



**United Voice Submission:
Aged Care Legislated Review
November 2016**

Authorised By Jo Schofield, United Voice National Secretary

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About United Voice

United Voice is a union of workers organising to win better jobs, stronger communities, a fairer society and a sustainable future. Members work in a diverse range of industries including, aged care, disability support, early childhood education and care, cleaning, hospitality, healthcare, security, emergency services and manufacturing.

A large number of United Voice members work in the public sector or in publicly funded sectors. Many United Voice members are in low-paid and under-valued employment, and all rely on government to provide access to quality public services, to ensure a secure retirement, and to monitor and regulate economic activity to ensure a fair and equitable society.

Whilst coverage and titles may differ on a state basis, nationally United Voice has many members who work in aged care. They work in residential aged care as personal carers, gardeners, cooks and cleaners, in in-home care as support workers and personal care workers. As the people working in aged care on a daily basis, our members appreciate the opportunity to have their opinions, concerns and experiences considered as part of this review.

"I am proud & honoured to help others... I am proud of the level & quality of care we provide to the community. Skilled & committed workers are needed in this industry, it's not work if you love what you do"

United Voice aged care member

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Contents

1. Introduction	4
2. Summary of recommendations	5
3. Aged care reform and sector issues	7
3.1 Consumer Directed Care (CDC)	8
3.1.1 Workforce stability and CDC	10
3.1.2 Quality care and CDC	10
3.1.3 CDC and market failure	11
4. Aged Care Workforce	12
4.1 Current workforce demographics	12
4.2 Workforce growth	12
4.3 Current workforce conditions	13
4.3.1 Low wages	14
4.3.2 Inadequate or unpredictable hours	15
4.3.3 Workloads and inadequate time to care	16
4.3.4 Career progression	17
4.3.5 Demanding work conditions	18
4.3.6 Inadequate supervision and training	19
5. Quality Jobs = Quality Care	21
5.1 What is quality care	21
5.2 Benefits of quality care	23
5.3 United Voice definition of quality care	23
5.4 Creating quality aged care jobs	24
5.4.1 Appropriate skills and training	25
5.4.2 Adequate time to care	27
5.4.3 Appropriate pay to reflect skills and experience	28
5.4.4 Secure work	28
5.4.5 Established career pathways	29
5.4.6 Other issues related to quality jobs	29

1. Introduction

United Voice members working in aged care are the people who every day provide care and support to older Australians. They are at the coal face of the impact of reforms in aged care and are uniquely placed to understand the impacts on their work and the quality of care received by older Australians.

Currently in most wealthy westernised countries, aged care systems are undergoing radical reforms as governments confront population ageing and pressure to contain costs. In Australia there has been an increased emphasis on home care rather than residential care and a growing reliance on market mechanisms to co-ordinate aged care systems.

As our population ages and the demand for aged care services increases so too will the workforce need to increase to meet demand. The aged care sector is characterised by an ageing workforce, attraction and retention issues and jobs with low pay, insecure hours and limited career opportunities. This combination of factors hinders the ability to ensure a sustainable workforce into the future.

To ensure *Living Longer Living Better* and on-going reforms are to be effectively implemented we need a stable sustainable workforce. We must act now to guarantee quality jobs that provide quality care. The alternative to quality care and quality jobs will be a further devaluing of the work in this sector, which ultimately will impact on the quality of care that is provided to older Australians.

“We can’t attract young people into the industry, the wages are low, there is no career path. And it’s not being sold as a career. The young ones can’t see a future in it. It’s not easy work, it can be emotionally draining. The thing is, young people come in and they can’t see, what makes me stay is the clients. I don’t think the new ones stay long enough to learn this”.

United Voice aged care member

2. Summary of Recommendations

Recommendation 1: Government funding should cover the full cost of service provision including workforce costs.

Recommendation 2: The Government should act to regulate the administrative fees charged by providers for home care packages.

Recommendation 3: Organisations should be resourced to provide flexible responses to CDC in ways that do not rely on casual staff and precarious employment models.

Recommendation 4: Consumers should be provided with easy to understand information about how providers compare on outcomes and what high quality care looks like via *Myagedcare*

Recommendation 5: United Voice recommends that block funding of home care packages remain an option for specific groups of consumers where individualised funding is not working and in regional and remote areas to ensure provider viability and prevent gaps in service for regional and remote Australians.

Recommendation 6: United Voice recommends the Commonwealth Government mandates access to ongoing professional training and career development to all aged care workers, acknowledging that a stable quality workforce of professionally trained, qualified and dedicated workers is a vital safeguard for preventing abuse, violence and neglect of older persons and ensuring the delivery of high quality care.

Recommendation 7: United Voice recommends the Government undertake a study to ascertain adequate minimum staffing levels and skills mix in residential aged care that should be mandated at a level that ensures quality care can be provided. In the interim, residential care staffing levels should be published on *MyAgedCare*.

And that a methodology to ensure adequate staff levels and skill mix in community care is developed.

Recommendation 8: United Voice recommends workers in aged care receive an appropriate wage reflective of their skills and the essential work they perform in providing quality care to older Australians. This wage must not only exceed the minimum wage but must constitute a living wage for all workers in the sector.

Recommendation 9: United Voice recommends that the use of zero hour

contracts are legislated against to ensure workers in the care sectors have secure and predictable hours of work.

Recommendation 10: United Voice recommends Government support is provided for aged care providers to develop and trial care worker career paths linked with wage progression.

Recommendation 11: United Voice recommends the government implement a workforce regulation scheme in consultation with workers and providers, this scheme should have streams for both the aged care and disability support workforce.

