PARLIAMENT OF AUSTRALIA
SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

THE FUTURE OF AUSTRALIA’S AGED CARE WORKFORCE

OCCUPATIONAL THERAPY AUSTRALIA (OTA) SUBMISSION

MARCH 2016
INTRODUCTION

Occupational Therapy Australia (OTA) welcomes the opportunity to submit to the Senate Community Affairs References Committee’s Inquiry into the future of Australia’s aged care sector workforce.

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia. As of September 2015 there were more than 17,000 nationally registered occupational therapists working across the government, non-government and private sectors in Australia.

Occupational therapists are registered allied health professionals whose role is to enable their clients to participate in meaningful and productive activities. They do this by providing services such as physical and mental health therapy, vocational rehabilitation, assistive equipment, home modifications and chronic disease prevention and management. Occupational therapists work in diverse roles across the health, disability and aged care sectors, and serve the community through a number of government-funded health initiatives.

Though this submission addresses a number of the inquiry's Terms of Reference by providing an overview of the various workforce issues currently facing the professional and non professional aged care workforce, the focus is on the direction and challenges facing occupational therapists working in aged care. These workforce challenges include:

- recruitment and retention;
- issues with clinical governance, practice leadership and quality control;
- the failure of many organisations to provide workers with adequate supervision or mentoring opportunities;
- technological and administrative issues resulting from the Government's changes to My Aged Care; and
- issues specific to rural and remote areas.

SUMMARY OF OTA’S RECOMMENDATIONS

To ensure Australia’s aged care workforce is equipped for the future, OTA recommends:

- Ongoing government funding for community campaigns to tackle ageism, with an emphasis on the benefits of careers in aged care.
- Undergraduate students of aged care disciplines should complete assessments to determine if a career in aged care is right for them.
- New graduates working in aged care (in private, government and community practice) must be required to undergo a structured and supervised initial workplace transition period and should be required to meet regularly with a supervisor who can assess their progress.
- DSS develop a quality and safeguards framework for aged care providers – similar to that currently being developed for the NDIS.
- Provider organisations must be required to invest in consumer-focused multidisciplinary aged care teams that include occupational therapists and other allied health professionals.
• Staff in all aged care organisations should be funded to complete regular refresher training courses through online learning modules to ensure that their skills and experience remain up to date.
• DSS should review the function and resourcing of the My Aged Care website and online portal and DSS should run more face-to-face information sessions for service providers
• The Government should provide incentives to encourage aged care service providers to work in rural and remote areas
• The Department of Health should increase funding for telehealth in rural and remote areas to address the issue of the RAS being unable to assess clients face-to-face because of travel requirements.

CONTEXT

Occupational therapists play a key role in providing aged care services to older Australians. These include:
• A range of interventions to enhance wellbeing, preserve, restore and enable functional outcomes,
• Assessing and modifying clients’ home and community environments in order to enable them to remain living at home for longer and to participate in everyday activities,
• Prescribing equipment to assist with mobility and everyday living (shower rails, wheelchairs),
• Prescribing a range of adaptive strategies, education and advice to improve people’s mobility and function, (such as joint protection techniques and work/rest routines for daily living).
• Prevention, assessment and ongoing care of chronic disease management and injury prevention – for example, identifying the risk of falls in the home,
• Mental health and wellbeing services specific to ageing and environment.

OTA is committed to increasing the number of occupational therapists working in aged care, particularly as demand for aged care workers will increase in the coming years as a result of an ageing population.

SECTION A: THE IMPACT OF COMMONWEALTH POLICY CHANGES ON THE AGED CARE WORKFORCE

The significant reforms to the structures, funding and delivery of aged care services fit in a broader Commonwealth policy shift towards individualised funding and consumer lead and consumer driven health care.

This approach essentially means the Commonwealth is seeking to directly fund individual consumers rather than service providers (government departments, community or private organisations). The purpose of this government shift is to put the consumer front and centre of the health and care plans and ensure consumers are the ones making decisions about their health and care needs. This policy shift is occurring across the board in disability, assistive technology and equipment supports, mental health funding and ageing through the Commonwealth Home Support Programme (CHSP).
As a profession, Occupational Therapy focuses on placing the client at the centre of their plan. OTA strongly endorses informed client control over their health and care planning.

