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1. Tell us about you

1.1 What is your full name?
- 

1.2 What stakeholder category do you most identify with?
Other

1.3 Are you providing a submission as an individual or on behalf of an organisation?
Organisation

1.4 Do you identify with any special needs groups?
Nil

1.5 What is your organisation’s name?
The QNU represents more than 54,000 nurses and midwives in Queensland who work across the public, private and aged care sectors. This places us in an informed position to address item 2.7 of the legislated review - the effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers

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
2. Response to Criteria in the Legislation

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

<table>
<thead>
<tr>
<th>Response to Criteria in the Legislation</th>
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<tbody>
<tr>
<td><strong>2.1 Whether unmet demand for residential and home care places has been reduced</strong></td>
</tr>
<tr>
<td>Refers to Section 4(2)(a) in the Act</td>
</tr>
<tr>
<td>In this context, <strong>unmet demand</strong> means:</td>
</tr>
<tr>
<td>• 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</td>
</tr>
<tr>
<td>• a person who needs home care services is able to access care, but not the level of care they need e.g. the person is eligible for a level 4 package but can only access a level 2 package.</td>
</tr>
<tr>
<td>Response provided:</td>
</tr>
<tr>
<td>Nil</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response to Criteria in the Legislation</th>
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<tbody>
<tr>
<td><strong>2.2 Whether the number and mix of places for residential care and home care should continue to be controlled</strong></td>
</tr>
<tr>
<td>Refers to Section 4(2)(b) in the Act</td>
</tr>
<tr>
<td>In this context:</td>
</tr>
<tr>
<td>• the <strong>number and mix of packages and places</strong> refers to the number and location of residential aged care places and the number and level of home care packages allocated by Government; and</td>
</tr>
<tr>
<td>• <strong>controlled</strong> means the process by which the government sets the number of residential care places or home care packages available.</td>
</tr>
<tr>
<td>Response provided:</td>
</tr>
<tr>
<td>Nil</td>
</tr>
</tbody>
</table>

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

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<tr>
<td><strong>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</strong></td>
</tr>
<tr>
<td>Refers to Section 4(2)(c) in the Act</td>
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<tr>
<td>In this context:</td>
</tr>
<tr>
<td>• a <strong>supply driven model</strong> 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;</td>
</tr>
<tr>
<td>• a <strong>consumer demand driven model</strong> 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.</td>
</tr>
<tr>
<td>Response provided:</td>
</tr>
<tr>
<td>Nil</td>
</tr>
</tbody>
</table>
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

Refers 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).

Response provided:
Nil

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

Refers 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.

Response provided:
Nil

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

Refers 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.

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

Refers 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.

Response provided:

While the aged care sector consumes considerable, and increasing, funding and resources ($14.8 billion in 2013-14), it is characterised by a range of endemic issues that will inhibit the capacity of the sector to meet the future workforce needs of older Australians. These issues include:

- lack of wage parity with other health care sectors with resultant recruitment and retention issues;
- unfavourable working conditions and workloads;
- lack of education and training opportunities; and
- a poor public perception of working with the aged.

The sector is also undergoing a shift in staffing and skill mix where the number of registered (RN) and enrolled nurses (EN) working in aged care is decreasing while the number of unregulated care workers is expanding. This shift is occurring at the same time as increasing acuity and care needs for those elderly Australians requiring residential aged care.

For some time the QNU has been campaigning for four primary goals:

1. The introduction of mandated minimum staffing and skill mix requirements for nursing services in the aged care sector. This goal includes the mandated requirement for a 24 hour registered nurse presence for all aged care facilities where there are residents with high care needs and medication management by registered and enrolled nurses only;
2. Achieving wage parity for aged care RNs, ENs, and assistants-in-nursing/personal (AINs/PCWs) with those in the public sector;
3. The licensing and regulation of all AINs/PCWs and minimum qualifications standards; and
4. Improved transparency (including for outcomes in standards of care) and accountability for taxpayer provided funding for aged care.

These goals form the basis of an effective strategy that encourages recruitment and retention of the aged care nursing workforce.

