AGED-CARE WORKFORCE STRATEGY TASKFORCE: CONSULTATION SURVEY

March 2018

INTRODUCTION AND KEY RECOMMENDATIONS

Thank you for the opportunity for Universities Australia (UA) to make submission to the Aged-Care Workforce Strategy Taskforce (ACWST). UA's interest in aged-care is particularly in the education and training of health professionals - doctors, nurses, dentists, pharmacists and allied health professionals - who work with older Australians.

UA has provided responses to the Taskforce's Aged-Care Workforce Strategy survey questions part B below. In summary UA highlights the following as critical areas for inclusion in the strategy for an effective future aged-care workforce:

1. Support teaching and research collaborations between universities/higher education and aged-care providers to build supervision capacity within aged-care services; promote best practice evidence translation; and enable a greater number of student clinical placements in aged-care. Research supports such collaborations as key drivers for improved workforce and other aged-care outcomes.

2. Develop an aged-care workforce policy and planning forum as an enduring structure that brings all relevant stakeholders (including government, aged-care and higher education providers) together regularly. The forum would be tasked with undertaking comprehensive aged-care workforce planning. This includes planning regarding the education, training and skill needs of the current and future aged-care workforce.

3. Refocus aged-care towards preventative, restorative approaches to keep older Australians out of hospital/residential aged-care and in the community for longer. Ensure that relevant skills development and workforce requirements to implement this are included in aged-care workforce planning.

SHAPING THE AGED-CARE WORKFORCE STRATEGY (PART B):

1. WHY DOES AN AGED-CARE WORKFORCE STRATEGY MATTER?

- Australia's older population is growing rapidly. Despite growth in the aged-care workforce over recent years, the residential and home-care workforce is itself ageing (the median age of such workers is 46 and 52 years respectively)[i]. Our general workforce and the nature of work is also fast-changing with technology increasingly a part of, and even replacing, various jobs[ii] [iii]. The result is likely to be a smaller tax base from which to fund aged-care and other services and the potential for a declining ratio of workers to provide hands-on care for older people as their numbers and needs increase.

- Australians are living longer but with more years of ill health[iv]. Keeping older people well while also providing appropriate age-related care for those experiencing ill-health is increasingly important. However, for various reasons, working with older Australians, especially in the aged-care sector and particularly in residential aged-care, is not seen as a first choice for many, including healthcare professionals.

- An aged-care workforce strategy matters because it will help identify the workforce requirements accompanying the above challenges and the relevant policy, planning and innovation needed to support necessary changes.

2. WHAT PRACTICAL DIFFERENCE DO YOU HOPE A STRATEGY WILL MAKE?

- A key practical outcome of the strategy would be to deliver a national Aged-Care Workforce forum where governments, industry, education providers and other key stakeholders meet regularly under an enduring structure to:
  - plan strategically for the sector's future workforce and skills needs;
  - share best practice and innovation; and
  - identify workforce pressure points, duplication and gaps.

- Existing groups such as the National Aged-Care Alliance (NACA) would be a key contributor to this forum however higher education and government representation would also be needed.

- Develop and fund partnership projects to address workforce issues identified through the forum. Partnership projects should include the development of effective teaching and research collaborations between universities and service providers. These have been shown to deliver measurable workforce and other benefits in aged-care.

- A further relevant outcome of the strategy would be to achieve policy commitment from all levels of government to a national preventative and restorative health/aged-care approach. The aim of this would be to keep older people in the community and out of hospital/residential aged-care for longer.

- Other ideal outcomes of the strategy are listed under question 12. However, many of these are difficult to achieve without implementing the three points above or through some other means for:
  - promoting collaboration between sectors;
  - connecting the drivers for higher education and training with those for aged-care and health workforce needs;
  - fully recognising the efficacy and need for prevention and restorative approaches; and
  - bringing relevant stakeholders together on a national basis for comprehensive health and aged-care workforce planning.

3. HOW DO YOU THINK A STRATEGY CAN CONTRIBUTE TO MEETING FUTURE NEEDS IN AGED-CARE?

- It can provide a longer-term "road map" and whole of systems view against which agreed progress can be monitored.

- It can point to the need for comprehensive workforce planning, giving consideration to the important role of training pipelines and the need to increase and fund a greater number of student placements from all health disciplines in aged-care.

- It can highlight the need for and develop strategies to collect and analyse data relevant to aged-care workforce planning and its respective training pipelines.