This shift brings with it significant challenges for health and aged care consumers and significant challenges for health and aged care service providers, and particularly, the health and aged care workforce.

Aged care services were once the exclusive domain of large government departments and large public organisations. Today however, the shift to person centred individualised funding, is seeing many small businesses, private practitioners and contractors step up to as service providers.

As private businesses compete to win a slice of the aged care individualised funding pie, the forces of market competition are affecting the structure of care and health services aged care consumers can receive. Previously the ageing community had little or no choice in the funding and structure of the care and health services they received, but today they are more and more becoming the centre of the care plans with the ability to choose providers like they choose other consumer products.

This means contractors and small businesses are not as directly involved with large government structures that previously informed how they operated (for example around clinical governance) as aged care services provided. This has significant ramifications for the aged care workforce – explained in more detail in part 2 of this submission.

Essentially there are both positive and negative aspects of this shift in the structure and funding of aged care service provision. These include but are not limited to:

**Positive aspects:**

- Small business private practitioner providers can be more agile and responsive to clients than large bureaucratic organisations
- Small business private practitioner providers are driven by the commercial value clients bring and value the dollar the ability to provide cost effective and efficient service for the tax payer dollar
- Small business private practitioner providers want to retain clients and keep business, so often provide better long term client and patient follow up.
- Small business private practitioner providers often understand their local community, local needs and local networks better than assigned government staff.

**Negative aspects:**

- Small business private practitioner providers have less structures in place and are less able to provide quality control, clinical/practice governance and appropriate mentoring, supervision and practice leadership.
- Small business private practitioner providers spend less on research, innovation and evidence based best practice
- Small business private practitioner providers often are less integrated into broader government agendas and can operate in isolation from other providers
- Small business private practitioner providers have less stringent supervisory structures for junior staff and less emphasis on monitoring and evaluation.
SECTION B: OVERVIEW OF WORKFORCE ISSUES FACING AGED CARE PROFESSIONALS

ATTRACTION, RECRUITMENT AND RETENTION ISSUES

Many aged care organisations are struggling to attract, recruit and retain both professional and non professional aged care workers. This is due to a number of factors.

The problem of Ageism

Attracting professional and non-professional staff in aged care is difficult because of ongoing "ageism" in the community. Ageism is best understood as stereotyping and discriminating against individuals or groups on the basis of their age. In Australia this is both casual and systematic and is most often displayed as discrimination against seniors – patterned on sexism and racism.

Occupational therapists assist people of all ages to participate in meaningful and productive activities. OTA believes that older people deserve high quality care that is provided by workers with a genuine interest in the aged care industry and who are sensitive to the particular needs of their clients.

It is clear that a more effective holistic approach to tackling ageism is needed. This should involve reviewing the way older people are portrayed in both public and private spheres – in the workplace, through the media and more generally in the community.

One of the consequences of ageism means it is harder to attract workers to aged care.

Recommendation 1: Ongoing funding for community and media campaigns to tackle ageism, with an emphasis of reward and recognition for aged care careers.

Recommendation 2: Primary Health Networks (PHNs) should work to educate the community about the critical role of aged care workers; and disseminate information about aged care services to ensure that consumers in different areas are aware of what is available to them.

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The Problem of attracting Graduates (allied health professionals) and oversee workers:

A recent study by University of South Australia showed undergraduates in allied health disciplines do not see aged care as their preferred post-graduate career pathway.

The study looked at ways to engage the graduate workforce to increase their interest in aged care. The study found students responded more positively to working in the aged care sector after completing a number of extra online learning modules, where they were able to gain a broader understanding of the opportunities in the aged care sector.
The study found the core course content of many allied health disciplines wasn’t enough to “convince students to work in aged care.”

Another significant issue facing new graduates and overseas workers in the aged care sector is a lack of support and supervision from senior clinicians.

Graduate occupational therapists often start their careers in acute aged care wards. They require ongoing supervision and mentoring. Recent evidence suggests that due to staff shortages in aged care, current supervision and mentoring structures are insufficient. Furthermore staff are more likely to be promoted into supervisory roles because of their clinical experience rather than leadership skills. This can affect the quality of supervision that graduates receive.