Retention and Organisational Culture

Recent research (Radford, Shacklock & Bradley 2015) concludes that aged care providers have control over some of the factors influencing whether staff stay in aged care or leave the sector. This study found perceived supervisor support, on-the-job embeddedness and area of employment were predictors of both intention to stay and to leave, although the relationship strength differed. Community care workers were more likely to stay and reported more supervisor support than long-term aged care workers. Unexpectedly, age and health status were not predictors of staying or leaving (Radford, Shacklock & Bradley, 2015).

Organisational culture and leadership are factors affecting retention and turnover, particularly for nurses. A positive work environment is crucial to retaining staff and reducing turnover. Similar international studies (Aiken et al., 2014; McHugh, Berez & Small, 2013; Twigg et al., 2011) in the acute sector have also shown that a positive work environment is a critical factor in quality care and the reduction of adverse events and mortality rates. These studies emphasise the importance of targeted training and education for supervisors of health care facilities, regardless of the setting.

Currently, the Australian Government does not legislate, nor set aside specific funding to provide minimum qualification requirements for managers of aged care facilities. In our experience, employees are often elevated to
manager or supervisor positions based upon the merit of their service to the facility and their experience in providing care. There is no mandate that such managers should be educated in managing organisational culture and possess effective leadership skills.

The current aged care legislation requiring ‘key personnel’ to be fit and proper persons could be amended and enhanced to ensure that these personnel are appropriately educated to manage the aged care service and the employees of that service. Alternatively, such a requirement could be incorporated into the accreditation standards through an amendment to the Accreditation Principles. These changes would need to be supported by appropriate levels of funding to encourage and support employees seeking relevant aged care management qualifications.

The QNU has noted that a culture of fear exists amongst nursing and care staff in many residential aged care facilities (RACFs). Nurses are reluctant to report workload issues that affect quality care and when staff seek to meet with QNU Officials, they often prefer to meet off site because of fear of reprisal by management.

A widespread organisational culture built on fear that makes staff reluctant to report important professional issues is not conducive to the retention of staff, let alone the provision of quality aged care. Contributing to this fear is the failure of aged care providers to acknowledge the mandatory professional obligation upon nurses to report workload issues that may compromise resident care. This onus is placed upon all nurses and midwives in Australia by the Nursing and Midwifery Board Australia’s (NMBA) professional practice framework, including the Code of Professional Conduct and the Standards for Practice that every nurse must comply with.

If aged care providers as a whole acknowledged this mandatory obligation, reporting workload concerns that result in missed care or rushed care would be encouraged rather than opposed.

The QNU is therefore very disappointed with recent correspondence from the Assistant Minister for Health and Aged Care indicating that his Department will not ensure that aged care facilities are compliant with professional nursing standards, instead leaving that matter to the practitioner regulatory authorities. The Assistant Minister appears to be unaware that the remit of the regulatory authority for nursing, the NMBA, is to address only individual registrant shortcomings, not the health care service or systemic issues.

Retention and Pay Rates

Radford et al (2015) also noted that pay was an important factor affecting the retention of care staff in aged care and suggested that improvements are needed in the future. This is supported by Australian Nursing and Midwifery Federation (ANMF) research on pay and conditions in the aged care sector, which indicates an RN in aged care will be paid around $300 per week less than their counterpart working in a public or private hospital (ANMF, 2016).

The Department of Health and Ageing (2012) also noted the pay rates in aged care was one of the critical factors in staff shortages, particularly for RNs where this has been a longstanding differential between aged care and acute care sectors.

The QNU is a party to more than 100 enterprise agreements with employers who are aged care providers. We are able to identify significant variance in the pay rates in many of those agreements between nurses working in aged care and those working in acute care sectors.

In our view, the pay rates for nurses working in aged care will not improve until government legislates to ensure that funding is put specifically towards this purpose. This is partly driven by the consistent comments made by facility managers in enterprise bargaining meetings with QNU Officials that the current Aged Care Funding Instrument (ACFI) does not support wage increases that would come close to pay parity with hospital nurses.

