

Submission to the Royal Commission

into

Aged Care Quality and Safety

19 September 2019

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12 September 2019

Commissioner the Honourable Richard Tracey AM  
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Dear Commissioners,

The following is a *Response to Terms of Reference* item:

*a. the quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response;*

I am Janet Lawrence, CEO and owner of Australasian Lawrence Aged Care College (ALACC Health College, Australia) and Fellow of the College of Nursing (FACN). I thank you for providing this opportunity to respond to what has been intractable, long-term problems in the aged care sector. My professional colleagues, friends and family urged me to submit to the Royal Commission into Aged Care Quality and Safety. I have recently completed a PhD examining the 'Effects of Aged Care Education on Quality of Care'. I have worked tirelessly to make a difference in the Aged Care sector. I believe, given my position and my hard-earned experience across the Aged Care Sector, I can make an informed and constructive contribution to the Commission.

As a consultant and past member of the Commonwealth Panel of Administrators and Advisors, I was successful in assisting several non-compliant aged care facilities in ensuring that no residents were at risk. The failure of the facilities to meet the forty-four expected outcomes (from the accreditation standards), ranged from five to a highly challenging forty-two. Nevertheless, I turned around the non-compliant facilities to be fully compliant in six months, and subsequently, many were able to operate for many years.

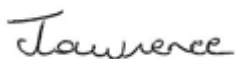
The problems for the residential aged care services that were sanctioned was not unique and also extended to many more aged care services. Most of these problems were not identified during the quality monitoring audits because of the poor methodology and auditing process by the Quality Agency. The problems mainly related to the four accreditation standards listed in table 1.1 of this document. As of 1 July 2019, the Accreditation Standards have been reviewed and now consist of Eight categories which incorporate the previous four accreditations standards presented in a different order of priority. These revised standards attempt to include evidence risk-based information on consumer dignity and choice; ongoing assessment and planning with consumers; personal care and clinical care; services and supports for daily living; organisation's service environment; feedback and complaints; human resources; and organisational governance.

Given that it is Approved Aged Care Providers that receive the funding and finances to operate the facilities, the last two points, human resources and organisation governance should appear as primary, prioritised standards to ensure that the Approved Providers are made accountable and responsible. For example, organisational governance and the provider's management accounts must be open to scrutiny, transparent and published as it is public money. There must be appropriately qualified staff appointed in all care facilities from Care Workers through to Management level. There needs to be a minimum standard in aged care education across all levels of staffing.

In addition, I firmly believe that we must establish a care worker registration system to protect care recipients, the broader public and validate the profession of Care Workers. The body that provides and authorises this registration must be used, in part, to advance and lobby for improved aged care education and quality in aged care. A team of professionals has been working on this project for the last two years. This has resulted in the formation of the Australian College of Care Workers, Ltd; a public company limited by guarantee under the Corporations Act 2001 (Cth). This organisation is a legal entity registered with the Australian Securities and Investment Commission (ASIC) and with the Australian Charities (May 2019). The Australian College of Care Workers will strengthen and support the professional capacity of the Care Workforce in aged care and other care-related services.

Thank you very much for the opportunity to submit to The Royal Commission into Aged Care Quality and Safety.

*Sincerely yours,*

A handwritten signature in cursive script that reads "Lawrence".

*Janet L Lawrence- FACN*

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## 1. THE EXTENT OF SUB-STANDARD CARE

For several years researchers and government have identified the problems relating to sub-standard care. There have been several failed attempts by successive governments to address sub-standards in care, however, the problems continue to exist. The extent of the sub-standards in care, mainly relate to two leading causes which are: 1) the failure to adequately monitor accreditation standards, and 2) a lack of evidence-based risk management.

### 1.1 FAILURE TO ADEQUATELY MONITOR ACCREDITATION STANDARDS

From my many years of professional and personal experience in the aged care industry, I have identified that one of the major causes leading to poor standards of care, is the failure to adequately monitor the accreditation standards. This has been a long-term ongoing issue and the problems arising from this failure have been systemic since the mid-1980s onwards, despite the Aged Care Act, 1997 and Quality Principles in 1997, and revision in 2014 and 2018.

Table 1.1 The extent of the systemic problems:

<b>Standard 1:</b> Management systems, staff and organisational development (9 Expected Outcomes).	<b>Standard 2:</b> Health and personal care (17 Expected Outcomes).	<b>Standard 3:</b> Care recipient lifestyle (10 Expected Outcomes).	<b>Standard 4:</b> Physical environment and safe systems (8 Expected Outcomes).
Continuous improvement is reactive rather than proactive. Staff not involved in the process and lack of communication with resident, representative and staff.  Lack of understanding of the legislative framework.  Lack of relevant educational programs that are not available to all staff.	Lack of implementing Person-Centred Care.  Insufficient staffing and inappropriately qualified staff. Resulting in lack of managing diabetic complications, inadequate pain management, palliative care, poor nutrition leading to malnourishment, high urinary infection rates, poor sleep pain management, disturbance by staff, bright lights, reduced heating and	Failure to retain residents personal, civic, legal, choice consumer rights, to achieve choice and control of their own lives while in care.  Staff lack of understanding regarding residents Charter of Rights, and guidelines to support and wellbeing.  Lack of recognition of the initial emotional support and religions of all clients adjusting to life in a new environment and on an	Lack of safety with staff; stress levels not addressed, limited time to complete all tasks, staff working beyond their scope of practice, staff working alone with many residents who experience frequent falls and behavioural problems.  The lack of staff training in Work Health and Safety practices, fall prevention, prevention of injuries, unreported, poor emergency practices.

