nurses in residential aged care facilities Position statement*, July 2016, viewed, 30 November, https://www.acn.edu.au/sites/default/files/representation/position_statements/the_role_of_the_rn_in_residential_aged_care.pdf

National strategy for action on dementia

ACN recognises dementia as a national health priority that has significant implications for health and aged care workforce development. As a member of the National Aged Care Alliance (the Alliance) ACN is in strong support of the Alliance's call to upgrade the National Framework for Action on Dementia 2015-2019 to a National Strategy. While in support of all the

Alliance's associated recommendations, ACN stresses the following essential positions that the National Strategy should include elements that:
- "*Improves the community's understanding of dementia, including the risk factors of dementia, so they may take advantage of opportunities to reduce the risk of developing dementia, or delay its onset.*
- *Improves access and provision to appropriate assessment and timely diagnosis services by skilled and knowledgeable professionals"* (National Aged Care Alliance 2016).

ACN stresses the need for education of health care staff and health care professionals in the management of people presenting with dementing illnesses and behavioural and psychiatric symptoms of dementia (BPSD) in aged care settings. Appropriate staffing is a ongoing issue in aged care as the skill mix of staff is often not appropriate to meet the needs of people with dementing illnesses and BPSD. Increasingly, there is a need for specialised nursing care in residential and community aged care as dementia rates increase (Alzheimer's Society 2014). Specialist nurses and nurse practitioners are able to provide a comprehensive approach to the care and support of people with challenges to their health or safety. Specialist and consultant nurses with post graduate specialty qualifications can greatly increase the range of services available in aged care contexts such as services in palliation, diabetes management and care and management of people with dementia and BPSD. These services are not offered on a consistent basis within aged care. Incentives and innovative models of care that would allow the sector to improve access to specialist nursing services, would assist in meeting the growing demand for services resulting from the ageing population.

Alzheimer's Society (2014) 'Dementia 2014: Opportunity for change', viewed 20 February 2016, https://www.alzheimers.org.uk/dementia2014

National Aged Care Alliance 2016, *National Aged Care Alliance Position Statement for the 2016 Federal Election, Enhancing the Quality of Life of Older People Through Better Support and Care, NACA Blue Print Series*, viewed 30 November 2016, http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf

End-of-life care and advance care planning

ACN is in support of the National Aged Care Alliance's positions on *delivering more appropriate palliative, end-of life care and advance care planning for older people in the community and in residential care* and, in particular, the positions supporting that:
" - *Initiatives and supports that enable people to die in the place of their choosing be expanded, including access to specialist palliative care services as required to support their choice.*
- *Specialised education and resources continue to be provided that enhance the skills of aged care staff and health professionals in end-of-life and palliative care…*
- *The system is designed with prompts to provide consumers with an opportunity to update/develop their advance care plan both before and as they receive aged care service…".* (National Aged Care Alliance 2016).

National Aged Care Alliance 2016, *National Aged Care Alliance Position Statement for the 2016 Federal Election, Enhancing the Quality of Life of Older People Through Better Support and Care, NACA Blue Print Series*, viewed 30 November 2016, http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf

While care of individuals in the palliative care phase of an illness has always had a place in Australian health care, palliative care has emerged as a distinct specialisation. Specialist palliative care nurses bring a unique set of skills and qualities that enhance the care and support provided to people facing the end of life and to the families and communities that support them. Specialist palliative care nurses demonstrate leadership in autonomous and collaborative practice, in modelling end of life care, and in providing mentorship and education to other nurses and health care professionals. They have extensive knowledge and experience in the management of pain and complex symptoms associated with terminal illness. ACN urges that consideration be given to strategic investment in the palliative care nurse workforce to support aged care reform throughout the sector.

Fostering cultural safety within the aged care workforce

The aged care workforce must be appropriately developed to provide accessible, culturally safe and appropriate aged care services to Aboriginal and/or Torres Strait Islander people. The National Aboriginal Health Plan 2013-2020 (the plan) includes calls for: enabling greater capacity within the health and aged care workforces to be sensitive to the needs of Aboriginal and Torres Strait Islander people; and for opportunities for Aboriginal and Torres Strait Islanders people to keep cultural and social connections and aged on country through services adopting innovative models of care. The plan recognises that older Aboriginal and Torres Strait Islander people can often be carers, including having caring responsibilities for multiple generations and that the health and well-being of many older Aboriginal and Torres Strait Islanders has been impacted by forcible removal of children policies (Australian Government 2013). The plan specifically states aged care facilities should be responsive and sensitive to the needs of Aboriginal and Torres Strait Islander elders and the workforce equipped with skills to meet these needs (Australian Government 2013). According to the plan, this must include the provision of culturally appropriate care for the end of life stages (Australian Government 2013).