Recommendation 12: United Voice recommends that government investigate and implement a portable entitlement scheme across aged care.

3. Aged Care Reform and sector issues

Reform of any nature cannot be considered in isolation without consideration of workforce issues. Reforms in aged care are fundamentally intended to improve both access and quality of care for older Australians, to ensure they have choice and control over the type of care and its location of delivery. It is workers in aged care who deliver this care, if they are not able to do so in a way conducive to quality then any reforms will not be able to be implemented effectively.

Ongoing workforce issues in aged care have the capacity to undermine reform objectives as demonstrated by the following quotes about workloads from United Voice aged care members;

We are losing that individual care for that particular person, what their needs are what they want are, we simply don't have time"

"We can't meet their needs and it makes the last stages of their life more of a tragedy, it's not sustainable and it's cruel"

These quotes are concerning and clearly not compatible with consumer directed care or quality care delivery.

At a fundamental level issues of quality are workforce issues. Unless workforce issues are addressed on a systematic basis older Australians will never receive the quality care they deserve.

It is important to note in this review that the major component of LLLB that was to address workforce, the Workforce Supplement was not delivered on, following its removal from the reform process by the incoming Coalition Government in 2013. The workforce supplement was intended to

This supplement will support providers to attract and retain sufficient numbers of skilled and trained workers. Like the dementia and veterans' supplements, the workforce supplement will be available to eligible providers from 1 July 2013, but will be included in new section 44-5 from 1 July 2014;¹

¹ Aged Care (Living Longer Living Better) Bill 2013 Explanatory Memorandum. Available at <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22legislation%2Fbillhome%2Fr4980%22>

The former Government had allocated the additional \$1.2 billion to the Aged Care Workforce in order to attract and retain more aged care workers. However, the Coalition government returned the \$1.2 billion to the general pool of aged care revenue in December 2013 that was passed on to providers as a funding increase with no requirements it be used for workforce.

United Voice believes this policy decision represented a short sighted initiative and is at odds with many recent major commission and non-commissioned government reports that called for wage increases for direct care workers in the sector.

In this context given the major intended workforce reform was not implemented and hence its possible impact cannot be determined for the remainder of this submission we will outline the continued workforce issues we believe are impeding these and any ongoing reforms.

3.1 Consumer directed care (CDC)

CDC is *intended* to provide greater flexibility and choice, with home care clients able to choose the types of care and services they want, including how the care is delivered. CDC also aims to give consumers more control, through identifying how much money is available to support them and how those dollars are spent.²

United Voice notes that the most significant change that CDC presents is altering the funding model of home care providers. Previously funding packages were provided as block funding to care providers, this meant that some recipients with less intense packages essentially subsidised those who needed more intensive in-home care, (providers would move 'unused' funds from one client to another that requires topping up). However, this no longer occurs due to the introduction of individualised budgets. The capacity to no longer cross subsidise and pool funds across consumers means clients under the new system may experience a 'care gap'. Unfortunately the home care providers practise of 'cross subsidisation' has essentially masked the real cost of delivering care.

In order to successfully manage the new requirements of CDC, aged and community care providers have had to expand their focus so that the budget and financial transactions of a client are managed alongside their care provision.

This transition has required organisational change at many levels. In 2015 the Department of Social Services commissioned KPMG to independently evaluate the implementation of Home Care Package arrangements under consumer directed care, the *Formative evaluation of the Home Care Packages Programme*

– *Detailed findings report*³ highlighted some worrying findings about the programme including:

- Seventy-five per cent of providers surveyed said that the budget available for home care packages was insufficient to meet consumer needs (38% of providers noted it as a ‘significant problem’, 37% of providers noted it as ‘somewhat of a problem’ and 25% noted it as ‘not a problem’).⁴
- the average amount charged by the 77 providers surveyed for administrative and case management fees was 27% of the home care package subsidy⁵

The quality of care and support aged care clients receive is inextricably linked with the quality of the workforce. All aged care funding should be inclusive of full workforce costs, including, decent wages, the cost of training, recruitment, leave and superannuation. This will help ensure the flow of workers into the aged care industry and the retention of the existing workforce.

Recommendation 1: Government funding should cover the full cost of service provision including workforce costs.

Currently there are no guidelines regulating what providers charge for administrative/ case management costs. This leaves some home care clients open to unfair charges and receiving reduced access to care hours - coupled with the fact that the Government failed to fully consider the impacts of the transition to consumer directed care by not doing any modeling work on the impact of the transition to individualised funding for over 66,000 home care clients around Australia⁶. The costs should be capped and not exceed an unreasonable percentage of the total home care package, to ensure that home care clients are receiving decent and quality care, with the majority of their funding going to direct care hours and not administration costs.

Recommendation 2: Government should act to regulate the administrative fees charged by providers for home care packages.

United Voice has a number of standing concerns with the consumer directed model, including but not limited to:

³ https://www.dss.gov.au/sites/default/files/documents/09_2015/formative-evaluation-of-the-home-care-packages-programme-detailed-findings-report.pdf

⁴ Page 43, Figure 11, https://www.dss.gov.au/sites/default/files/documents/09_2015/formative-evaluation-of-the-home-care-packages-programme-detailed-findings-report.pdf

⁵ Page 23, https://www.dss.gov.au/sites/default/files/documents/09_2015/formative-evaluation-of-the-home-care-packages-programme-detailed-findings-report.pdf

⁶ As confirmed by Freedom of Information Request to the DSS by United Voice in 2015.