Additionally many privately funded or community based care facilities do not have the funding to offer sufficient clinical governance, practice leadership and supervision structures necessary to develop graduates.

**Recommendation 3:** *Undergraduate students of aged care disciplines should complete assessments to determine if a career in aged care is right for them.*

**Recommendation 4:** *New graduates working in aged care (in private, government and community practice) must be required to undergo a structured and supervised initial workplace transition period and should be required to meet regularly with a supervisor who can assess their progress.*

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**The problem of Lack of funding for professional development, research and innovation**

Many private and community aged care service providers also lack funding for research and innovation in up-to-date evidence based practice and put at risk graduate and other staff ability to stay up to date.

It is important that staff are provided with professional development opportunities in order to encourage them to remain in the sector.

Research has shown that organisational factors such as professional development, opportunities for research and career development are more important to aged care workers than personal factors such as their health and age.

**Recommendation 5:** *A Commonwealth-funded interagency taskforce should be established to develop a strategy for professional development pathways for aged care workers.*

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ISSUES WITH GOVERNANCE, STANDARDS AND QUALITY

The problems around quality control, clinical governance and safeguarding

The recent transition to the CHSP has raised questions about what clinical governance measures will be put in place to ensure that innovative, evidence-based professional standards are upheld in aged care. Clarity is needed around how the Commonwealth Government will work with the States in the transition to CHSP to ensure that private organisations implement appropriate governance measures.

There have been a number of issues around quality control and safeguarding in the NDIS, and there are fears that these will translate to the CHSP. The rollout of the NDIS has led to jobs being outsourced to the not-for-profit sector, and many organisations do not have appropriate supervisory structures in place for ensuring quality and consumer protection.

It is clear that the policy reform in aged care is designed to provide consumers with more choice and control over what therapy and care they receive. However this approach must also ensure consumers have the information necessary to make informed decisions about the care and services they need.

Websites such as findacarer.com.au if overseen and regulated well, could have a positive role in informing aged care consumers of the services available to them.

Recommendation 6: A quality and safeguards framework – similar to that currently being developed for the NDIS – should be developed for the CHSP with input from providers, consumers and carers to ensure national consistency of standards.

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The problems around a lack of integrated care approach

Integrated care involving multiple providers is crucial to the delivery of holistic aged care services.

OTA supports a coordinated, team-based approach to aged care service delivery. However, it is evident that this approach is declining in some RCFs as a result of increased competition between the different services involved in providing aged care. OTA also believes there is need for occupational therapists to liaise regularly with other health professionals, as clients may be receiving care from multiple service providers.

Example: New South Wales

Somehow I would like to bring back a co-ordinated/team approach to the Aged Care workforce in the challenge of creating a competent workforce. My experience is that this is declining in the community and in some RACs.

This is becoming increasingly complex as more services are involved in the Aged Care Workforce and they are competing with each other and pressure for time. I am seeing the individual recipients of care suffering.
Recommendation 7: Provider organisations must be required to invest in consumer-focused multidisciplinary aged care teams that include occupational therapists and other allied health professionals.

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The problems around qualifications and training
The Commonwealth Government's reforms to aged care mean that many workers, particularly those who are self-employed, will need to update their qualifications or undertake additional training in order to ensure that their skills remain up to date.

Aged care workers also need to keep track of the latest technological developments. This is particularly relevant for occupational therapists who prescribe assistive equipment to clients who need to be trained in the use of Smart Assistive Technologies (SATs).

OTA believes that workforce training and development programs should be evaluated on a regular basis in order to review content and ensure that these programs reflect the latest developments in the aged care sector. The Department of Social Services recently reported that almost 50% of Commonwealth funded aged care workforce activities are undergoing some form of review or evaluation, however these reviews tend to focus more on outcomes achieved rather than overall program effectiveness.

There is a significant opportunity for professional staff to build capacity in non-professional staff in the care they provide. This was a key recommendation of OTA’s recent submission to another Senate Community Affairs Inquiry – enhancing social inclusion for young people in residential care facilities.