<p>Inadequate response to internal and external comments and complaints.</p> <p>Residents and representative are seen as troublemakers and suggestion dismissed by staff on grounds the person has dementia with derogatory terms used to describe their behaviour.</p> <p>Staff fear to make complaints.</p> <p>Inadequate staffing lack of appropriately qualified staff to supervise and guide other care staff.</p> <p>Lack of resources and access to supplies and equipment</p>	<p>cooling, poor continence management.</p> <p>Lack of other health-related services and not available to all resident's rehabilitation, no eye and ear checks, high fall incidents, increase behavioural problems, poor medication management, high medication incidents, many go unreported, poor skin integrity, (i.e. ants and maggots found in wounds).</p> <p>Lack of staff to assist with meals; often, the food is returned to the kitchen with no monitoring of the reasons for food being returned to the kitchen with no and monitoring, and evaluation of meals served.</p>	<p>ongoing basis. Poor facilitating of resident's participation in social, cultural, spiritual activities, pertinent to an individual's preferences.</p> <p>Lack of and privacy, confidentiality and dignity in provision of hygiene care and lack of respect for client confidentiality when discussing care issues with other staff within a short distance of other residents and family members.</p> <p>Disrespect of persons from LGBTTG; discriminated and vilified: including culturally diverse clients, leading to poor cultural support and a lack of respect for individual customs, and beliefs.</p>	<p>Inadequate and insufficient equipment to mobilise residents. Outdated lifting machines, wheelchairs and trolleys. Poor maintenance of equipment; wheelchairs and lifting machine. Substandard staff training in the operative technique of mobility equipment (particularly lifting machines)</p> <p>Crowded recreational / lounge areas; used for mobile storage, small designated storage areas.</p> <p>Recreational areas are noisy, and staff undertaking procedures in full view of other residents.</p> <p>Poor cleaning practices, lack of infection control practices, in the areas of hairdressing services, general cleaning, mishandling of residents linen, sharing deceased residents clothing with other current residents.</p>
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The following provides a summary of how aged care facilities failed to meet the four accreditation standards which provided the legislated benchmark for the provision of 'quality' in aged care services before 1st of July 2019 and consequences of this failure:

**Standard 1:** Many of the management staff do not have clinical care knowledge and therefore lack an understanding of registered nurses' practises and concerns. Continuous improvement undertaken in the form of compulsory continuous professional development is not extended to all staff, thereby compromising the provision of care to residents.

**Standard 2:** Inadequate staffing levels are a risk to both residents and staff. The lack of inability to implement person-centred care is related to lack of education and resources. Lack of appropriately

qualified staff had resulted in unnecessary trips for residents to hospitals and allied health services are not available to all residents such as physiotherapy, occupational therapy, etc.

**Standard 3:** Staffing ratios for resident activities undermine the provision of group and individual activities. Facilities are unable to identify and meet the individual interests of residents. Instead, staff are obliged to prioritise their time spent on documentation at the expense of time available to engage in individual leisure activities with the person in care.

**Standard 4:** Staffing ratios and provision of hours for cleaning and laundry services in facilities are given low priority and often non-existent on weekends and public holidays, leading to the frequent outbreak of infections. While these ancillary positions are the lowest-paid jobs, they are vital to ensure safety and prevention of infection control across the facility. For example, the multiple uses of materials used in the cleaning of toilets and wiping down of bathroom equipment across residents' rooms cause cross-infection. The failure to check and maintain staff immunisation status and monitor that staff clothing is sanitised between shifts is also known to cause cross-infection from one facility to another.

All of the above could be avoided if the monitoring of standards were undertaken with an application of evidence-based risk management strategy rather than on processes on monitoring of documentation for compliance. Prudent auditing can prevent systematic compliance failure from impacting on the quality of care in residential aged care services.

## 1.2 LACK OF EVIDENCE-BASED RISK MANAGEMENT

The government acknowledges that much more needs to be done by Approved Providers to prevent pockets of poor standards that compromise the dignity and safety of older Australians in Residential Aged Care Services. For example, in 2017, the legislation that was intended to monitor Approved Providers for quality in aged care failed to meet the Standards of Care. The response from Approved Providers and the Quality Agency demonstrated a lack of accountability and responsibility whilst blaming Care Workers for lack of training and education.

During the interview phase of undertaking my doctoral studies, I confirmed an overwhelming lack of knowledge and comprehension about the quality legislative framework. This problem had been identified for several years in research studies and reports into Residential Aged Care Services. This section addresses to causes: 1) the lack of understanding of the legislative framework; and 2) failure to apply clinical indicators and evidence-based risk management.

### **1) Lack of understanding of the legislative framework**

The lack of understanding of the legislative framework has resulted in Care Workers being caught up in a maze of accreditation processes that they do not fully understand. This is because they have not received specific training concerning the Accreditation Standards in their formal aged care training. My doctoral research on the effect of education on quality of care in residential aged care services conducted interviews with Managers and Care Workers. While some participants viewed accreditation as a good policy to ensure quality, most participants viewed it as a nightmare and ineffective. For example:

Elisa, Lucky and Terrie responsible for ensuring that compliance raised the following salient perspectives about accreditation:

*Terrie (manager) said that ‘accreditation drove her bonkers’. She explained that the quality team audit is not about ‘quality’; instead, it is about auditing against dates. Stating it is ‘easier to audit against dates’ during the accreditation process (Terrie);*

*Fellow manager Elisa affirmed that although accreditation attempts to examine the quality of care, its ‘main function is about compliance’. She explained that one could achieve accreditation ‘without necessarily fulfilling the requirements of the resident’ because ‘it is a task-orientated’ exercise to achieve essential compliance;*

*Elisa comments were supported by Kurt (care worker), who stated that accreditation checks whether ‘you are doing it or not’, that monitoring involves*



*‘ticking’ boxes, and that accreditation is about checking whether things are done or not.*

For many years researchers reported that the accreditation system should monitor aged care services to demonstrate continuous quality improvement in all quality standards. Even today, several residential aged care services are still unable to confirm continuous quality improvement in all standards is effective due to a lack of understanding of the legislative framework.

## **2) Failure to apply clinical indicators and evidence-based risk management**

Outcomes can only truly be evaluated with the use of clinical indicators which allows for an evidence-based risk management approach. The Australian Aged Care Quality Agency has failed to adopt evidence-based risk monitoring from two perspectives.

**Firstly**, quality monitoring which evaluates processes rather than outcomes is subjective. Monitoring accreditation standards is a hindrance to the monitoring of quality care outcomes. This lack of evidence-based risk management and failure to apply clinical indicators has led to a systemic failure to monitor the outcomes of quality of care objectively.

**Secondly**, not all of those who are tasked with monitoring and recommending accreditation have the appropriate aged care or nursing qualifications, knowledge and experience in the field of nursing and aged care management, quality control and education in aged care practices; which leads to inconsistency in the auditing process.