3.1.1 Workforce stability and CDC

Given that the increased flexibility and choice about when services are delivered, and by whom, may initially make it harder for providers to manage appointments, scheduling and rosters adequate preparation will be required in order to not exacerbate staff retention issues in the aged care sector. It is essential that client's needs are balanced with aged care workers workplace rights.

United Voice recognises that providers need to have the flexibility to meet the fluctuating demands of consumers; however this should not disadvantage employees and make aged care an undesirable and an insecure career option.

Recommendation 3: Organisations should be resourced to provide flexible responses to CDC in ways that do not rely on casual staff and precarious employment models.

3.1.2 Quality and CDC

Due to the new CDC model, it is likely there are going to be new services that emerge that will make it more difficult for consumers and carers to navigate, assess credibility and quality and find good services and providers. United Voice is concerned that the deregulation that has occurred in the home care sector could increase market entrance of less experienced service providers and may result in potential service quality reduction.

In order to ensure high quality care is provided the quality assurance framework needs to go beyond regulated care standards and monitoring. Consumers should be provided with easy to understand information about how providers compare on outcomes and more information is needed on what high quality care looks like. United Voice believes that quality assessments of aged care providers are complex in nature and would like more detailed and easy to understand publicly available information on these assessments for consumers. Consumers need this information to make informed decisions about which provider to access. United Voice believes that making outcomes more transparent would drive continuous improvement and provide stronger incentives for providers to deliver quality services. However, United Voice cautions against a 'trip advisor' style approach to assessing providers, this is problematic and we would instead encourage a more detailed and holistic approach be applied.

Recommendation 4: Consumers should be provided with easy to understand information about how providers compare on outcomes and what high quality care looks like via *Myagedcare*

3.1.3 CDC and market failure

Under the new consumer allocated package model there may be specific groups of consumers or regional and remote providers for whom individualised funding may not be appropriate. For example regional and remote providers may be challenged to remain viable given their services are targeted at disperse populations. Further, working conditions are often exacerbated by remoteness, including lack of support, higher operating costs, difficulty recruiting and stress.

United Voice is concerned that some service providers may deem some geographic areas not to be profitable including remote parts of Australia, therefore leading to gaps in service provision and at worst a two-tiered system may emerge between regional and urban areas. Additionally the individualised funding model may not work for some specific groups of consumers. Therefore the CDC model intended to provide choice may in actual fact restrict it, especially in rural and remote Australia and among certain groups of consumers.

Ensuring provider viability to certain consumer groups and in regional and remote areas is vital to ensuring quality jobs in those areas.

Recommendation 5: United Voice recommends that block funding of home care packages remain an option for specific groups of consumers where individualised funding is not working and in regional and remote areas to ensure provider viability and prevent gaps in service for regional and remote Australians.

4. Aged Care Workforce

4.1 Current workforce demographics

The most recent reliable data that exists on the aged care workforce is from the 2012 Workforce Census. We know from this data that the aged care workforce;

- is ageing, the median age for a worker in residential aged care is 48 and in community care 50⁷. This is older than other workforces.

“You’re doing a hard job – we’re an ageing workforce. You’ve got so much stamina – you can only do so much. Sometimes some of our workers look like they should be our clients”

United Voice aged care member

- is highly feminised, at 90%,
- comprises mostly part time and casual employees.
- Around a quarter of residential aged care workers and one third of community workers would like additional hours.
- In addition to those who would like more hours around 10% have more than one job; this is double the Australian average for the entire workforce at 5%.⁸

4.2 Workforce growth

The capacity of the aged care sector to implement change and meet the aspirations of the sector reforms relies on there being a skilled and experienced workforce. The population is ageing and the number of people willing and able to provide informal care is decreasing. At the same time the number of working aged people able to enter the workforce is also decreasing. In 1970, for every couple of retirement age there were 15 people in the working age population, by 2010 there were just 10 people of working age for every couple of retirement age, and this is projected to decline to just 5 people of working age for every couple at retirement age by 2050.⁹

The actual growth required in the aged care sector is an unknown, but estimates range to a requirement of a 1 million strong workforce by 2050. That is an increase over the coming 30 years of some 700,000 workers.

⁷ McCrindle. Demand vs Supply: Australia’s aged care puzzle. May 2014

⁸ National Institute of Labour Studies. The Aged Care Workforce 2012, Final Report.

⁹ McCrindle. Demand vs Supply: Australia’s aged care puzzle. May 2014

This growth is required at the same time as increasing competition for workers in response to population ageing occurs across the entire labour market. In relation to aged care there will be specific competition from the health sector and importantly the National Disability Insurance Scheme (NDIS). Growth predictions for the NDIS is for the workforce to more than double from approximately 73,000 in 2012 to over 180,000 by 2037. In recent years the paid disability workforce has expanded in response to a growing need. Despite this, the sector is still characterised by a high level of unmet demand, workforce supply is stretched and attraction and retention of workers remains a significant problem with similar workforce issues as aged care.

The future aged care workforce is likely to be drawn from the same pool of potential workers as is the NDIS workforce. The concurrent increased demand for workers in both sectors is a concern and any proposed solutions to address the aged care workforce issue must also consider the NDIS workforce.

4.3 Current workforce conditions

Aged care work is currently characterised by a range of conditions that are not conducive to quality jobs, reinforcing ongoing attraction and retention problems. Factors impacting aged care jobs include:

- low wages
- inadequate or unpredictable hours and a reliance on contingent employment arrangements
- workloads and inadequate time to care
- limited career opportunities
- demanding work conditions, including the physical, emotional and psychological difficulty of the work
- inadequate supervision and training
- major institutional and funding pressures.