Two of the ten Senate recommendations in the Committee’s report were adopted from OTA’s submission. One of our key recommendations was that the Government invest in up-skilling and developing the professional carer workforce to ensure that residential care facility (RCF) staff are able to provide the care and support that young people require through training in individualised supports and person centred care.

The final report of the Department of Social Services’ Stocktake and Analysis of Commonwealth Funded Aged Care Workforce Activities highlights the fact that young people with a disability receive support through the aged care system because of limitations within disability service systems. Although service delivery goals for older people and young people with a disability may be similar, it is important to remember that their care needs are vastly different.

Occupational therapists have a key role to play in enhancing the social inclusion of young people with a disability. The Department of Social Services recognises the important role that allied health professionals play in community and residential aged care settings. Allied health workers can play a role in improving the quality of life of people in RCFs by assisting them to maintain their independence. Young people in these facilities often experience social isolation as a result of being surrounded by people who are much older and who possess different care needs. The social activities offered by RCFs are also likely to be catered to older residents, meaning that younger people have limited opportunities to engage in activities that are meaningful to them.
It is proposed that the key aspects of this non-professional aged are staff development (around person centred care plans, activities of daily living) could be extended beyond the inclusion of young people in RCF's and applied more broadly within the aged care sector.

OTA believes such a workforce development proposal could fit within the existing and evolving NDIS national structures and frameworks and contain costs. It would involve

1. Long Term: Development and implementation of Good Practice Framework:

This involves:

A. An assessment of best practice strategies around existing engagement of the workforce. This includes an assessment of where good things are happening – not just for the elderly with disability but for young people with disability. It also involves assessing what the workforce is doing well in these situations, what they are doing differently and identifying what the enablers are that led to these positive outcomes.

B. This assessment of best practice would inform an enhanced set of standards for the accreditation process. Once these standards are designed, additional Commonwealth funding should be provided to develop training and workforce material to support RCFs transition to adopting the new framework. RCFs would be incentivised to meet additional standards through further funding opportunities (NDIA, Aged Care) and contribute to training and ongoing development of all professional and non-professional aged care staff.

2. Short Term: Assessment and Management of existing cohort of young people in residential care facilities and additional staff training needs

This involves establishing a high level National NDIS Residential Care Taskforce consisting of experts in aged care, nursing, allied health, NDIA, carers and consumers. The Taskforce would be based on the work of the Senate Committee’s first recommendation – a national database re scope of the problem of young people in RCFs (locations, numbers scope), and have essentially two functions:

A. Make immediate recommendations about priority areas for consideration to improve social inclusion for young people in RCFs

B. Identify the barriers to facilitating social inclusion currently in RCFs and advise as how these can be better managed.

C. Identify additional workforce training needs

Example – How this would work in practice: The nearest NDIS launch site to a cohort of RCFs would oversee an audit of different RCFs in its geographical area. Local Area Coordinators would be tasked with screening and assessing issues at RCFs and then engage planners where necessary to work with participants to develop Plans for each participant in RCF.
Recommendation 8: Staff in all aged care organisations should be funded to complete refresher training through online learning modules to ensure that their skills and experience remain up to date.

Recommendation 9: Training in the use of Smart Assistive Technologies should be mandatory for aged care workers who prescribe assistive equipment to clients.

Recommendation 10: Workforce training and development programs should be formally evaluated by government on a regular basis and include industry input.

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The Problems around providing care to special needs groups
Aged care workers should be required to complete training that prepares them to work with special needs groups (CALD, LGBTIO)

OTA recognises the need to create a culturally competent and inclusive aged care workforce that is responsive to the needs of different groups, such as Aboriginal and Torres Strait Islander peoples, people from CALD backgrounds and LGBTIO people.

Recommendation 11: Training material (such as a webinar) should highlight the particular needs of each group, and aged care organisations should be encouraged and incentivised to cater to these needs

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TECHNOLOGY AND ADMINISTRATION ISSUES FACING THE WORKFORCE

The changes to My Aged Care that were introduced in July 2015 were intended to make the aged care referral and processing system more user-friendly, however they appear to have had the opposite effect.