There is limited research that examines the relationship between aged care training and its effect on the quality of care. However, recent literature reveals that legislative reforms and changes to accreditation do not go far enough to address quality in aged care (Davis et al., 2016). This is because quality assessors audit for minimum standards and compliance and do not apply clinical indicators to measure performance (Skatssoon, 2019; Australian Ageing Agenda, 2019; Productivity Commission, 2017; Aged Care Crisis, 2010 and 2018). Monitoring for quality using clinical indicators has the potential to expose inadequate care by drawing the attention of management and care staff to practises that need improvement to ensure the quality of care for all residents. Researchers and media reports have shown that the Australian Aged Care Quality Agency has failed in its responsibility to oversee quality in all residential aged care services (Australian Ageing Agenda, 2019; Productivity Commission, 2017; Aged Care Crisis, 2018).

Criticism that the Australian Aged Care Quality Agency monitors compliance rather than measure optimal standards of quality has created a mentality of minimum standards compliance. There is no consistent process to regularly assess the quality of care. For example; blatant and concerning, measurable levels of performance such as bedsores, weight loss, injuries, falls, polypharmacy, skin integrity, wounds, rates of urinary tract infections and risk assessments are not evaluated or reported regularly. A compliance

mentality that only monitor for minimum standards in accreditation is a critical barrier to the success of quality care initiatives in Australia (Hogden et al., 2017). For example, the auditing process is subjective rather than objective, and there is limited time to observe, review documents and conduct interviews or seek the opinions of residents, representatives, and Care Workers regarding care (Hogden et al., 2017).

The future relationship and communication between the Management and existing Quality Agency and the Assessors must improve. Assessors must be listened to when identifying issues of concern during audits. The management of the Australian Aged Care Quality Agency's should not present the argument that the problem is 'not systemic' therefore not of significant concern. This attitude discourages and even prevents accurate reporting of problematic findings and does not hold Providers accountable or address issues of concern. Often Care Workers are being held responsible even though they are not supported with resources, equipment and education.

These so-called 'not systemic' problems have allowed for practices which have resulted in awareness generated via social media that exposes the incompetence of the Australian Aged Care Quality Agency assessors. It also highlights the Agency's inability to ensure compliance and quality throughout the Australian Aged Care Services. For example, social media reported the appalling conditions for elderly clients in the Blue Care Bundaberg aged care facility (ABC, 2018). The reports of so-called 'not systemic' problems are emerging from the hearing at the Royal Commission in Aged Care Quality are distressing and call for urgent action.

The culture of complacency is unacceptable. The senior management of the Australian Aged Care Quality Agency failed to address its fundamental responsibilities. More so, the fact that concerns identified by residents, their representatives and staff are seen by the Australian Aged Care Quality Agency as 'non-systemic' is arrogant and irresponsible. It is the so-called 'not systemic' long-standing issues that have been ignored for several decades and seen as irrelevant, that now having surfaced, have forced the Australian Government to act.

## RECOMMENDATIONS

Appropriately qualified in aged care and experienced management staff who understand elderly care must be appointed to all care facilities. The application use of Clinical indicators must be applied to all quality audits to allow for a more accurate, objective assessment. There must also be a minimum standard in aged care education across all levels of staffing.

In order to ensure the former recommendations are in place, I strongly advise that the Aged Care Sector adopt the following:

- 1) *Registration of all workers working in aged care, and ancillary workers involved in direct care;*
- 2) *Continuing Professional Development and career pathways for Care Workers in the workforce; and*
- 3) *Implementation of innovative Care Education Principles and Model*

## 1. NATIONAL REGISTRATION OF ALL WORKERS WORKING IN AGED CARE

A system of national registration must be in place for Care Workers who work in the aged care, disability, mental health, and community sector. It should be mandated that Providers only employ workers who have been vetted in reference to personal (fit and proper checks) and educational credentials.

I firmly believe that a registration board for Care Workers would address many of the issues concerning the care of elderly and other vulnerable persons in our Australian Society. There is an increasing need to support Care Workers working within aged care, disability and mental health; primarily in residential aged care services, mental health institutions, disability and community services.

The Australian College of Care Workers has been developed over the last two years with industry consultation and my professional, academic and personal networks, aspires to be recognised as the National (not-for-profit) organisation for care worker registration. The Australian College of Care Workers acknowledges COAG's Australian Aged Care Workforce strategy's 14 recommendations. Refer to (Appendix 4). The Board will develop a National Advisory Committee comprising of Providers, Industry, Consumers; Member of the public, Carer, and Academic Researchers.

The inevitable registration of Care Workers is essential and must be extended nationally, including metropolitan and regional areas of Australia. This registration must apply to all Care Workers whether permanent, casual, or independent contractors; working in all care-related fields. This includes ongoing annual registration depending on evidence of Continuing Professional Development, such as workshops, seminars, courses and conferences for care workers in the workforce.

## Criteria for Registration

### 'Licence to Care Practice'

## Members Benefits

**A National Registration and Association for Care Workers, working across aged care, mental health, disability and community other care-related facilities will benefit the public and the members of ACCW.**

- **National Registration** Board for Care Workers.
- **'Licence to Care Practice'** a digital licence with identification, the currency of work credentials supported and reinforced by Government.
- **Support negative licencing** to unqualified and unscrupulous Care Workers.
- **Be deemed competent** in the minimum Certificate III level qualifications or higher qualification.
- **Undertake Continuous Professional development** programs for Care Workers to access to maintain annual registration with a minimum of 20 hours CPD.
- **Members will abide by the Code of Conduct** and Code of Ethics for Care Workers must be familiar and adhere to the Code of Code.
- **Support the National Code** of Health Care Workers, Code of Conduct for Unregistered Health Practitioners and voluntary industry code of practice.
- **Meet guidelines, policies and standards** of (Professional Indemnity Insurance; Recency of Practice; Criminal History; English Language Skills, Complaints Handling and compliance, Notification, Privacy, and Information Technology policy).
- **Limit registration** in the event of complaints and lack of competence in work performance.
- **Set and approve ongoing education points** to meet annual registration requirements.
- **Set annual registration** fees and offer a payment plan.

**Protect and build public trust and confidence** by having appropriately qualified care workers with compassion and care.

**A robust system of National Registration** for Professional Care Workers with the Complaints Scheme, Quality management, Professional Development, Education and Research.