- It can highlight and put plans in place for cross-sectoral approaches that need a coordinated approach.

- It can emphasise the need for preventative and restorative approaches, the education, training and workforce development needed for this and the policy requirements to enable this.

- It can highlight good practice that has the potential for national roll-out and draw attention to care delivery gaps and duplication to show where efficiencies can be made and where quality can be enhanced.

4. TELL US WHAT YOU SEE AS THE CHANGES ON THE HORIZON THAT AGED-CARE NEEDS TO BE READY FOR, AND HOW YOU THINK THE WORKFORCE STRATEGY CAN CONTRIBUTE TO MEETING THESE FUTURE NEEDS (IN THE CONTEXT OF AN AGEING POPULATION CALLING ON AGED-CARE SERVICES IN A VARIETY OF SETTINGS)?

- Growth in the proportion of aged people in the population and an increasing demand on health and aged-care support[1].

- Increased use of technology and potentially, automation with associated requirements for higher level skills and greater skills development and/or professionalisation within the aged-care workforce.

- With increasing skills development, there will also be a need to train and attract health professionals to work in aged-care as well as to be more generally skilled in working with older people. This requires building greater supervision capacity in aged-care services and closer links between universities/higher education with aged-care service providers.

- The need to have an increased focus on staying well including an increased use of hospital avoidance models. For example, "flying squad" community-based health team approaches that treat crises within the community rather than in hospital.

- New models of care and new ways of delivering care including:

  – increasing areas of specialisation as well as an increasing need for team work and interprofessional learning and practice;

  – changes to health professional roles – extended scopes of practice, new and emerging roles;

  – increased education, training and aged-care delivery by and with simulation, virtual reality, applications and robotics.

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[1] For projections see: *Older Australians at a glance*: ABS http://bit.ly/2rNWa47

5. TELL US WHAT IS WORKING WELL IN THE AGED-CARE WORKFORCE (ACROSS THE INDUSTRY, AT PROVIDER OR SERVICE LEVEL OR THROUGH PLACE-BASED INITIATIVES) AND WHERE FUTURE OPPORTUNITIES LIE.

- Evidence shows that partnerships between universities and aged-care that develop learning cultures with innovation, research and education at their core are key to achieving improved workforce retention and enhanced outcomes for clients, aged-care providers, students and higher education providers. This is so even in challenging areas such as dementia[vii] [viii]. Student placements, while predominantly educational in focus, also contribute workforce benefits. Examples of a number of such collaborations and their impact on outcomes are attached separately. Measured results include:

  – greater student interest in pursuing a career in aged-care once qualified;

  – better developed knowledge, skills and attitudes required to work collaboratively within the aged-care sector to improve the overall quality of care for residents;

  – greater development of clinical skills in working with older adults making students more "job ready" for working in aged-care;

  – increased student interest in participating in further aged-care placements; and

  – decreased experience of social isolation in aged-care clients.

- Hospital avoidance approaches where multidisciplinary health teams and "flying squads" undertake expanded clinical roles and provide early intervention and/or crisis care within the community also work well.

- Restorative and preventative care models, including those delivered by students – for example, allied-health student teams that work with aged-care clients to restore mobility.

- All such examples already exist. The issue is that they are not implemented nationally. There are also barriers to their uptake including real and perceived costs, lack of financial incentives and lack of widespread knowledge of their benefits. This makes broader uptake challenging.

6. WHAT DO YOU THINK ARE THE KEY FACTORS THE TASKFORCE NEEDS TO CONSIDER ATTRACTING AND RETAINING STAFF? YOU MAY WISH TO CONSIDER SOME OR ALL OF THE FOLLOWING IN YOUR RESPONSE: *RURAL, REGIONAL AND REMOTE; A DIVERSE WORKFORCE AND DIVERSE CONSUMERS; WORKFORCE PLANNING, ROLES AND OCCUPATIONS; EDUCATION AND TRAINING; RIGHT WORKERS WITH RIGHT APTITUDES IN THE RIGHT LOCATIONS*

- Recasting aged-care as a vibrant forward-facing environment in which to train and work is an important component in attracting and retaining staff.

- As already mentioned, (see response to question five) evidence shows that teaching and research focused university-aged-care service partnerships, akin to collaborative teaching hospital models, can make a measurable contribution to achieving this, including in challenging areas such as dementia[ix] [x]. Such services, which support high quality clinical placements and have research and education cultures at their core, are more likely to be viewed as employers of choice with associated workforce benefits further augmented through student placements.