Australian Government, 2013,*The National Aboriginal Health Plan 2013-2020*, viewed 6 December 2016, http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf

CALD workforce planning

There are significant workforce matters requiring more strategic workforce planning and investment, including special consideration for the training and development needs of the culturally and linguistically diverse (CALD) aged care workforce. It must be recognised that both aged care consumers and workers reflect the full diversity of the Australian community, and that communication will not always take place between two people who share their first language. The aged care workforce has a high proportion of nurses and unlicensed care workers (however titled) who are from CALD backgrounds. In 2012, approximately one-third of the direct care workforce in aged care was born overseas with the majority of this workforce migrating from countries where English is not spoken as the primary language (King et al. 2012). Of these unlicensed care workers (however titled) with CALD backgrounds, 39% have been in Australia for 5 years or less whereas nurses are more likely to have been in Australia for more than 10 years (King et al. 2012).

ACN received advice from members with aged care and multicultural workforce expertise that aged care workers from CALD backgrounds, while bringing benefits to the sector, often face a range of challenges in the workplace. They report that some aged care workers with CALD backgrounds encounter challenges adapting to the aged care system requirements and to be accepted by residents and their peers. These challenges need to be addressed through the provision of effective training and support programs to ensure the aged care sector optimises the potential contributions of a culturally and linguistically diverse aged care workforce.

While there are training initiatives targeting such need, ACN is advised in some circumstances the initiatives are not given a high priority with educators experiencing barriers to delivering multicultural workforce development programs within the sector. One example describes poor uptake of cross cultural care and workforce cohesion training within residential aged care due to a lack of time allocated for staff to attend learning sessions even when the sessions are designed to be short, and a lack funding to support staff to attend learning sessions in addition to their mandatory training sessions (for example annual manual handling training and fire training sessions).

Workforce development strategies should include measures to elevate CALD workforce concerns and to establish effective approaches to workforce cohesion and cross-cultural care. Consideration should be given to:

- Mandating a basic cross-cultural care and workforce cohesion education for direct care staff.
- Mandating cross-cultural leadership and other advanced cross-cultural care education sessions for RNs, particularly RNs in leadership roles.
- Providing public education on the cultural diversity of staff in residential aged care and residents' rights and responsibilities in the multicultural care setting.

King D, Mavromaras K, Wei Z, He B, Healy J , Macaitis K, Moskos M &Smith L 2012, *The Aged Care Workforce 2012-Final*

Report, Department of Health, viewed 1 November 2016, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/11_2014/rdp004-nacwcas-report.pdf

LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) people in aged care

There are growing numbers of LGBTI people accessing aged care services and up to 11% of the population may identify as LGBT. It is reported that this group experiences poor health outcomes and there is need to address their health needs (Department of Health and Ageing, 2012). The workforce challenges of caring for LGBTI people are important considerations in providing accessible and appropriate care to older LGBTI people. The National LGBTI Alliance sees opportunities with the shifts to consumer directed approaches to aged care stating "This approach can increase LGBTI inclusion by including LGBTI-specific care needs that may not have been addressed or included in the previous list of care options" (National LGBTI Health Alliance 2014). There are however a range of reported challenges to the inclusion of LGBTI people in mainstream aged care services such as:

- Talking with multicultural and CALD communities about LGBTI- particularly older people. (Department of Health and Ageing, 2012);
- LGBTI still remains a taboo subject amongst multicultural communities (Department of Health and Ageing, 2012);
- Cultural barriers still exist with volunteers and staff. There is uncertainty on where to start and how to include LGBTI (Department of Health and Ageing, 2012).

ACN supports the National LGBTI Health Alliance (2011) which highlights the following requirements for future workforce developments:

- Develop a LGBTI national training package for the vocational education sector.
- Include LGBTI specific training for all health professionals, including nurses, doctors and allied health professionals.
- Require existing aged care workers and allied health professionals to receive ongoing in-service training.
- Require that staff competency be monitored on a regular basis.
- Demonstrated staff competency must be a prerequisite for on-going funding for the service.

ACN believes aged care services need to develop policy structures that are inclusive, welcoming and culturally appropriate for LGBTI individuals.