**Continuing Professional Development (CPD):** Skills development from accredited training and CPDs leading to career pathways and through an established career structure in a sustainable, supportive and caring workforce.

**Raise the Standards in Care Practice.** Standards in Care based on excellence and expected by individuals in care and community expectations to build trust and public safety and confidence.

**Advocacy and Campaign:** Advocate at the Royal Commission for Policy, and Funding to become a National Registration Board and a recognised for setting ongoing CPDs for registration and career structure and pathways.

**Employment opportunities, Career and Workforce:** Join the job seeker platform to be part of Workforce Strategy that encourages training, is supportive, enhance career development, be involved in the provision of workplace support, information and advice.

**Publication:** Keep members up to date with Media/News updates in changes to legislation that affects ACCW members.

- **Members Register** available to employers.
- **Registration based on appropriate IDs**, working with children and police check, working visa status, tax file number, working with vulnerable persons, statutory declaration, valid passport, and driver's license).

**Network for Care Workers forum:** Network with Providers, Industry and Care Workers' member forum to develop an effective, innovative, efficient, and responsive network structure to meet the workforce and skills demand.

**Awards:** Award for Excellence for Care Workers safe practice and contributing to the quality of life of a person in care.

**Accessibility and flexibility** that is cost-effective for Providers to employ Care Worker.

## 2. CONTINUING PROFESSIONAL DEVELOPMENT OF CARE WORKERS IN THE WORKFORCE

A meaningful career pathway based on Continuing Professional Development is crucial for Care Workers to stay motivated to provide quality care. They are the largest-growing group of Care Workers. To maintain a strong care workforce, appropriate education and training such as ongoing professional development will help alleviate the issues of high attrition, lack of confidence and increase job satisfaction in all care sectors in the workforce.

There is demand for an educated care workforce in aged, mental health, disability, community and care related services across metropolitan and regional areas because the increasing elderly population is placing stress on an already-strained workforce (Hogden et al., 2017; Department of Health, 2018). There are currently no clear pathways for care graduates to pursue careers through continuing education after they enter the workforce (Department of Health and Ageing, 2017; Senate Inquiry, 2017; Department of Health, 2018). The Aged Care Workers' job description needs to be commensurate with their training. Training does not address the responsibilities of Care Workers who manage challenging behaviours, palliative care, and complex and technical procedures in caring for the elderly.

- Based on current aged care educational programs, a minimum standard of training should be established for Care Workers in aged care at Certificate III level.

- A Certificate III in Individual Support (Ageing) with a core unit in dementia care must be mandated for future entry-level engagement in aged care employment.
- Currently, many Care Workers in the Care Sector are working without any training. These Care Workers should undergo a transition period to acquire theoretical knowledge to develop current skills and competencies.
- Comprehensive vocational training packages must be developed, and training standards need to be reviewed in terms of delivery of training.
- There is a need for more specialised training to be available for care workers and some allied health professionals to the levels of Diploma and Advanced Diploma in their chosen field.

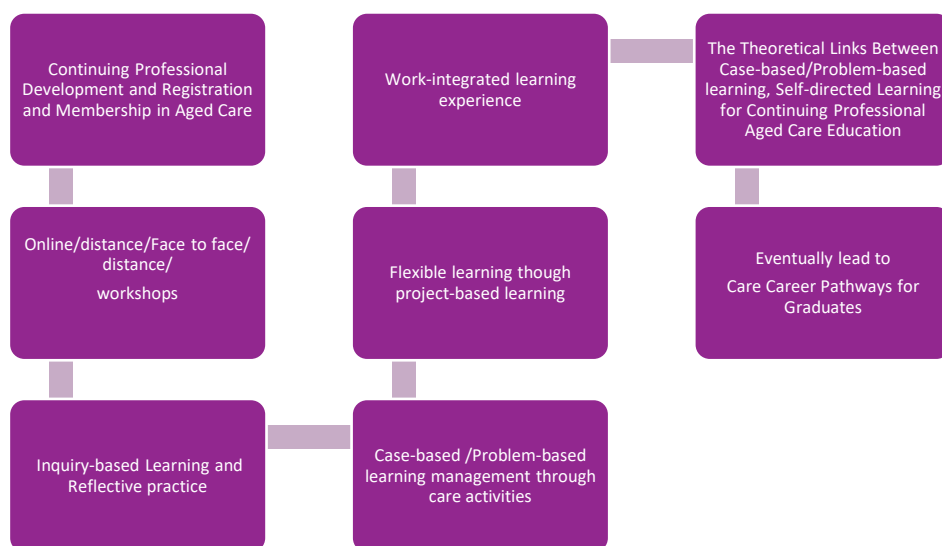
Redefining (minimal) training and investing in the education of Care Workers will help to address the following; reduce residents transferred to hospital, competent use of technology in advanced care such as; electronic documentation, computers, audio-visual aids, senior mats, call bells, pagers, electronic blood pressure oxygen saturation measuring devices, electronic documentation of assessments and vital signs, and dispensing and recording of medications. These technologies contribute to maintaining accurate information that can be used to assist with care and respond to emergencies (Productivity Commission, 2017).

Diploma and Advanced Diploma courses should be included in an aged care training pathway to encourage care worker's, engaging in the sector at entry-level, to progress and build a lifetime career in Aged Care. The only current option for a vocational pathway in aged care a Diploma of Nursing. This pathway is limited. It does not address the increasingly apparent need for a proportion of the aged care workforce to acquire specialist skills and knowledge in critical clinical areas. The introduction of an aged care pathway would allow Care Workers to progress to professional status by pursuing specific areas of study such as dementia and palliative care or pursue a management pathway. The ongoing education of Care Workers benefits both the persons receiving care and the competence of staff in the care sector. Opportunities for career progression might also address attrition levels in aged care.

The Vocational Education System in Aged Care education is contracted and inflexible. It mainly addresses core competencies and does not enable graduates to develop skills to respond to changes in the workforce

environment. There is insufficient consultation with teachers, who are the producers of education and who deliver the training (Hogden et al., 2017; Ostaszkiwicz et al., 2016). Continuing Professional Development will help Care Workers with problem-solving, working in a team and thinking critically and analytically (Ostaszkiwicz et al., 2016; Hogden et al., 2017). There is limited continuing professional development among this group of Care Workers (Hogden et al., 2017; Productivity Commission, 2017). I believe that increased support for further education and professional development of Care Workers will improve their capacity and confidence at work.