- This should be part of an overarching strategic approach to aged-care which considers other workforce recruitment and retention aspects including career pathways, relevant ongoing skills development and appropriately funded positions.

7. WHAT AREAS OF KNOWLEDGE, SKILLS AND CAPABILITY NEED TO BE STRENGTHENED WITHIN THE AGED-CARE WORKFORCE? YOU MAY WISH TO CONSIDER SOME OR ALL OF THE FOLLOWING IN YOUR RESPONSE: *CLINICAL CARE; NEEDS ASSESSMENT; WORKFORCE PLANNING; BUSINESS MANAGEMENT AND LEADERSHIP; RISK MANAGEMENT; CARE PLANNING; DEMENTIA; END OF LIFE CARE; SOCIAL CARE;*

- Workforce planning and identifying the associated education and training needs are critical. This includes the need to develop quality supervision capacity and capability within aged-care services in collaboration with universities and other higher education facilities.

- Understanding the role of technology in future aged-care service delivery and preparing the current/future workforce and clients for this.

- Understanding how to interact with an increasing array of self-help/care approaches (for example smart phone applications) where communications with health professionals may be "virtual" or off-site.

- The Wicking Teaching Aged-Care Program also provides an evidence-based framework for education and skills training specific to working with dementia patients. (See separate attachment.)

8. WHAT DO YOU THINK IS NEEDED TO IMPROVE AND BETTER EQUIP THE WORKFORCE TO MEET INDIVIDUAL NEEDS AND EXPECTATIONS?

- Adequate resourcing to support elderly people to remain in the community and out of hospitals and residential aged-care. This could be significantly improved by ongoing policy and planning that supports a coordinated approach to expanding a skilled professional (health and social care) workforce in the community. This is likely to reduce overall longer-term costs. Such an approach requires collaboration and support from all levels of government, as well as collaboration and coordination between higher education providers, aged-care providers, the professions and other key stakeholders.

- Policy and funding that supports future health professionals to undertake clinical experiences with older people – in the community and in residential aged-care. This includes policy and funding that:

  – develops teaching, training and research cultures within aged-care;

  – supports collaborations between aged-care and universities/higher education and builds education and training supervision capacity within aged-care;

  – supports research evidence uptake and translation within aged-care; and

  – supports restorative and preventative approaches.

- Professional accreditation processes that support and enable innovation and extended scopes of practice and interprofessional team working

9. WHAT IS NEEDED FOR LEADERSHIP, MINDSET AND ACCOUNTABILITY TO INNOVATE AND EXTEND NEW WAY OF WORKING TAILORED TO THE NEEDS OF OLDER PEOPLE WHO USE AGED-CARE SERVICES, THEIR FAMILIES, CARERS AND COMMUNITIES?

- Bipartisan policy support to agreed effective approaches to future aged-care service delivery.

- Exposure of current and future workforce to effective/evidence-based aged-care service delivery models.

- Better connections between research, teaching, training and care delivery through collaborative partnerships between universities and aged-care. (See also response to questions five and six above).

- Re-emphasis on client-centred approaches as an important education and service principle.

- A continual quality improvement approach (for example as used in the Australian Primary Care Collaboratives [xi]) to engage aged-care staff in action research/service delivery approaches of Plan Do Study Act (PDSA) cycles.

10. WHAT SHOULD AGED-CARE PROVIDERS CONSIDER WITH WORKFORCE PLANNING? YOU MAY WISH TO CONSIDER ALL OR SOME OF THE FOLLOWING IN YOUR RESPONSE: *WORKFORCE SIZE AND STRUCTURE; MANAGING GROWTH AND CHANGE IN SERVICE REQUIREMENTS; MIX OF OCCUPATIONS; WORKFORCE ROLES; DISTINCT WORKFORCE NEEDS IN DIFFERENT WORKFORCE SETTINGS*

- See responses to questions five and six above regarding the workforce benefits of collaborative partnerships between universities and aged-care providers in relation to teaching and research approaches to aged-care service delivery and workforce.

- A further major focus of future aged-care delivery is the need for an increasing emphasis on prevention and community care with the aim of keeping older people out of hospital and in the community for longer. From a workforce perspective this requires a greater use of health professionals in the aged-care service delivery workforce. While aged-care providers may need to consider this in future workforce planning it fundamentally requires policy support and commitment from all levels of government to a national focus on prevention.