“I have physical injuries – muscles/ligaments/tendons; I am unable to survive financially; I am exhausted working most days of the week- spilt shifts- roster with gaps creating long days having to eat at traffic lights as meal break gets swallowed up by extra bits your do for people but can’t claim money for, too much rushing around in traffic back and forth, it’s very stressful”

United Voice aged care member

4.3.1 Low wages

“It makes me so mad when I learn about other industries where employees have a Certificate III and are getting paid at least \$10 more than me – and they don’t have to care for people who are elderly and frail! It should be fairer”.

United Voice aged care member

The low wages of aged care workers are a significant problem for the industry and are recognised by providers and workers as an obstacle to genuine reform contributing to staff recruitment and retention difficulties and associated costs for residential and community care providers.

Evidence suggests that workers in the aged care sector receive relatively low pay rates when compared with workers outside the care sector. In August 2013, the average weekly total earnings for an aged care worker was \$600.00 (gross). This is compared to average weekly total earnings across all industries of \$950 (gross).¹⁰

Low wages are compounded by part time and casual work in aged care. The care sector is dominated by a part-time and casual workforce and full time employment is relatively uncommon for direct care workers.

In residential aged care, a significant majority of workers in all direct care occupations are employed as permanent part-time. These now cover 72% of the workforce, compared with 69% in 2007. In addition to part time a further 19.5 % of carers are casuals.¹¹

In community aged care, a higher proportion of direct care workers are on casual contracts (30.4%), with some 63% employed as permanent part time. A similar proportion (6-7%) is employed under permanent full-time arrangements across the two sectors.¹²

The large proportion of part-time and casual employment translates directly to the total take home pay of these workers and makes the sector relatively unattractive for potential workers who are looking for full-time employment.

¹⁰ ABS, EEBTUM Survey, August 2013

¹¹ NILS aged care workforce census 2012

¹² NILS aged care workforce census 2012

4.3.2 Inadequate or unpredictable hours and contingent employment arrangements

“I have difficulty getting extra work, I only ever receive last minute extra work, it’s hard to plan and they treat me like I’m on call.”

United Voice aged care member

Unpredictable and inadequate hours are a significant feature of current aged care work that can negatively impact on job quality and thus the quality of care provided to residents.

“you can organise your life better when there is a set roster each fortnight”

United Voice aged care member

As there is no guaranteed level of regular earnings, a worker has no certainty over meeting bills and planning for the future. Further, the variability of earnings throws into doubt an individual’s eligibility to claim various forms of social benefits. While weekly income can frequently be inadequate, the need to be available for work when required by the employer hinders the ability of workers to take up other employment. The need to respond to calls to attend work, frequently at short notice, disrupts life outside work and places particular strain on families and arranging care for children. Importantly adequate and predictable hours can mean improved consistency in caring for and developing relationships with care recipients.

An indication of the inadequacy of hours in aged care is that the proportion of workers who have more than one job is more than twice that among aged care workers as in the workforce as a whole. The general prevalence of multiple job holding is 5.4% whereas it is 10% among residential aged care workers and 14% among community aged care workers.

“my hours change all the time, I am a casual so my hours worked can be busy when the permanent staff are on leave and minimal when they are not, I have a second job just to keep me afloat financially”

United Voice aged care member

A troubling emerging trend across aged is the use by employers of zero hour (or zero to seventy-six hour) contracts. Such contractual arrangements provide workers with no guaranteed weekly hours and thus no guaranteed weekly income. The employer is not obliged to provide the worker with any minimum working hours, and the worker is not obliged to accept any of the hours offered.

The union believes that these contracts are a means to casualise the workforce, without the requirement for employers to pay a casual loading.

For direct care workers, these zero hour contracts present huge drawbacks when compared to permanent and regular work. Traditional employment rights, that are usually clearly defined for permanent staff, such as annual leave and superannuation payments, become variable and dependent on irregular hours of work.

Zero hour contracts also present huge drawbacks for care consumers when compared to permanent regular work. Zero hour contracts are not compatible with developing a professional, loyal and skilled workforce delivering quality care services. Continuity of care is more likely to be disrupted where zero hour contracts are used.

“I applied for a loan at a bank and was told I live below the poverty line and I would have to have a loan with my husband’s name on it.”

United Voice aged care member

4.3.3 Workloads and inadequate time to care

“People are dying of loneliness in aged care. Our workloads are so high. We just don’t have enough time for them.”

United Voice aged care member

“I think clients, especially the elderly and the disabled, should be entitled to receive care in a dignified, professional manner by care workers with enough time to meet their needs”.

United Voice aged care member

“I don’t have enough time to give the clients the quality time they need. It is a constant rush trying to do services in the time allocated.”

United Voice aged care member

“In the last few years I have seen the 'care' slowly fade out of the job description as we are pushed to include more work into less time or staff simply unable to put the needs/interests of the clients first.”

United Voice aged care member

Workloads and inadequate time to do the job is one of the most often cited concerns of our members. United Voice members are concerned that they don’t have time to do their job properly, that they rush from showering one person to

showering the next person in residential aged care or from client to client in in community care without providing quality care.

“With the shortage of staff there are numerous falls. Staff are unable to give the quality of care that residents should be getting. We used to be able to spend quality time with residents on a one on one basis – nowadays it is always rushed and the residents are feeling it.”

United Voice aged care member

Members give regular examples of working unpaid overtime in order to do their job to their satisfaction, complete tasks or just to be able to spend some time with those they are caring for. Worryingly we have seen examples of 15 minute visits in community care. Members tell us this is nowhere near enough time to do anything, but barely get in the door in some instances.

“There are long hours and not enough time off. Sometimes we work on our day off.”