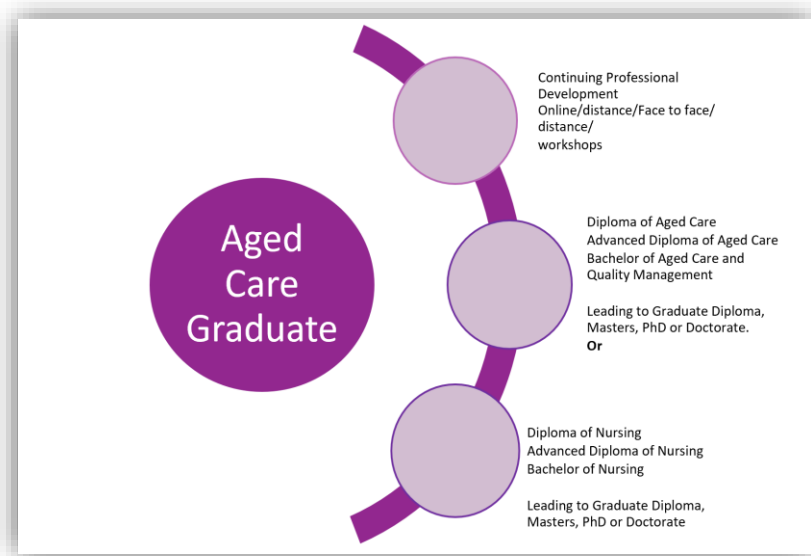
The following model was developed during my recent PhD thesis, which sought to address the continuing professional development gap. Limitations in Care Worker training affect the preparation of graduates to join the workforce. Continuing education is not addressed, even though it is paramount to Care Worker graduate pathways (Department of Health, 2018). For example, there are no clear pathways for graduates careers through continuing education after entering the workforce (Department of Health and Ageing, 2017). Continuing professional development refers to work-related learning and development that should continue throughout the career of aged care graduates. Continuing professional development maintains, improves and broadens the Care Workers' knowledge, expertise and competence, and develop's personal and professional qualities.



***Continuing Professional Development model***

The above model involves participation in short courses workshops or webinars including accredited and non-accredited courses; work-related training, attendance at conferences or seminars; enhancing or adding to the graduate's skills, full and part-time tertiary study, undertaking quality activities or research; writing papers and delivering work-related presentations, in-service education; and formally arranged mentoring.

Care Workers working in aged care (mental health, disability, community, etc.) who are motivated from engagement in continuing professional development activity and who do not wish to become a nurse must be able to specialise in other areas of care such as models of care, dementia, palliative care, wound management, health and well-being. The following model below provides an option for Continuing Education and Professional Development provides Care Worker's a career pathway. These Care Workers would be able to work in conjunction with nurses and allied health professionals in the provision of quality care.



### ***Aged Care Pathways for Graduates***

The above model is not specific to the Aged Care Graduates. However, it could be readily applied to all individuals pursuing a career in the Care Sector.



All Care Workers should be supported with Continuing Professional Development and a Career Pathway to motivate and retain Care Workers in the Workforce. However, in specific summary of Aged Care Workers; Aged Care Education must foster skill development through an expansion of accredited courses and promote career paths to provide Aged Care Workers with the capacity for the provision of quality in servicing care.

### 3. AGED CARE EDUCATION PRINCIPLES AND MODEL

An improved curriculum to enable Care Workers to contribute to the quality of care must be supported in consultations with aged care training institutions and approved providers operating in the aged, mental health, the disability community and other care-related industry to develop specific training to meet current trends and workforce demands (Department of Health, 2018; Mavromaras et al., 2017).

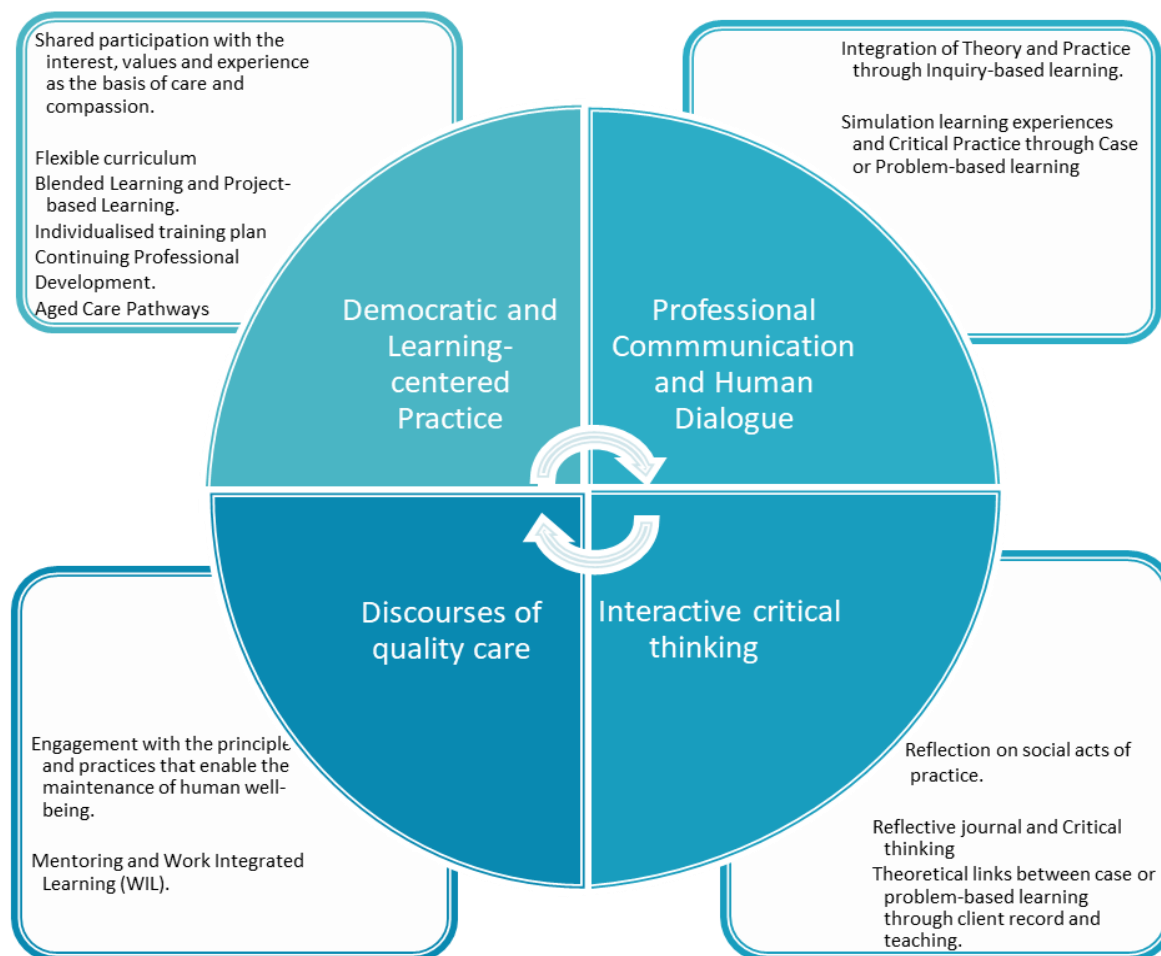
The current aged care programs must include an innovative method of delivery for primary and ongoing aged care training needs must be adopted to encourage and retain Care Workers in the Workforce. Educating the aged care workforce has been the subject of much scrutiny. It is viewed by many as a key to improving aged care. This is because there is a notable gap between the preparation of aged Care Workers and the reality of the workplace. The gap relates to current teaching practices that discourage reflection and skill enhancement. For example, skills are lacking in dementia care, palliative care, wound management care, documentation, medication management, nutrition and hydration.

