**Submission to the Aged Care Workforce Inquiry**

**Background**

The Old Colonists’ Association of Victoria (OCAV) is a leading not-for-profit retirement village provider offering a continuum of care from independent living, assisted living and aged care in Victoria. Our four villages in Berwick, Euroa, North Fitzroy and St Helena are home to 500 older Victorians in need.

OCAV was established almost 150 years ago by a group of prominent Melburnians to ensure that older Victorians in need had somewhere secure and affordable to live, support when and if they needed it, and a community in which they felt engaged.  
Our mission remains unchanged. The need is greater than ever with an increase in single homeless women, a lack of affordable rental housing, limited public housing.

As a leading retirement village and aged care provider in Victoria, we work to provide affordable and safe housing for elderly Victorians in need, whether they live independently, or in supported or aged care living. Many of our residents have lived within OCAV villages for ten years and longer, maintaining relationships with friends and families.

Our services – both safe, affordable housing and support for older Victorians – are in high demand. We currently have a waiting list of 1,00 across our four villages and we are seeking sites for additional villages to cater for this demand.

Our aged care home currently cares for 81 residents, and includes a specific dementia care wing and palliative care.

Our funding model: we support capital investment in affordable housing through contributions from those with financial resources and at the same time provide safe and dignified housing for those with very limited or no financial means.

Around 53 per cent of OCAV residents were either homeless or vulnerably housed while living with family of friends, in private rentals, public housing or in temporary accommodation before they moved into an OCAV village. Around 79% of our residents are single, older women.

1. **Why the aged care industry matters?**

Australia has an ageing population. According to the Australian Bureau of Statistics, Australia’s population is expected to increase from 24 million in 2017, to over 35 million in 2056. In 2015, there were around 3.5 million older Australians aged 65 and over, equating to 15% of the population, with this percentage steadily rising.

Around 1.2 million people care for a person with dementia in Australia. Current projections suggest that by 2025 there will be 122,100 carers working in the aged cared accommodation sector to support people with dementia. These numbers are expected to double by 2056 to 250,420 paid carers in residential aged care.

These data show why the aged care industry matters. Older people are a significant and growing part of the health care system. Ageing well, with dignity and independence, is something everyone deserves.

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

Old age is changing: older people are keeping well longer but are also more susceptible to chronic disease which can be kept in check by medication.

The industry is a major provider of employment and voluntary work. Caring for older people incontinence for example is demanding and requires specific expertise.

However, the prevailing view appears to be that the aged care industry is an economic cost to the community and the nation, rather than an economic contributor.

Australia needs a whole-of-government, industry and community effort, across the health, education and training, human services and employment portfolios, with a focus on the needs of the consumers of aged care.

A well-planned strategy will help Australians to resist the tendency to discuss ageing in terms of frailty, dependence, Alzheimer’s, care programs and old folk’s homes. These are the symptoms of ‘old age’ which is an entirely different concept and for most will represent only a few years.

If communicated well, it should also work to dispel myths and stereotypes about aged care and older people. It will also put the emphasis on ageing well, or *Living Longer, Living Better*.

A well thought out strategy will help Australia to plan for the short and longer term.

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

A strategy will allow all those involved in aged care to plan better, allocating funds where the trends and emerging issues are, while ensuring there are better than adequate funds for current needs, whatever these may be.

Currently staffing costs are the main outgoings for any aged-care facility. This is not just about funding but also attracting potential people into the workforce, as well as better training and education.

For instance, the 2013 audit of registered training organisations highlighted that 90 per cent of aged-care courses did not comply with training standards under the Australian Qualifications Framework.

Nevertheless, due to limited funding and pressure to meet profit targets, managers employ personal-care attendants (PCAs), rather than nurses. This creates both the potential for poor work standards but also a problematic perception: currently PCAs are not valued or recognised for their contribution, and the potential they bring to the aged care industry.

At OCAV, we encourage PCAs to begin their enrolled nursing qualifications while with us, and have strong links to hospitals such as the Austin for smooth transitioning.

While we understand the ANMF call for nursing staff ratios, we disagree with it. The focus should be on quality of outcomes through better models of care. Good quality care can be delivered with PCAs working alongside enrolled nurses, carers and volunteers.

An effective strategy will help the industry meet both consumer and workforce future needs in aged care.

### 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)?

Workforce planning and skills mix modelling are emerging as an essential cross-industry competency given the changing requirements of residents entering a higher level of care, and an ageing workforce.

Care planning and profiling people to inform models of care is also an emerging area. These care models emphasise the relationship between staff and consumers, with a focus on quality of life, rather than purely clinical care.

Aged care needs to be prepared for: an increase in the number of people living with dementia, with a multitude of chronic diseases, and diverse cultural and linguistic backgrounds. Ageing in aged care will mean more than medical interventions, it will mean promoting preventive health measures – including therapies such as art and music.

Education and training requires change to better focus on practical skills and known competency gaps. OCAV believes that there should be a re-examination of entry-level qualifications, and career pathways, along with recognition of the full range of competencies required to enable Australia move toward living well models of care and recognise the benefits of integrated care.

### 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.

Much depends on the aged care provider and their commitment to innovation. However, good ideas and best practice models are hard to come across because of a lack of sharing

We can say from our own experience, that our commitment to person-centric care and to our model which enables continuum of care from independent through to assisted living and, if required, into aged care works well.

OCAV is innovative in its approach to providing workforce opportunities to staff, whether it is through training or new services, which ultimately benefit our residents and contribute to a broadening pool of potential part time and full time employees.

One of our approaches to promoting aged care as a career is our collaboration with La Trobe University.