Department of Health and Ageing 2012, *The Aged Care Work Force 2012: Final Report*, viewed 13 February 2016, http://apo.org.au/files/Resource/DepHealthAgeing_AgedCareWorkforce1012_2103.pdf

National LGBTI Health Alliance 2011, *National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing Roundtable*, viewed 04 March 2016, http://lgbtihealth.org.au/wp-content/uploads/2014/12/National-LGBTI-Ageing-Roundtable-Summary-Report-21-Nov-11.pdf

National LGBTI Health Alliance 2014, *What is Consumer-Directed Care (CDC) and what does it mean for older LGBTI Australians?*, viewed 17 February 2016, https://lgbtihealth.wordpress.com/2014/04/03/what-is-consumer-directed-care-cdc-and-what-does-it-mean-for-older-lgbti-australians/

Aged Care Workforce in Rural and Remote Areas

To deliver high standards of aged care in rural and remote areas, ACN believes targeted support for workforce development is required. With an ageing population in these areas, there is a range of workforce issues that must be considered including:

- Workforce shortages are acute in rural and remote areas of Australia. The nurse workforce is ageing, with an average age in 2003 was 43.1 years there are not enough nurses to carry the current models of nursing care (Baldwin et al. 2013, Health Workforce Australia 2013).
- There is a general shortage of health professionals and specialists. For example, the recent Department of Employment Personal Care Workers Labour Market Research found that half of providers had vacancies for personal care workers (PCW) (Australian Government Department of Employment 2015). Similar issues exist for Registered Nurses with low

levels of applications for vacancies and poor suitability for vacancies (education and work experience) (Aged and Community Services Australia, 2015).
- There is increased difficulty in recruiting aged care workers outside of major metropolitan areas. It is in these areas where many people retire to and will later be a recipient of aged care services. Government incentives to attract workers to these regions may be necessary.
- Providing support for travel costs might help retain workers and accommodation in regional, rural and remote areas can be expensive so attracting new employees without housing solutions in place is very difficult.
- On-job training and CPD opportunities are difficult to obtain in rural and remote aged care environments and limited career pathways contribute to health care workers leaving the area (Humphreys et al. 2009).

Aged and Community Services Australia (ACSA) 2015, *The Aged Care Workforce in Australia*, view 7 December 2016, http://www.supportservices.org.au/noticeboard/file?id=91b7b567d567ba35ebc9e7c5641cc4d1&file=file&sessid=578a453a0e0ee7ac02cb0755caf4f445

Australian Government Department of Employment 2015. *Personal Care Workers, Australia*, viewed 15 February 2016 : https://docs.employment.gov.au/system/files/doc/other/pcwreport2014.pdf

Baldwin, R, Stephens, M, Sharp, D & Kelly, J 2013, *Issues facing aged care services in rural and remote Australia*, Aged and Community Services Australia, viewed 15 February 2016 http://www.agedcare.org.au/publications/issues-facing-aged-care-in-rural-and-remote-australia

Health Workforce Australia 2013, *Australia's Health Workforce Series –Nurses in focus*, Health Workforce Australia: Adelaide, viewed 20 February 2016, http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/sites/default/files/Nurses-in-Focus-FINAL.pdf

Humphreys J, Wakerman J, Pashen D, Buykx P 2009, *Retention strategies and incentives for health workers in rural and remote areas: what works?* Canberra: Australian Primary Health Care Research Institute, viewed 3 March 2016, http://files.aphcri.anu.edu.au/research/international_retention_strategies_research_pdf_10642.pdf

Workforce Planning

ACN offers strong support for the National Aged Care Alliance positions on *Ensuring an integrated approach to workforce planning and remuneration across health, aged care, disability and community service sectors*. In particular, ACN highlights the importance of the Alliance's positions:

" - *That government facilitate a Workforce Development Strategy in a co-design approach which includes aged care providers, professional associations, unions and consumers.*
- *That My Aged Care and Regional Assessment Service staff are adequately trained, including training to ensure an inclusive and culturally safe screening and assessment process"* (National Aged Care Alliance 2016).

National Aged Care Alliance 2016, *National Aged Care Alliance Position Statement for the 2016 Federal Election, Enhancing the Quality of Life of Older People Through Better Support and Care, NACA Blue Print Series*, viewed 30 November 2016, http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf

The number of registered and enrolled nurse full-time equivalent positions in residential aged care has dropped by 8.4% since 2003 (Australian Nursing and Midwifery Federation 2016) and significant future nurse workforce shortages are predicted in the sector with some projections indicating a shortfall of 13,000 nurses in 2030 (a 26 per cent gap) (Health Workforce Australia 2014).

Australian Nursing and Midwifery Federation 2016, *A snapshot of residential aged care*, viewed 27 October 2016 http://anf.org.au/documents/reports/Fact_Sheet_Snap_Shot_Aged_Care.pdf

Health Workforce Australia 201, *Australia's Future Health Workforce – Nurses Detailed*, *August 2014,* viewed 7 December