United Voice aged care member

“It is very distressing for staff not to be able to give more time or timely care to our residents. While most staff are well organised and determined to provide excellent care it is difficult as there is only approximately 15 minutes per client available in the mornings. It seems that we provide care in between other duties rather than as our main priority”

United Voice aged care member

“We should not have residents getting up late and missing out on quality of life just because we have time constrictions. Our time constrictions leads to only quick washes for some residents, residents being left incontinent in bed, leaving them in bed, often over filled or left behind skips at the end of the shift. This deeply saddens us as staff as we believe everyone is important and should be receiving a premium level of care”

United Voice aged care member

4.3.4 Career progression

“The industry has become a revolving door of people who only want to do the job for a short term. How are you going to attract the right people to the industry if society doesn’t see

this as a viable long-term employment choice? We want this job to be recognised and respected as being a professional career. Because that's what it is"

United Voice aged care member

The structure within aged care for the personal care workforce is very flat with limited career progression opportunities. Currently the only real career opportunity is a pathway into nursing. While this may well be an opportunity for some personal care workers, it is not a viable option for all.

The United Voice project *Securing Workforce Sustainability for Successful Reform*¹³ identified potential personal care career paths that would;

- Increase the number of levels in a generalised career pathway that recognise increasing responsibility and care for clients and employees, as well as the gaining of further experience and expertise in a care role.
- Create the potential for carers to specialise within care roles, for example having specialist knowledge relating to dementia and palliative care, and employment support.
- Provide side-ways pathways into allied health roles and disability (for aged care workers) or aged care (for disability workers)

Limited career pathways are compounded by the fact additional training is not often linked to wage progression. A large proportion of the aged care workforce hold formal qualifications and regularly undertake additional training, most of which is not recognised in wage increases.

In 2010, 51% of aged care workers holding a Certificate III or Certificate IV earned minimum wages; this compares to 32% in other industries where workers are employed in comparable occupations.¹⁴

This wage injustice comes at the same time as personal carers reporting incredible workload intensification. The aged care industry cannot expect workers to continue to increase their skills and training without rewarding them in a meaningful way through wage increases and career progression.

4.3.5 Demanding work conditions, including the physical, emotional and psychological difficulty of the work

"The work is often quite physically demanding especially in summer months and I don't know how long I will be able to continue as I age."

¹³ United Voice. *Securing Workforce Sustainability for Successful Aged Care Reform*. 2014

¹⁴ Watson, Ian (2010) *Low paid workers in the aged-care industry: Analysis based on Census and HILDA data*, available at <http://ww2.fwa.gov.au/s243/48-49>.

United Voice aged care member

Aged care work can be physically and emotionally hard. The results from a United Voice survey undertaken as part of the project *Securing Workforce Sustainability* showed that care work is fatiguing, involves extraordinary emotional connection and empathy from the care worker, and can be unpleasant.¹⁵

Care work is quite physically taxing on the worker. Respondents to the survey indicated that they are required to do manual handling (for example using hoists, pushing wheelchairs), and periods of extended walking, for more than 2 hours on a usual shift.

In relation to unpleasant day to day activities required of care workers, 87% of respondents indicated that they are regularly or frequently dealing with unpleasant smells/odors, and 76% indicated that they are regularly or frequently dealing with body wastes and fluids. In relation to dealing with difficult people/unreasonable expectations, 73% of care workers indicated that this is an issue that occurs regularly or frequently in their working day.

The portrayal of care work can gloss over some of the more fundamental aspects of the requirements to provide services and care for older Australians. Failing to recognise these aspects results in an undervaluing of the skills and competencies required to work in the sector. In particular negating the clinical, interpersonal and communication skills needed to work successfully in the sector. Integral to exercising these skills is the requirement to maintain the dignity of the person receiving the care and/or service, despite the particulars of the circumstances and situation in which this labour is performed.

“I enjoy the interaction with people but I never worked so hard physically before working in aged care. Staffing levels are too low. Often it’s just too hard.”

United Voice aged care member

4.3.6 Inadequate supervision and training

“I have a shift booking form detailing my duties but because I work in clients home or out in the community I often have to make decisions which are not covered in the shift booking form. I work in an uncontrolled environment all the time.”

¹⁵ United Voice. *Securing Workforce Sustainability for Successful Aged Care Reform*. 2014

United Voice aged care member

An increasing complexity of care, higher expectations from people who use services and the growth in community based in-home care delivery means that workers are often placed in demanding situations without immediate support. Appropriate qualifications and access to quality ongoing training and education is essential to ensure that all workers across the sector have the required knowledge and skills to carry out their role to a high standard.

“In this job there is a sense of isolation, most of the time home care workers operate independently. We need SOME kind of community where we can learn from each other.”

United Voice aged care member

“Being given no information about the clients before we visit them, dementia, mental health issues etc. we are left to try and deal with clients alone, trying to guess how to deal with whatever situation and we may fail.”

United Voice aged care member

5 Quality jobs = quality care

“I am proud & honoured to help others... I am proud of the level & quality of care we provide to the community. I care”.

United Voice aged care member

5.1 What is Quality Care?

The 2011 Productivity Commission proposed three primary and complementary approaches to ensuring the quality of care. These approaches include standard setting and monitoring, promoting commitment to quality improvement, and increasing competition and the information provided to care recipients. These approaches then underpinned the LLLB reforms with one of the express purposes of the reforms to provide a higher quality of care as stated in the Explanatory Memorandum to the Bill

This Bill amends the Aged Care Act 1997 to give effect to major components of the Living Longer Living Better reforms. The changes arising from this Bill fundamentally reform the regulation of aged care to provide for sustainable funding, expanded workforce capacity, higher quality of care, improved access and strengthened protections for care recipients¹⁶.