The report into Aged Care Workforce (Department of Health, 2018) recommends enhancing specific aged care training for health professionals and others working in the Aged Care sector. Enhanced education and training for aged care professionals should be developed and implemented to address the changing needs and expectations in aged care service provision. The retention and advancement of aged Care Workers can likewise be facilitated through better application of aged care education principles.

#### **Implementation Aged Care Education Principles**

During the pursuit of my Doctor of Education (thesis submitted May 2019), I found overwhelming support for the assertion that there are severe issues of concern with the development of aged care programs. This is partially because there is a lack of Continuing Professional Development for Care Workers. The current vocational aged care education curriculum does not encourage reflective and critical skills in the curriculum which is imperative for the contemporary workforce. In order to prepare aged care workers for the workforce, I propose a high-level model, based on the work of the renowned education philosopher, John Dewey.

## Aged Care Education Principles



In part, the development of this model prompted from interviews undertaken with managers and Care Workers who expressed concerns relating to gaps in training. This model of education can extend to all areas of care education. Relevant topics such as caring for persons with chronic health conditions include dementia, diabetes, stroke and palliative care for terminally ill persons. While, arguably a medium to a long-term solution, the aged care sector must progress towards an appropriately qualified, sustainable, aged care workforce.

This model incorporates John Dewey's ideas and principles and works on education and experiential learning. These education principles ensure that graduates are ready for the workforce and equipped to provide quality care.

## SUMMARY

In summary, the importance of foundational studies in aged care education for aged Care Workers and the necessity for further development of the aged care education to promote high-quality aged care outcomes has been established. Appropriately qualified in aged care and experienced management staff who understand elderly care must be appointed to all care facilities. The three recommendations below must be supported:

- 1) Registration of all workers working in aged care, and ancillary workers in direct contact with clients;*
- 2) Continuing Professional Development and career pathways for Care; and*
- 3) Implementation of an Aged Care Education Principles and Model*

The Australian College of Care Workers and its registered members propose that government support and recognise the current registration practises of this organisation on a national level for care workers in metropolitan and regional areas of Australia. We request that the Royal Commission into Aged Care Quality and Safety recommend that the Australian College of Care Workers nationally support as the registration authority body in all States and Territories. It is because incidences of abuse and neglect of our elderly are systemic problems in Residential Aged Care Services.

The most senior members of our community are entitled to be treated with dignity and respect. I want to thank the Government for its leadership in establishing a long overdue Royal Commission into Australia's Aged Care Sector following a string of claims of abuse and neglect and taking a principled lead in seeking recommendations in solving them.

## REFERENCES AND BIBLIOGRAPHY

- Australian Broadcasting Channel. (2018, September 6). CCTV from aged care home [Video file]. ABC News. Retrieved from <https://www.abc.net.au/news/2018-09-06/cctv-from-aged-care-home/10207444>.
- Boldy, D., Davison, M., & Duggan, R. (2015). Client satisfaction as a driver of quality improvement in services for older people: A Western Australian case study. *Australasian Journal on Ageing, 34*(1), 62–67. doi:10.1111/ajag.12191
- Cardona, B. (2017). *The new aged care quality standards: A welcome development in aged care but who will deliver them?* Retrieved from <https://www.supportservices.org.au/noticeboard/>
- Courtney, M., O'Reilly, M. T., Edwards, H., & Hassall, S. (2007). Development of a systematic approach to assessing quality within Australian residential aged care facilities: The Clinical Care Indicators Tool. *Australian Health Review, 31*(4), 582–591.
- Davis, J., Morgans, A., Birks, M., & Browning, C. (2016). The rhetoric and reality of nursing in aged care: Views from the inside. *Contemporary Nurse, 52*(2–3), 191–203.
- De Bellis, A. (2010). Opinion piece: Australian residential aged care and the quality of nursing care provision. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 35*(1), 100–113.
- Department of Health. (2018). *A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce*. Commonwealth of Australia. Author.
- Dewey, J. (1940). Democracy and education, 1917 Education Today, 1940 John Dewey on education: Selected writings, 1964.
- Fifield, M. (2014). *Quality of Care Principles 2014*. Canberra, ACT: Office of Parliamentary Counsel.
- Hogden, A., Greenfield, D., Brandon, M., Debono, D., Mumford, V., Westbrook, J., & Braithwaite, J. (2017). How does accreditation influence staff perceptions of quality in residential aged care? *Quality in Ageing and Older Adults, 18*(2), 131–144.
- Lawrence, J.J. (May 2019). Exploring the Effect of Aged Care Education on Quality of Care. A thesis submitted in fulfilment of the requirements for the degree of Doctor of Education. Institute for Sustainable Industries and Liveable Cities. (unpublished). Victoria University, Melbourne, Australia
- Mavromaras, K., Knight, G., Isherwood, I., Crettenden, A., Flavel, J., Karmel, T., . . . Wei, Z. (2017). *The aged care workforce, 2016*. Canberra, ACT: Department of Health.
- Ostaszkievicz, J., O'Connell, B., & Dunning, T. (2016). Fear and overprotection in Australian residential aged care facilities: The inadvertent impact of regulation on quality continence care. *Australasian Journal on Ageing, 35*(2), 119–126.
- Productivity Commission. (2017). *Report on government services 2017: Chapter 14—Aged care services*. Canberra, ACT: Author.
- Skatssoon, J. (2019, January 9). Unscrupulous home care operators on notice. *Community Care Review*. <https://www.australianageingagenda.com.au/2019/01/09/government-puts-home-care-operators-on-notice/>
- Stokoe, A., Hullick, C., Higgins, I., Hewitt, J., Armitage, D., & O'Dea, I. (2016). Caring for acutely unwell older residents in residential aged-care facilities: Perspectives of staff and general practitioners. *Australasian Journal on Ageing, 35*(2), 127–132.