2016,
https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf

From the ACN perspective, any workforce strategy should incorporate a broad range of issues including strategies to address key challenges the sector already faces in attracting and retaining aged care workers. "*These points were identified by ACN members to be challenges to varying degrees across the sector nationally:*
- increasing demand for direct care workers across health, aged care and disability care;
- undervaluing of RNs in the sector;
- inconsistency in the quality of knowledge, skills and competence of Regional Training Organisation graduates, who often complete courses and are not always 'workforce ready';
- variability in supervision in new graduates in residential aged care, with a need for transition programs for new graduates and those RN's that wish to transition to the aged care sector;
- variability across jurisdictions in relation to medication management regulations;
- the need for English language training for non-English speaking backgrounds workers and diversity training for all carers;
- disparity in wages across the aged care, health and disability sectors;
- availability of skilled staff in rural and remote locations, especially nursing staff and allied health;
- cost of accessing post entry-level workforce development programs for staff, especially in rural and remote locations;
- negative image of the aged care sector held in some sections of the community, including by younger people contemplating a career in the industry;
- the absence of structures for career progression within the aged care sector in relation to nurse practitioners;
- access to allied health professionals, general practitioners and medical specialists in residential aged care facilities ; and
- an ageing aged care workforce" (Australian College of Nursing 2016).

Alignment between education and service providers
To support the workforce strategies there needs to be greater alignment between the educational goals of education providers and the workforce expectations of service providers to ensure aged care workforce development needs are appropriately targeted and supported. For example some of the educational provider's goals and workforce expectations of service providers should include: provide a workforce competent to deliver care for older people living with co-morbidities and complex health care needs; provide a workforce competent to deliver best practice care for the increasing number of older people who will be living with dementia, including people presenting with behavioural and psychological symptoms of dementia; provide a skilled workforce to deliver best practice end of life care; provide a workforce that has an understanding of caring for people from culturally and linguistically diverse backgrounds including the Aboriginal and Torres Strait Islander populations; and a workforce that is more digitally and health literate. Having a national education system, which is responsive to sector needs, is fundamental to ensuring the availability of a skilled workforce that reflects sector requirements (Australian College of Nursing 2016).

MBS reform
The Australian Government could improve equity in access to aged care services by creating access to, broadening, and increasing the value of Medicare Benefits Schedule (MBS) items for nurses as a way of increasing access to health and aged care. Alternatively, nursing services in aged care could be better supported through grant or block funding.

Australian College of Nursing 2016, *Submission to the Senate Standing Committee on Community Affairs Inquiry – Future of Australia's Aged Care Workforce*, viewed 30 November 2016,
https://www.acn.edu.au/sites/default/files/advocacy/submissions/20160324_acn_future_of_australias_aged_care_sector_submission_final.pdf

2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

Refer to Section 4(2)(h) in the Act

In this context:

- arrangements for protecting refundable deposits and accommodation bonds means the operation of the Aged Care Accommodation Bond Guarantee Scheme.

2.9 The effectiveness of arrangements for facilitating access to aged care services

Refer to Section 4(2) (i) in the Act

In this context access to aged care services means:

- how aged care information is accessed; and
- how consumers access aged care services through the aged care assessment process.

As a member of the National Aged Care Alliance (the Alliance), ACN offers support to the Alliance's positions on *ensuring consumers are better informed.* ACN highlights the following essential positions that:
"- The new aged care system includes the development of a co-designed Consumer Support Platform to empower consumers to better understand and improve their access to the aged care system, and experience optimum utilisation of needed support, care and services including ensuring equitable access by vulnerable and special needs groups.
- The efficacy of the My Aged Care assessment and referral processes be monitored and evaluated to ensure equity of access and outcomes for consumers with special needs; that the outcome of evaluation be made publicly available; and that it is used to amend processes or establish targeted supplementary or parallel processes for specific groups if required.
- My Aged Care website functionality be enhanced beyond current plans to enable improved consumer understanding of what services are available, their comparative features and service quality.
- Government and the aged care sector (consumers, providers, unions and professionals) collaborate to develop mechanisms to provide information to consumers about the quality of aged care services.
- Government develop a comprehensive communications strategy to enable better understanding of My Aged Care for all stakeholders (including providers)" (National Aged Care Alliance 2016).

ACN also offers support to the Alliance's call for *Incorporating individual funding across all aged care programs to provide the older person with choice and control,* in particular the Alliance's positions that*:*
" - Individualised funding be tailored to include the different circumstances of people with diverse and special needs (including cultural, linguistic, (dis)abilities, or cognitive needs).
- That safeguards and alternative funding models are provided in circumstances where the market might not otherwise provide services" (National Aged Care Alliance 2016).

National Aged Care Alliance 2016, *National Aged Care Alliance Position Statement for the 2016 Federal Election, Enhancing the Quality of Life of Older People Through Better Support and Care, NACA Blue Print Series*, viewed 30 November 2016, http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf

ACN member feedback indicates that mainstream residential aged care facilities still need to build capacity to meet culturally and linguistically diverse (CALD) residents' communication needs, diet preference and psychosocial care needs. A consumer-directed care model needs to ensure systems responsiveness to enable mainstream aged care providers to adapt their services to meet the care needs of CALD and other special interests groups**.**

3. Other comments

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