To date, Quality Care has been characterised by:

1. the dimensions of service delivery relating to the care itself. Important dimensions include that the care is readily accessible; available when, and for as long as needed; reliable; and delivered in a respectful manner that supports independence and autonomy.¹⁷
2. Quality can be seen to include client/ resident satisfaction (residential care focus) with the structures governing the care and the amenities provided. Important factors include having policies, procedures and systems that are easy to understand¹⁸; access to personal space,

¹⁶ Aged Care (Living Longer Living Better) Bill 2013. Explanatory Memorandum, pg 4.

¹⁷ (Found in Charlesworth (2015) e.g. Dow, Sparrow, Moore, Gaffy & Yates, 2013).

http://www.qualityjobsqualitycare.com.au/wpcontent/uploads/2012/04/2014_QJQC_Perceptions_final.pdf

¹⁸ Charlesworth (2015) - Dow, Sparrow et al., 2013

freedom from noise and intrusive distractions¹⁹; use of personal possessions; and access to outdoor space.²⁰

3. Quality is also considered to be an outcome of the process of care and can be objectively measured in terms of clinical indicators, such as falls, infection rates and medication management²¹

Defining and measuring the quality of care and support is not straightforward. Quality is multidimensional and can be difficult to observe. The South Australian Centre for Work + Life research project *Quality Jobs = Quality Care* has found that for consumers of aged care, their experience of quality care is a highly personal experience and that is it more than a measure of clinical outcomes. The study found: “Consumer experience and perspectives are central to the experience of quality care, which can only be achieved through ensuring that workers have access to quality aged care jobs”²²

The Client Perceptions of Quality Care in Aged Care Services²³ identifies six key themes of consumer perceptions of quality of care, including:

1. Positive interpersonal relationships
2. Autonomy, control and decision making
3. Independence
4. Positive stimulation and enjoyment
5. Individuality and dignity
6. Feelings of safety, security and control

Furthermore, when defining quality care it is essential to define ‘care work’. Care researchers have found that care work has *relational* as well as *practical* dimensions and the quality of paid care services depends on workers’ capacity to develop caring relationships with the people to whom they provide care.²⁴

¹⁹ Charlesworth (2015) Adams & Sharp, 2013

²⁰ Charles worth (2015) ((Chin & Quine, 2012; Dow, Sparrow et al., 2013))http://www.qualityjobsqualitycare.com.au/wpcontent/uploads/2012/04/2014_QJQC_Perceptions_final.pdf

²¹ Found in Charlesworth (2015) - (Alzheimer’s Australia, 2013; Courtney, O’Reilly, Edwards & Hassall, 2009; Courtney, O’Reilly, Edwards & Hassall 2010; Meyer, Dow, Bilney, Moore, Bingham et al., 2012; O’Reilly, Courtney & Edwards, 2007).

²² <http://www.qualityjobsqualitycare.com.au/benchmarks>

²³ http://www.qualityjobsqualitycare.com.au/wp-content/uploads/2012/04/2014_QJQC_Perceptions_final.pdf

²⁴ Meagher, Szebehely & Mears (2014), *Better working conditions in the less generous welfare state: Home care work for older people in Australia and Sweden*.

5.2 Benefits of quality care

Providing quality care also has a positive flow on effect to the wider community, including:

- Providing a value for money system that is cost-efficient and cost-saving
- Compliance with regulatory standards
- Ensuring consumer affordability
- Ensuring availability and access to home care services
- Providing an efficient and responsive system that meets community standards and expectations.
- Evidence suggests that good home care can benefit people by building confidence and self-esteem, enhancing autonomy and improving personal wellbeing and quality of life.

5.3 United Voice definition of Quality Care

In consultation with our membership United Voice has defined quality care in the aged and disability care sector as:

Quality in aged and disability care – United Voice definition

The provision of quality care in aged and disability care is intrinsically linked to those who provide the care. A well trained well paid professional workforce is a workforce that provides quality care.

Quality care from the perspective of care recipients is that which:

- *Involves a positive relationship between the care worker and care recipient;*
- *Provides autonomy and choice to the care recipient;*
- *Promotes independence;*
- *Includes leisure activities, social interaction and personal time;*
- *Provides dignity and allows for individuality;*
- *Feels safe and secure, especially if care is delivered in the home, consistency of care workers is important here.*

These are all aspects of care that can be provided by trained, professional well paid care

workers who have adequate time to spend with care recipients and manageable workloads.

Quality jobs that provide quality care are those that provide:

- *Appropriate skills and training. Specialised training, in for example, dementia, or palliative care can offer both better care outcomes and career paths for care workers.*
- *Adequate time to do the work. Time pressures in care work are bad for care recipient and the care worker, eroding worker health and safety and wellbeing and commitment*
- *Appropriate pay to reflect the skills and experience professional care workers bring to the care environment*
- *Secure work that provides both predictable hours and adequate hours that ensure a decent life and work life balance*
- *Established pathways for career progression.*
- *Recognition of the skills required to provide quality aged care*
- *The right to work in a safe or secure environment.*

“quality care is a higher standard of service more than just a duty of care. From our point of view it is to exceed basic courtesy, to give consideration and assistance wherever necessary, it is not about just doing a job. It is not about just getting through the day and the list of duties put in front of you. Quality care is and should be personalized and professional care. Premium care should always allow time and attention to detail”.