## APPENDIX: 1 JANET J LAWRENCE: PROFESSIONAL PROFILE RELEVANT TO THIS SUBMISSION

- Registered Nurse 1982 – present
- Fellow of the College of Nursing 1987 to present
- Delegate Liberal Party for Cooper August 2019
- Independent Aged Care Nurse Consultant, 1985 - present
- Legal expert witness on aged care issues (2016 to present)
- CEO/Director of Studies: ALACC Health College, Australia - 2007 - present
- Director of Nursing, 1996 - 2011
- Commonwealth Panel of Administrators and Advisors 2005 to 2015
- Director/Secretary: Professional Development Consultants (10 years) 1996 - 2007
- Board Member: Footscray Society for the Aged (Not-for-Profit organisation) 2002 -2005
- Board Panel Member of Australian Nursing Midwifery Accreditation Council (ANMAC) 2013 – 2018.
- External Quality Assessor: Australian Aged Care Quality Agency, January 2000 to February 2018.
- Member of the Quality Society Australasia and RABQSA International Quality Assessor (2000-2013) Renewed 2018 to present with the Australian Organisation for Quality Ltd.
- Australian Association of Gerontology (AAG) 2018 to present

### *Qualifications:*

- (Submitted) Doctor of Education May 2019
- Master of Nursing 2005
- Graduate Diploma in Health Administration - 1993
- Graduate Diploma in Gerontological Nursing - 1992
- Bachelor of Applied Science (Advanced Nursing), major Nursing Administration - 1986
- Diploma of Business - 2008
- Diploma of Nursing Education - 1981
- Diploma of Vocational Education - 2013
- Diploma of Training Development and Design – 2014

## APPENDIX 2: CRITERIA FOR MEMBERSHIP

1. Members of the Australian College of Care Workers are required to have completed and been deemed competent in the minimum qualifications or higher qualification.
  - a. Carer Workers– Certificate III in Support care or Certificate in Ageing and Disability or equivalent in Aged Care, or Mental health care Certificate IV Disability.
  - b. Laundry workers – Certificate III in laundry operations, Certificate III in Health Support Services
  - c. Cleaners – Certificate III in cleaning operations or Certificate III in Health Support Services
  - d. Food Handlers – Basic accredited certificate in safe food handling
  - e. Leisure and lifestyle personnel – Certificate IV in Leisure and Health
2. Members of the Australian College of Care Workers are required to meet the English Qualification.

- a. have completed at least year nine at an English-speaking school
  - b. have completed and be deemed competent in Basic and General English or English as Additional Language (EAL)
  - c. All Health Professionals to have seven bands in each Reading, Writing, Comprehension and Speaking;
3. Members of the Australian College of Care Workers are required to subscribe to the Australian College of Care Workers Code of Conduct and Code of Ethics.
  4. Members of the Australian College of Care Workers are registered and consent to make the Members Register available to the public.
  5. Work Experience – Evidence of a minimum of 200hours of work experience annually.
  6. Continuous Professional Development (CPD) – Evidence to show 20hours of CPD per year
  7. A valid driver’s license (preferably Australian Driver’s License)
  8. Valid Passport and Valid Overseas Health Cover
  9. A valid work visa or Citizenship if available
  10. National Police Check and Working with Children Check
  11. Statutory declaration
  12. Working with vulnerable persons (relevant if working with a disabled persons)
  13. Current Tax File Number / ABN

### APPENDIX 3: DETAILS OF THE INCORPORATION OF THE AUSTRALIAN COLLEGE OF CARE WORKERS

The Australian College of Care Workers is an incorporated not-for-profit legal entity, with approved Charities status aimed to register Care Workers. The Australian College of Care Workers has been in the making since 2017. The organisation is an Australian peak professional self-regulating National Registration Agency proposing support for ongoing education and professional development of Care Workers. This inclusive service organisation will support Care Workers in six main areas of practice in Aged Care, Disability, Mental Health, Community, Special Residential Services and other related Care provision facilities. The purpose is to advance the profession of Care Workers and mitigate problems associated care staff through registration. Initial membership and accompanying registration will be for one year, and annual renewal of membership and registration will be conditional upon mandatory engagement in continuing professional development programmes.

Australian College of Care Workers has been established in response to the evolving reality of the need for imminent changes to assure future delivery of quality care within the care sector. Ongoing findings from the Royal Commission into Aged Care Quality and Safety are likely to continue to recognise the vital role for the Australian College of Care Workers in the Care Sector. It is the intention of the Australian College of Care Workers to build and extend its operations and associated services across all Australian States and Territories; metropolitan and regional. This will provide consistency in standards, the scope of practice, support and validation for all Care Workers. This workforce population will be serviced through its governance, organisational mission, operations and objectives. The need for increasing growth in this labour force also supports the establishment of the Australian College of Care Workers.