Additionally information for service providers on the Government’s aged care reforms, including changes to My Aged Care, is usually communicated through webinars rather than face-to-face consultations. This makes it difficult for providers to have all their queries answered and therefore resolve any issues they are experiencing.

OTA has consulted extensively with occupational therapists who have used the website and contact centre since the changes were introduced, and many challenges were raised. Changes are needed to make it easier for providers to access relevant information in a timely manner and for providers to follow up referrals.

Recommendation 12: DSS should provide more face-to-face information sessions held in cities across Australia for service providers using My Aged Care.


**Recommendation 13: DSS provide more easily accessible online support for My Aged Care.**


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**The problems with My Aged Care website and aged care consumer referral issues**

One of the main issues experienced by service providers was the lack of follow-up communication when lodging a referral through the website. Several providers reported receiving no feedback from My Aged Care to inform them if a referral was received and when it would be processed. When providers called the contact centre to check the progress of a referral, they were placed on hold for long periods of time and often queries went unresolved.

There were also reports of clinical information not being passed on to aged care providers. These issues have resulted in resources being used ineffectively, as occupational therapists have been forced to spend time chasing up referrals on behalf of their clients. Although Aged Care Assessment Teams (ACATs) have now begun using the full functionality of the My Aged Care assessor portal, DSS has provided no clear direction around resolving such technical issues.

Occupational therapists also reported finding the My Aged Care website difficult to navigate. There were several problems with submitting referrals, including:

- Difficulty finding the referral page;
- Not being able to access particular referrals (e.g., home modifications) without a client record number;
- Not having enough space to outline the reason for a referral;
- Having to fill out a generic referral form rather than a specific form for occupational therapists;
- Not being able to save information already filled out and return to it later;
- Having to complete the form again because no reference number was provided;
- Receiving an error message when submitting a referral and having to complete a paper form instead; and
- Problems faxing through referrals.

Our members noted that they experienced long loading times when using the website and found it difficult to find information about allied health. They also reported that the website displayed incorrect information about particular services. Furthermore, information is often duplicated on different pages. Given the problems that service providers have experienced with the new website, OTA believes that many older people and people from CALD backgrounds would struggle to use the system.

Additionally OTA is concerned that the changes to My Aged Care have resulted in clients receiving double assessments – for example, an occupational therapist undertakes an initial home visit and other assessors go out and request the same information from the client. This has implications for consumers who are being forced to provide the same information twice.

There have also been cases of referrals that specifically request an ACAT assessment being sent to the Regional Assessment Service (RAS) instead. An ACAT assessment is much more complex than a RAS assessment and is supposed to be for older people with high level needs, yet some clients are still receiving both assessments.
OTA believes that highly skilled occupational therapists are being underutilised during the assessment process as a result of clients being referred to the wrong service for their particular needs. While OTA believes that clients are entitled to a comprehensive aged care assessment, it is clear that overassessment has become an issue due to the flawed online referral system.

Recommendation 14: DSS should review the function and resourcing of the My Aged Care website and online portal. There needs to be a better system for recording referrals to ensure that clients are not receiving double assessments.

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The problems around My Aged Care contact centre
OTA members also shared many concerns with the My Aged Care contact centre. Aside from long waiting times, there are concerns that contact centre staff lack basic medical, health and aged care knowledge and have a poor understanding of aged care assessment services.

It appears that most staff do not have an allied health background and some even lack aged care awareness. This makes it difficult for allied health professionals such as occupational therapists to communicate clinical information. It is important that staff possess knowledge and expertise in a range of areas, including allied health.

OTA understands that contact centre staff receive a few days of initial training, however their ongoing training requirements are currently unclear. Other health call centres, such as healthdirect, employ registered nurses to provide information and advice to callers.

OTA believes that more Allied Health Assistants (AHAs) should be hired to work in the My Aged Care contact centre – either to answer calls themselves or to work with staff in an advisory capacity. Allied health professionals maintain responsibility for clinical decision-making, however Allied Health Assistants work under the direction of occupational therapists and are capable of performing various support tasks.

Recommendation 15: Allied Health Assistants should be employed to work alongside administrative staff in the My Aged Care contact centre.