United Voice aged care member

5.4 Creating quality aged care jobs

“When I think about the challenges in my job that make me want to leave, they are unstable working hours, split shifts and low wages”

United Voice aged care member

5.4.1 Appropriate skills and training.

Registered training organisations and training in the aged care sector

A number of concerns about the quality of vocational education and training in the aged care sector have been raised previously, including in the 2011 Productivity Commission '*Caring for Older Australians*', concerning the quality of training in the aged and community workforce.

These issues included:

- the quality and variability of training provided to prepare aged and community care workers;
- the vastly different durations of training provided for the same qualification by different registered training organisations;
- whether sufficient amounts of practical on-the-job training was being provided;
- whether trainers and assessors possessed current industry experience; and
- whether aged and community care training was being regulated effectively.²⁵

The Australian Skills Quality Authority initiated a review in 2012 into the sectors training in response to the 2011 Productivity Commission's report. It found that:

- Aged and community care training programs are largely too short and include insufficient time in a workplace for satisfactory skills development.
- Most RTOs offering aged care and community care training were not fully compliant at the initial audit, with 87.7% not complying with at least one of the national training standards.
- RTO leadership and staff had a poor knowledge and understanding of the required national standards, and of the requirements of training packages (which form a core element of these national standards).
- Most RTOs offering aged and community care training struggle with appropriate assessment. Up to 80.0% of RTOs had compliance issues with assessment at the initial audit.²⁶

²⁵ Productivity Commission, 2011 (b), *Caring for Older Australians*, p.374.

²⁶ <http://www.asqa.gov.au/about/strategic-reviews/aged-and-community-care-training,-2013.html>

Quality aged care requires a stable workforce of professionally trained, qualified and dedicated workers who are fully supported to provide a service that are respectful of, and facilitate an individual's needs and goals.

There are currently no mandated minimum qualifications for carers in aged care, yet there are high levels of relevant formal qualifications within the workforce. In the community aged care workforce, there has been a substantial increase in the proportion of community care workers with a Certificate III or Certificate IV. In 2012, the proportion of providers with more than 75% of community care workers with a relevant Certificate III was 40%, up from 28% in 2007. Qualifications are best placed to ensure that a person has the required knowledge to provide quality support services.

Whilst professional, ongoing training is essential for an individual's career development, this should be delivered in addition to, and not in place of, formal qualifications. On the job and ongoing training outside of a formal qualifications framework relies on the individual employers taking on the responsibility for the workers professional development. This can lead to huge variances across the sector in terms of workforce skills. In turn, this can reduce mobility among the workforce, as well as a potential variance in the quality of skills between providers depending on their individual commitment to training.

United Voice members have raised concerns about the reduced value providers are placing on qualifications and the quality of training that is currently being delivered in-house. Simply providing access to training, without having regard to its quality or appropriateness, will not result in quality support services. What is required is access to ongoing professional training, in conjunction with nationally accredited formal qualifications, which is provided by a qualified trainer and provides an appropriate balance between theory and hands on experience.

"It seems like the RTOs are teaching people all the theory, but where is the practical hands on experience? We get new starters who have gone through training and don't know how to do basic things like shower people, or use hoists. How does that even happen? It just makes things twice as hard for everyone else. How can they call that training?"

United Voice Aged Care member

Further, the increasing complexity of care, higher expectations from people who use services and growth in community based and in-home care delivery means that workers are often placed in demanding situations without immediate support. Appropriate qualifications and access to quality ongoing training and

education is essential to ensure that all workers across the sector have the required knowledge and skills to carry out their role to a high standard.

Recommendation 6: United Voice recommends the Commonwealth Government mandates access to ongoing professional training and career development to all aged care workers, acknowledging that a stable quality workforce of professionally trained, qualified and dedicated workers is a vital safeguard for preventing abuse, violence and neglect of older persons and ensuring the delivery of high quality care.

5.4.2 Adequate time to do the work. Time pressures in care work are bad for care recipient and the care worker, eroding worker health and safety and wellbeing and commitment

“I work in an aged care facility and there only two carers to 42 residents on a shift. This means that the concept of personal care no longer exists – we just don’t have the time to provide the individual care residents deserve”.

United Voice aged care member

There is a clear link between staffing numbers and the quality of care in residential aged care. Staffing levels have been identified as an important indicator of quality of care, and yet there are no comprehensive, uniform regulations regarding specified minimum staffing levels in aged care in Australia. The current Australian system of accreditation of homes does not prescribe specific staffing levels and does not, as a matter of course, provide specific information about staffing levels in the publicly available reports it produces on residential facilities.

Minimum staffing levels

“I just want to tell you that we are always understaffed and the workload is terrible. You have got 12 residents. You have got to do the medication, plus do your showers, do the breakfast. You might have to bring them up tea – a thousand jobs you have to do: get the clothes from the laundry, plus having to be cutting nails, heat packs. It goes on and on. Its like a conveyer belt. I am sorry , but that’s what it is, because you do not have time to sit with this resident for 25 minutes. You just do not have the time. It is just terrible.”

United Voice aged care member

In a reform process characterised by empowering consumer choice, a key indicator in choosing aged care services will need to be the number of staff employed in a residential facility or the number of staff hours per client in community care. Regardless of any introduction of enforceable minimum staffing numbers consumers should have the right to information about staffing that will directly impact on their care.

Recommendation 7: United Voice recommends that government undertake a study to ascertain adequate minimum staffing levels and skills mix in residential aged care that should be mandated at a level that ensures quality of care can be provided. In the interim for residential care staffing levels should be published on *Myagedcare*.

And that a methodology to ensure adequate staff levels and skill mix in community care is developed.