- Other related considerations for aged-care providers in future workforce planning include skills mix, the role of technology, new models of care and client needs and preferences. Teaching and research collaborations between universities and aged-care providers can help identify and implement these across the education and training pipeline.

- An enduring national Aged-Care Workforce forum structure where relevant parties meet with government to identify and plan aged-care workforce needs and changes in models of care, workforce roles and technology is also critical to support individual aged-care providers in their workforce considerations. (See also response to question two.)

ADDITIONAL COMMENTS

11. IN UNDERTAKING ITS WORK, THE TASKFORCE HAS BEEN ASKED TO HAVE REGARD TO RECENT SUBMISSIONS TO AND REPORTS OF RELEVANT INQUIRIES ON AGED-CARE WORKFORCE MATTERS, AND GOVERNMENT RESPONSES. IF YOU WANT THE TASKFORCE TO DRAW ON A SUBMISSION YOU HAVE MADE, OR EVIDENCE OR MATERIALS YOU WANT TO DRAW TO OUR ATTENTION, PLEASE PROVIDE THE DETAILS IN THE TEXT BOX BELOW.

- UA draws the Taskforce's attention to the following attachments and links which provide examples of effective collaborations between universities and aged-care, the role they play in building supervision capacity, delivering quality clinical placements, translating new evidence and supporting quality aged-care service delivery:

  – Collaborative partnership case studies (attached)

  – Wicking dementia research and education program examples re effective clinical placements in aged-care and their impacts on future aged-care workforce (attached)

  – Teaching and Research Aged-Care Services (TRACS) evaluation (link): http://bit.ly/2DCEXeL

12. IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO CONTRIBUTE TO INFORM THE TASKFORCE? Please contribute using the text box below. Alternatively, using the link below, add an attachment in Word or PDF to express your views or ideas more comprehensively.

- It is UA's strong view that the areas outlined in question two are key to future aged-care workforce development and should be included in the strategy. Ideally, the strategy can also provide the following outcomes:

  – provide an independent, system-wide view so that whole-of-system, rather than piecemeal change can be achieved;

  – support better linkage and planning between the different system elements that need to work together for an effective aged-care workforce;

  – recommend relevant aged-care policy development that takes the whole training and development pipeline - and its related timeframes - into account, from student education and training to staff retention and ongoing professional development;

  – help distinguish the different roles and responsibilities and competing priorities of the multiple players involved in aged-care workforce including: government (all levels); aged-care providers; higher education providers; health and other professional bodies, accreditors etc;

  – Increase the focus on the need for preventative and restorative approaches and keeping older people healthy and functionally independent for as long as possible. This is particularly important given that it is estimated that in Australia 96 per cent of the disease burden of diabetes alone is preventable (including by tackling obesity) and 30 per cent of Australia's overall disease burden is preventable by addressing modifiable risk factors[v] [vi];

  – recognise the value and contribution of collaborative partnerships between universities and aged-care providers to aged-care and the role of health professional students in boosting the aged-care sector (see also responses to questions five and six);

  – Identify what can be done separately within individual sectors and where collaborative, joint approaches are needed to address common challenges and goals;

- identify and develop strategies to address likely future aged-care workforce changes. This could include increased professionalisation - key to implementing restorative and preventative approaches - and potential automation; and

- identify and develop strategies to address the economic and other effects of the above on different parts of the system.

REFERENCES

[i]Australian Government Department of Health. The Aged Care Workforce 2016. March 2017: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf

[ii] AIHW Older Australia at a glance. https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians/australia-s-changing-age-and-gender-profile

[iii] Australian Human Rights Commission 2014. Face the Facts: Older Australians. https://www.humanrights.gov.au/sites/default/files/FTFOlderAustralians-large.jpg

[iv] Productivity Commission Shifting the Dial Report 2017

[v] ibid

[vi] AIHW 2016 http://bit.ly/2GE402M

[vii] Teaching and Research Aged Care Services (TRACS) http://bit.ly/2DCEXeL

[viii] Wicking Teaching Aged Care Facilities Program: Dementia Projects

[ix]Teaching and Research Aged Care Services (TRACS). Final Report 2015: http://bit.ly/2E3Chsh

[x] Wicking Dementia Research and Education Centre: http://www.utas.edu.au/wicking/research

[xi] Improvement Foundation: Australian Primary Care Collaboratives: https://apcc.org.au/about-apcc/