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RURAL AND REMOTE ISSUES

There are a number of emerging trends across the aged care sector in rural and remote areas that have implications for consumers. For instance, ACATs in these areas often comprise younger workers because of need to travel considerable distances to perform assessments.

Example: Northern Territory

The rural and remote ACAT teams tend to attract a younger workforce given the diversity and travel involved in the role. The younger workforce does not seem phased by the
transition and changes and have been able to pick up the software and IT changes with ease.

The introduction of the My Aged Care RAS appears to have resulted in an increased workload for ACATs in rural and remote areas. In many cases, basic level CHSP referrals are being redirected to ACATs because the RAS is not getting out to rural and remote areas. Although OTA believes a nationalised RAS would be ideal, it is clear that this is not feasible due to the geographic size of many rural issues.

OTA believes that video-conferencing would enable consumers to receive a more comprehensive assessment than they would over the telephone, which is how the RAS currently performs assessments when there is no other option. OTA acknowledges that there are limitations to telehealth, such as language barriers for people from CALD backgrounds and difficulty involving carers and family members in the discussion. When used effectively however, telehealth can have numerous benefits for consumers and reduce the workload of providers.

Concerns have also been raised about the training provided to ACATs, which appears to be very similar to the RAS training. It needs to be recognised that these are different assessment services that require specific skills and knowledge.

**Example: Northern Territory**

The training does not cover in detail any of the Aged Care Act and Legislative requirements which is what we want new staff to be competent with. The new training for ACAT’s is cumbersome, labour intensive and not nearly as comprehensive as the training that was previously offered by the Commonwealth which is very disappointing.

Whereas ACATs in rural and remote areas comprise younger workers, other service providers in these areas tend to be older or from a Non-English Speaking Background. The introduction of the CHSP has had a negative effect on these workers. The need for enhanced computer literacy and more rigid reporting requirements have impacted the ability of staff to provide quality care on the ground, as they are now being forced to deal with an increased administrative burden.

OTA believes that training programs and workshops should be developed specifically for workers in rural and remote areas, with a particular focus on how technology can be used to reduce the administrative burden of staff.

**Recommendation 16: incentives should be provided to encourage aged care service providers to work in rural and remote areas.**

**Recommendation 17: The Department of Health should increase funding for telehealth in rural and remote areas to address the issue of the RAS being unable to assess clients face-to-face because of travel requirements.**

**Information should also be better communicated to older people in these areas about the various Medicare-funded telehealth services available.**

**Recommendation 18: Rural and remote aged care workers should receive training to enhance their computer literacy and prepare them for the transition to the CHSP. Providers in these areas currently have limited access to training that is delivered through e-learning**
 platforms. OTA supports ACSA’s recommendation that the Government partner with industry to support technology initiatives for aged care workers.

SUMMARY RECOMMENDATIONS

To ensure Australia’s aged care workforce is equipped for the future, OTA recommends:

• Ongoing government funding for community campaigns to tackle ageism, with an emphasis on the benefits of careers in aged care careers.
• All undergraduate students of aged care disciplines should be required to complete assessments to determine if aged care is the right fit for them.
• New graduates in aged care (in private, government and community practice) must be required to undergo a structured and supervised initial workplace transition period and they should be required to meet regularly with a supervisor who can assess their progress.
• DSS develop a quality and safeguards framework for aged care providers – similar to that currently being developed for the NDIS.
• Provider organisations must be required to invest in consumer-focused multidisciplinary aged care teams that include occupational therapists and other allied health professionals.
• Staff in all aged care organisations should be funded to complete refresher training courses through online learning modules to ensure that their skills and experience remain up to date.
• DSS should review the function and resourcing of the My Aged Care website and online portal. There needs to be a better system for recording referrals to ensure that clients are not receiving double assessments.
• DSS should run more face-to-face information sessions to be held in cities across Australia for service providers using My Aged Care as well as provide additional online support for My Aged Care users.
• Incentives should be provided to encourage aged care service providers to work in rural and remote areas.
• The Department of Health should increase funding for telehealth in rural and remote areas to address the issue of the RAS being unable to assess clients face-to-face because of travel requirements.

Thank you for the opportunity to contribute to this inquiry.