**Holistic approach central to OCAV’s care model**

OCAV has linked with Singapore’s Nanyang Polytechnic to offer a month long aged care placement for nursing students. The overseas student placement program is managed by La Trobe University.

The placement have given the six Singaporean students a great insight into a different way of caring for the elderly, and built cross cultural understandings at the same time. While clinical care is similar to Singapore, the other programs offered at OCAV, such as diversional therapy and recreational activities do not happen in Singapore facilities.

The students noticed that apart from the emotional benefits, the activities and diversional therapy means the residents are more active and participate in things, rather than just sit in chairs. In Singapore the care of the elderly happens in a much more medical setting.

 The six students rotated around the aged care facility, spending time in the high care, low care and dementia units fine-tuning their clinical practices, wound dressing, use of equipment, and knowledge of compliance and regulations.

The experience is a win-win for OCAV’s residents and staff. La Trobe ran education programs during the month of the students’ placement and OCAV staff attended when possible. The sessions covered issues such as behavioural management, clinical compliance and the progression of Alzheimer’s Disease.

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

The ageing population will drive the need for a much larger and more diverse workforce and the needs of a diverse older population. OCAV believes that a national strategy is required to ensure there is a sufficient workforce in terms of both numbers and skill levels.

There also needs to be a greater focus on career pathways that take into account the ongoing need for part-time work in what is a heavily female dominated sector, with women making up 84 percent of the workforce.

OCAV would like to see a national approach taken to pay and conditions which includes benchmarking pay against comparable industries and understanding the variations in pay across the industry in addition to the other factors that are equally important as part of employment arrangements.

We believe there should be a better alignment of employee engagement factors to help attract and retain people to the industry.

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

The following areas are crucial to ensure an aged care workforce that is skilled and able to adapt to changing circumstances: end of life planning, advanced care planning, social care, the changing requirements of older people many of whom are and have been independent and are unlikely to be ‘easy’ aged care residents.

At an administration and leadership level, staff will have to have improved business management skills, have access inside or outside the aged care facility to risk management assistance, strong financial and accountability assistance, and HR and IT assistance.

An example of how OCAV is tackling cultural diversity, cultural values in its clinical care is through our approach to care planning:

Liscombe House clinical care coordinator Bini Biju brings a lot of her cultural values with her when she comes to work each day at OCAV’s aged care facility. Born and trained as a nurse in India, Bini grew up in a culture that respects and values the elderly and considers them revered members of the family. That’s how she treats the residents at Liscombe House.

Bini began nursing at Liscombe House in 2014 before becoming one of the facility’s two clinical care coordinators in 2016. Her work involves daily care of residents, working with families to ensure a resident’s care needs are met, ensuring all documentation complies with legislation and ensuring all staff are up to date with best practice.

OCAV develops care plans for all our residents to ensure their medical, emotional, mental, spiritual and cultural needs are met. A great deal of planning and care is also taken when supporting residents who are dying and meeting the needs of their families.

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

OCAV believes there is an urgent need for an industry-based dedicated resource to explore and research national and international best care practice, and to develop and implement a range of initiatives, including technology, to enable the Australian aged care sector to become a world leader. Collaboration and knowledge sharing is central to ensuring a person-centric aged care sector.

OCAV is engaged in several collaborations. These include an Austin Health and University of Melbourne project which is investigating if increased dairy consumption in the elderly will reduce fractures and preserve bone strength. The research compares older people living in low-level aged care, nursing homes or in the community and the effect of dairy and the reduction of falls and fractures.

OCAV has linked with Monash University to trial a non-intrusive monitoring and wellbeing system to assist residents remain independent and continue to live in their village. The monitoring devices are housed in boxes and plugged into power points in commonly used areas of the house. The sensors in the device detect motion, vibration, light and temperature. While in early days, the intention is to share findings with the sector.

In 2017 OCAV won a national better practice award for its innovative kidney dialysis service. The service enabled a resident, who had been on home dialysis, undertake peritoneal dialysis in our aged care facility. We collaborated with the Austin Hospital, the RDNS, and Baxter Health Care to develop the service which we now intend offering to other aged care facilities.

### 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?

Over the past decade there has been a shift in the composition of the residential aged-care industry, coinciding with an increased number of privately owned aged-care homes, and an increase in residents classified as requiring "high care". There is also a growing lack of trust among consumers due to Oakden and other cases.

This disparity between providers is affecting consumer confidence and understanding of accountability within the sector.

Currently, the industry seems more financially driven than care driven. This is partly due to the disparity issue but also due to a counter intuitive funding system: the more care delivered the more funding received rather than being rewarded for keeping people out of high care and more living healthily for longer. OCAV believes that funding for aged care should be treated separately to health: it is different, with a different skillset. Currently the funding model does not allow extras other than wages.

OCAV has a rigorous approach to accountability through its education and training program, its attention to accreditation and regulation requirements. We believe that the accreditation process should play an important part in monitoring the standards of care in all aged-care homes, and that the process itself should be made more robust.

Our view is that the industry should cooperate and create its own code of practice which defines standards of quality and safety in a “living well context”. This aspirational approach lends itself to embracing consumer-led approaches, community engagement, board governance, best practice sharing, industry benchmarking and workforce accreditation.

**What should aged care providers consider with workforce planning?**

The following are all important to the future: workforce size and structure, managing growth and change in service requirements, and a mix of occupations and roles.

We also refer to our answer about the urgent need for an industry-based dedicated resource to explore and research national and international best care practice, and to develop and implement a range of initiatives, including technology, to enable the Australian aged care sector to become a world leader. Collaboration and knowledge sharing is central to ensuring a person-centric aged care sector.