5.4.3 Appropriate pay to reflect the skills and experience professional care workers bring to the care environment

Low wages is a continuing factor in the difficulty in attracting and retaining new workers to aged care. It is the low rate of pay coupled with inadequate hours and a lack of wage recognition for training and experience that compound this problem.

“Many aged care workers can’t make a healthy living unless they work nights, on weekends or juggle two jobs. It shouldn’t be like this.”

United Voice aged care member

Recommendation 8: United Voice recommends workers in aged care receive an appropriate wage reflective of their skills and the essential work they perform in providing quality care to older Australians. This wage must not only exceed the minimum wage but must constitute a living wage for all workers in the sector.

5.4.4 Secure work that provides both predictable hours and adequate hours that ensure a decent life and work life balance

Inadequate working hours is an increasing problem in aged care, potentially made worse with the introduction of CDC where consumer wishes may make rostering and planning more difficult for providers. Despite this it is important that there is not a reliance on casual employment and contingent employment arrangements.

Recommendation 9: United Voice recommends that the use of zero hour contracts are legislated against to ensure workers in the care sectors have secure and predictable hours of work.

5.4.5 Established pathways for career progression.

There is a need to develop career pathways linked to wage progression in the aged care workforce. Pathways should include current pathways to clinical or management roles as well as the development of new career pathways. For example specialised training in dementia or palliative care can offer both better care outcomes and create career paths for care workers. Additionally with an ageing workforce there are many aged care workers with a wealth of knowledge and experience, this could be used to develop roles in mentoring and training new entrants to aged care.

“The wealth of knowledge that exists with the more senior staff of the home care workforce is priceless. With the right mentor training, they [employer] could harness this knowledge and encourage younger people to choose home care as a career, we could teach them how to find the passion that is required, how to love your job and deliver the best care for the clients”.

United Voice aged care member

There is also scope for increased innovation in job and career pathway development. It is anticipated increasingly providers will provide aged care and disability support under the NDIS, this offers opportunities for innovative career pathways development across the sectors.

Recommendation 10: United Voice recommends Government support be provided for aged care providers to develop and trial care worker career paths linked with wage progression.

5.4.6 Other issues relating to the attraction and retention of a future aged care workforce

Regulation

The government is currently considering submissions in relation to a safeguarding framework for the NDIS. Many submissions to the consultation paper proposed worker regulation system. United Voice would recommend the same approach should be taken in aged care.

A nationally consistent approach across both disability and aged care ensures consistent safeguarding of care recipients and allows mobility for the workforce

across aged care and disability. This workforce mobility will be important in allowing providers to work across both aged care and disability and providing greater opportunities for the workforce.

An important component of any regulations system should be a nationally consistent pre-employment screening system across aged care and disability.

A national pre-employment screening process should have the following features.

- The assessment is conducted by an independent body
- The assessment must consider information broader than that covered by a standard police check, including, but not limited to: criminal history, non-conviction information, work history and any other supporting documentation volunteered by the worker such as character references or information from a relevant registered health practitioner. The assessment should also examine international checks when a person has lived and worked overseas.
- The process results in a 'clearance' that is held by and moves with the individual worker
- A national registry of 'cleared' workers is created
- The process has an internal review and external appeals capacity for anyone refused a clearance
- The process should be repeated every three years

Following the establishment of a national pre-employment process a professional regulation system should be phased in. Broadly such a proposal would provide a system of positive clearance, minimum qualification standards and additional training endorsement for work in more complex areas.

Currently there are no minimum regulation or qualification standards for workers in aged care or disability services. Both a scheme and any implementation must take these factors into account in transitional arrangements. Further the definitions and titles for these workers vary dramatically making both regulation and minimum qualification a little more problematic. There is no desire in the sectors to medicalise the models of support and care for people receiving services, in fact the impetus is actively working in the opposite direction, this has led to an expanding list of titles for workers. As such we propose a system of regulation for 'direct care and support workers', separate and distinct from any existing regulation system.

A direct care workforce regulation system should include the following features:

- Regulation is administered by an independent direct care and support specialist body
- Regulation requires minimum entry level qualifications
- Provides for increased minimum standards for more advanced care workers and care delivery
- Ongoing regulation requires annual professional development
- All regulated and cleared workers are listed on a positive registry
- Provides reporting /complaints mechanisms for a worker's practice, health and standards
- Provides a regulated right to review of decisions or complaints

Recommendation 11: United Voice recommends the government implement a workforce regulation scheme in consultation with workers and providers. That this scheme have streams for both aged care and disability support workers.

Portable entitlements

The current evidence shows a clear and urgent need to improve the retention of aged care workers. A simple and relatively inexpensive policy to (in part) achieve this would be the introduction of a portable entitlements scheme. Many employees work for multiple employers in the sector due to the frequent inability of a single employer to provide sufficient hours. At present these workers continuity of service and associated accrued entitlements are not recognised. Implementing a portable entitlements scheme would recognise the nature of work in this sector and demonstrate a valuing of aged care work. Such a scheme should also encompass the disability sector in recognition of the many workers working across both sectors.

Recommendation 12: United Voice recommends that government investigate and implement a portable entitlement scheme across aged care.

“I buy baby wipes every week in my shopping because we don’t have enough flannels, we don’t have enough wipes...we have our pockets full of baby wipes and things that carers supply.... Sometimes its not baby wipes sometimes if they don’t have anybody... we sneak in the odd dress or the pair of stockings that someone really needs, we are all guilty of that, that’s why we are carers, we care, we do our job because we care”

United Voice aged care member

“There are thousands of us out there in this country that go out early mornings. Afternoons, nights, weekends, Christmas day, public holidays – and look after your families, that’s what we do”

United Voice aged care member