Recruitment and Nurse Shortages

The Department of Health and Ageing (2012) also noted that three-quarters of RACFs had shortages of care staff, in that 63 percent needed more RNs, 33 per cent needed more ENs and 49 percent needed more assistants in nursing (AInNs) (however titled).

The shortages of RNs and ENs indicates that recent Departmental projects and initiatives designed to try to lift the numbers of these nurses working in aged care, such as government-funded aged care scholarships, have not been successful.
Aged care providers identified high staff vacancy rates, with a third of facilities having vacancies for RNs and AINs. RNs were the most difficult to recruit, taking around seven weeks to fill a vacancy. This puts pressure on existing RNs to work longer than their contracted hours, which contributes to job dissatisfaction and poor retention rates (Department of Health and Ageing, 2012).

The recruitment of nurses to aged care will always be challenging while the pay rate differential and poor or unsupportive workplace environments exist. Young nurses seeking to consolidate their new career and set up a financial foundation for establishing their future will not see aged care nursing as an option. The inability to attract new graduates to aged care nursing is evident in the ageing of the nursing workforce in this sector.

The average aged care RN is 50 years of age (Access Economics, 2009). Nurses at this age have generally established their family and financial position and are looking forward to retirement, rather than anticipating new nursing or career challenges. If aged care providers are seeking to attract more nurses, particularly those who are looking for challenges, pay rates must be the equivalent of acute sector nurses and positive practice environments must be established.

In summary, the recruitment of RNs and ENs to aged care nursing is significantly hampered by poor organisational cultures, high workloads and pay rates that are substantially below other career options.

Additionally, there is no requirement for providers to ensure that there is a set ratio of registered nurses to residents, nor is there a requirement to have a registered nurse on shift at the facility at all times. Indeed there is no requirement to have 24 hours a day/seven day a week RN coverage at RACFs.

The studies by Aiken et al. (2014) and McHugh et al. (2013) on nursing ratios, skill mix and organisational culture in the acute sector can be effectively translated into aged care because their research uses nurse sensitive indicators, failure to rescue events and mortality rates to assess outcomes. These studies demonstrate that having an optimal nurse to patient ratio results in lower mortality and reduced adverse events for patients.

Whilst no similar studies have been performed in the aged care sector, the consistency of professional nursing practice across all areas of nursing, combined with the (now) high level of illness, disease and co-morbidities that are present in aged care residents, dictates that a nurse to resident ratio in aged care would greatly improve the quality of care and the health of aged care residents.

The Australian Parliament has an opportunity here to improve the quality of aged care by legislating:

- minimum mandatory nurse to resident ratios;
- minimum education qualifications for facility managers;
- the mandatory application of professional nursing standards in aged care;
- the mandatory physical presence of a registered nurse at all times in all aged care facilities;
- more rigorous transparency and accountability for taxpayer funding to aged care including improved public reporting of staffing numbers, skill mix and outcomes; and
- a funding mechanism that will allow providers to raise and maintain pay rates to parity levels.

These are the mechanisms that will drive change in the sector and enhance the recruitment and retention of aged care nurses.

The Review should be made aware that there are aged care facilities in Queensland where one RN is accountable for the nursing care of up to 200 residents over an eight-hour shift. The Minister and Assistant Minister should act now to put an end to such high risk practices.

**Recommendations**

The QNU recommends amendments to the Aged Care Act 1997 or other relevant legislation to provide:

- minimum mandatory nurse to resident ratios;
- minimum education qualifications for facility managers;
- the mandatory application of professional nursing standards in aged care;
- the mandatory physical presence of a registered nurse at all times in all aged care facilities;
- enhanced public reporting of staffing numbers, skill mix and outcomes; and
- an ongoing mechanism to ensure funding given to providers will be used specifically to raise and maintain pay rates for aged care nurses to parity levels.
2.8 The effectiveness of arrangements for protecting refundable deposits and accommodation bonds

Refers 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.

Response provided:

Nil

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

Refers 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.

Response provided:

Nil
3. Other comments

Response provided:

Nil