

Comment

Workforce shortages lead to unusual incentives

THE DIRE workforce shortages being experienced by aged care service providers has led some to come up with creative ways to attract new workers and retain experienced existing staff.

One large residential care and home care provider in the eastern states has offered staff an incentive to work additional hours and given them a ticket in a lottery with a \$10,000 prize.

Of course, they are given the tickets in addition to being paid for the overtime.

Staff have also been offered the chance of obtaining more lottery tickets – one for each time they receive a compliment from a resident or a client.

Another provider in the west has offered enticements for staff who attract someone to work at their premises whereby a bonus of several hundred dollars is paid to

both provided the person stays for a set time.

Such is the level of desperation for some providers, particularly those in rural and regional areas. Although, aged care is not the only industry where employers have had to resort to such schemes to attract and keep staff.

Some of the commitments from the federal government that came out of its Jobs and Skills Summit are likely to go some way towards alleviating that immediate pressure.

Things like the decision to increase the migration intake from 160,000 a year to 195,000, funding to speed up visa processing, providing easier access to TAFE, and allowing age pensioners who want to work to earn more before their pension is cut.

But the Covid-19 pandemic, especially the impact



Paul Sadler, interim CEO Aged & Community Care Providers Association

of the Omicron wave, has set the aged care workforce and providers back to such a point they are running to stand still.

In other words, they are struggling to just provide everyday services.

We know of providers

who have left beds vacant and who have closed their books to new home care clients, all because they simply cannot get the staff.

Legislation to increase minutes of care per resident, per day has passed and the requirement that a registered nurse be onsite in care homes 24 hours a day, seven days a week is now before parliament.

We have made it clear to the government, that all things considered, the time for urgent action to increase available staff is now. The sector cannot wait until next year if providers are to meet these new standards of care.

And on a personal note, it's been a privilege to lead ACSA and ACCPA through this maelstrom of challenge and change. I look forward to staying engaged in aged care in coming years. ■

What should count for 200 minutes of care?

THERE IS A degree of controversy about what cannot be counted in the legislated average 200 minutes of care per resident per day, particularly in relation to so-called lifestyle activities and the provision of allied health services. Neither of which are included.

The 200 minutes is for nursing and personal care staff time only.

Leading providers have argued that at least lifestyle activities should be included, and if it is not, many providers will significantly reduce the provision of lifestyle services.

Some providers and the allied health profession have argued that allied health should also be included, or it will be cut – which is a serious concern as it's often underdone now.

The government perspective is that the royal commission recommended the 200 minutes be nursing



Ian Yates, chief executive of COTA Australia

and care staff only; AN-ACC is funded at a level that it believes provides overall for more than sufficient funding to cover 200 minutes, with enough remaining funds to more than cover at least existing levels of lifestyle and allied health services; and providers are required under the Aged Care Quality Standards to provide best-

“The 200 minutes is for nursing and personal care staff time only.”

practice lifestyle support and allied health care.

There is some issue with some staff time being essential roles are not. The royal commission recommended that because there has unquestionably been too much poor care.

However, it does send an implied message that certain roles are more important than others.

The royal commission did take an overly clinical approach to what the best aged care should be, as did the designers of AN-ACC.

It will be important that

the new quality standards balance that approach with requirements for choice, control, agency and community.

I don't believe that good providers will reduce their lifestyle or allied health services, but we need to continue to address the failure of many providers to provide these services, or to do so in only token ways.

Time will tell which of the government's or providers' financial predictions are correct, but the sky will not fall down in October.

However, the new arrangements need to be carefully monitored and evaluated.

We also need to recognise that mandated minutes alone will not create great care, only cultural change will do that, with an industry renewal program that gets rid of poor performers and rewards the excellent. ■

Aged care reforms must embrace allied health

THE LABOR Government hit the ground running with the passing of the Australian National Aged Care Classification legislation and introduction of care reform provisions requiring residential care providers to ensure a registered nurse is always on duty onsite.

Government has also committed to introducing mandatory minimum residential aged care benchmarks of nursing and personal care minutes, with associated public reporting by October 2024.

From an allied health perspective, however, not much has changed.

There is no proposal for a minimum allied health benchmark, and no real onus on providers to spend any AN-ACC funding on these services.

The department insists that allied health needs will be sufficiently met, and simply refers to the AN-ACC and providers' obligations



Dr Chris Atmore, manager of policy and advocacy at Allied Health Professions Australia

under the *Aged Care Act* and *Aged Care Quality Standards*.

It is important to remember that alongside the AN-ACC model, the royal commission also recommended that each person should be clinically assessed for allied health needs, which should then be delivered via ringfenced funding and coordinated care planning.

Multidisciplinary teams should be at the centre of these processes.

We, Allied Health Professions Australia, have provided Minister for Aged Care Anika Wells with proposals for such an approach.

The royal commission recognised that allied health prevents and manages conditions that would otherwise lead to hospitalisation and avoidable deaths.

Allied health is therefore on par with nursing and personal care, with all essential to what the commissioners believed should be the central focus of aged care – reablement, or at the least, preserving people's existing capacity.

The Senate inquiry into the care reform legislation asked why allied health is not being treated like the two other key elements of aged care.

The department's response was that the Aged

Care Quality and Safety Commission will identify any insufficient allied health provision.

But existing quality and safety mechanisms predate the royal commission's findings of a woeful eight minutes per day of allied health care per resident – since decreased to just over five minutes.

Despite the royal commission's view, the current reform program will continue the systemic failure to guarantee even a minimum level of allied health services for older people who need them.

It also seems counter-intuitive to develop quality standards, indicators and star ratings without a public conversation about what reablement should mean for aged care.

And why do human rights amendments come so late in the process?

As with home care reforms, let's make sure we get it right. ■

Leadership development in the design of our future in-home program

INTERNATIONALLY there is a recognised need to improve quality of life and care for older people and their families whilst supporting the workforce to flourish in complex and changing environments.

Health care reform is dependent on leaders who think in innovative ways and have the skills, attributes and courage that enable them to make change.

In Australia, our research shows that overwhelmingly our older citizens want to stay at home for as long as possible, thus postponing or completely avoiding admission to residential care.

This can be seen as a turning point for those driving the government-supported design of the future in-home program, due to be rolled out in 2023.

It represents a significant change in focus, reform and investment from residential care to community care.

“How do we best develop leaders to support the change required?”

This 'next generation' in-home program aims to reform all aspects of service delivery, including improved flexibility for individuals based on integrated assessment of individual need, increased access to telehealth, assistive technologies and home modifications and a new funding model.

We are talking about a major overhaul of the front end, bringing with it cultural change and the recognition that to succeed this change must be supported by leaders across education, research and practice at all levels.

How do we best develop



Associate Professor Marguerite Bramble, president of the AAG

leaders to support the change required?

From a workforce perspective, educators need to redesign existing educational programs to meet the growing demand for interdisciplinary professionals at all levels working in community care, including medicine, nursing, allied health, legal and financial services and social care.

From a health economics perspective older people need to be supported to age well by considering how best to make their investment in their future at the front end for themselves and their families.

From a research, evaluation and quality improvement perspective, innovations such as the recently launched QOL-ACC assessment tool that measures quality of life as a key clinical and economic indicator in aged care will support the quality of life and wellbeing of Australians from the front end as they navigate their ageing journey.

Effective leadership development will also play a key role in bringing about positive change through consistent evaluation and review of these innovative programs. ■