The Australian College of Care Workers acknowledges the need for an increased labour force that is skilled, competent and safe to practice. Opportunities for Continuing Professional Development of Care Workers will be offered by the Australian College of Care Workers in response to this need by facilitating workshops on topics of current interest and relevance to our practices. Continuing Professional Development is a condition for ongoing registration with the Australian College of Care Workers and establishes a professional profile for registered Care Workers:

The Australian College of Care Workers will achieve increasing support and industry recognition by the following means:

1. Ensuring future quality control of the care workforce through Care Worker Registration via a secure 'My License to Practice' electronic platform.
2. Providing a governance mechanism for Care Workers that assists with training and vocational development
3. Ongoing mentoring through work-integrated learning for aged Care Workers to further develop their career pathways.
4. Supporting career pathways for Care Workers to encourages reflective practice and the pursuit of further education.
5. Advocacy; including fair pay and working conditions for Care Workers in all care sectors. Currently, Care Workers are amongst the lowest paid with high attrition rates in the workforce
6. Addressing ongoing education at the macro-level and a microeconomic level to meet the increased complexity of care relating to chronic health conditions and to meet acceptable standards of care. There are critical gaps in education and training between preparation for work amongst aged care, mental health, disability and community care graduates.
7. Engaging in education on the current legislative framework and the use of Clinical Indicators to objectively monitor and evaluate the quality of care for persons in receipt of aged care, mental health, disability and community care services.

## MISSION

Our Mission extends to all Care Workers, working in aged care, mental health, disability, community and health care facilities.

1. *Provide for the protection of the public by ensuring that only Care Workers who are appropriately qualified engage in quality care practice.*
2. *Formally accredit all members to meet the minimum standards for the provision of care and accountability and abide by the Code of Conduct.*
3. *Provide a rigorous registration that verifies minimum qualifications, industry experience, a person of good character and suitability to practice as a licensed Care Worker.*
4. *Ensure Annual registration based on evidence of member's Continuous Professional Development, with proof of minimum work hours in the relevant Care Worker's chosen field.*

5. *Facilitate the provision of high-quality care with the appropriate education and training nationally recognised for competency, knowledge and skills in all aged care and other care sectors in metropolitan and regional Australia.*
6. *Provide a professional association that brings together all Care Workers and raise issues of professionalism of caring through innovation and evidence-based practice.*
7. *Enable a reliable, flexible, responsive and sustainable Australian Care Workforce.*
8. *Validate, initiate and promote engagement in innovative, reward-driven career pathways; through Continuous Profession Development and the application of an improved, research-based, training model for Aged Care and other Care Workers.*
9. *Promote the respect, confidence and recognition of Care Workers by raising their profile and advocating for increasing worker remuneration to maintain a sustainable Care Workforce.*
10. *Provide immediate access to a body of an accredited workforce of registered Care Workers to employers and consumers of care services.*

### **Membership Profile of the Australian College of Care Workers**

As identified in section 5 of Our Purpose; the activities of the ACCW will target a broad base of participants in the care sector and associated industries to ensure the quality of care and safety for recipients of care services. It is intended that activities will vary according to target group. For example, areas of training activities will be tailored to specific employee groups; Care Workers and/or Allied Health Professionals to ensure ongoing education in best practice (i.e., Dementia / Palliative Care); Employers and Care Providers to ensure adoption of and compliance with quality standards (i.e., government policy/implementation of recommendations).

These are the classes of membership and eligibility criteria:

<b>Class</b>	<b>Eligibility</b>	<b>Rights</b>
Student Member	Students studying to obtain a qualification in a relevant discipline (as determined by the Board) to enable the student to provide Care Services	Voting rights after one year of membership
Allied Health Member	Individuals with allied health qualifications working as allied health professionals for Care Providers	Voting rights after one year of membership
Care Worker Member	Personal Care Workers and attendants, registered nurses, nursing staff and other Care Workers who provide Care Services to clients	Voting rights after one year of membership



Class	Eligibility	Rights
Approved Provider Member	A company, association, partnership or other incorporated or unincorporated organisation which is a registered as an approved provider within the meaning of the <i>Aged Care Act 1997</i> (Cth)	Voting rights after one year of membership
Care Provider Member	A company, association, partnership or other incorporated or unincorporated organisation, which is registered to provide Care Services, but is not an Approved Provider Member	Voting rights after one year of membership
Industry Member	A company, association, partnership or other incorporated or unincorporated organisation which supports the provision of Care Services by providing relevant services (as determined by the Board), but is not a Care Provider	Voting rights after one year of membership
Life Member	The Board may from time to time elect as Life Member individuals who have made a distinguished contribution to the Company.	Voting, but with no obligation to pay membership fees

The Australian College of Care Workers is open to persons working for remuneration in:

- a) Residential Aged Care Services
- b) Disability
- c) Mental Health
- d) Community Services
- e) Other care related services such as:
  - a. Supported Residential Services
  - b. Independent Living Centres
  - c. Home and Community Centres
  - d. Day Care Centres
  - e. Respite Care Services
  - f. Retirement Village
  - g. Aboriginal and Torres Strait Islander services
  - h. Any field where care is provided

### Member Criteria

Members of the Australian College of Care Workers are required to have:

1. Completed and been deemed competent in the minimum qualifications or higher qualification set by the government and the Australian College of Care Workers.
2. Meet English proficiency requirements
3. Current membership
4. Provide personal details and credentials as per outlined for the Care Workers Register and consent to these details being made available to Providers and the Public to verify their Membership.
5. Subscribe to the Australian College of Care Workers Code of Conduct.
6. Consent to make the Members Register of members details available to the providers and the public.
7. Obtain insurance that covers professional indemnity and public liability.

#### APPENDIX 4: COAG'S 14 RECOMMENDATIONS

1. creation of a social change campaign to reframe caring and promote the workforce;
2. voluntary industry code of practice;
3. reframing the qualification and skills framework – addressing current and future competencies and skills requirements;
4. defining new career pathways including accreditation;
5. developing cultures of feedback and continuous improvement;
6. establishing a new standard approach to workforce planning and skills mix modelling;
7. implementing new attraction and retention strategies for the workforce;
8. developing a revised workforce relations framework to better reflect the changing nature of work;
9. strengthening the interface between aged care and primary/acute care;
10. improved training and recruitment practices for the Australian Government aged care workforce;
11. establishing a remote accord;
12. establishing an Aged Care Centre for Growth and Translational Research;
13. current and future funding considerations, including staff remuneration; and
14. transitioning the existing workforce to new standards.

#### Policies and process

1. Registration Policy
2. Criminal history registration
3. English language skills registration standard
4. Continuing professional development
5. Recency of practice
6. Professional indemnity insurance arrangements
7. Information Technology
8. Privacy

## 9. Terms and Conditions