

ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

AUSTRALIAN NURSING AND MIDWIFERY FEDERATION'S RESPONSE TO COUNSEL ASSISTING'S FINAL SUBMISSIONS TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

INTRODUCTION

1. This submission to the Royal Commission into Aged Care Quality and Safety (the Commission) by the Australian Nursing and Midwifery Federation (ANMF) follows the Commission's invitation for responses to Counsel Assisting's final submissions to be lodged by 12 November 2020. Our response focuses upon the issues that are fundamental to the reform of the aged care system the ANMF has raised throughout the Commission's hearings and are the subject of recommendations by Counsel Assisting.
2. The ANMF agrees with Counsel Assisting that a key matter of principle driving the need to set a new bar for aged care in Australia is to:
 - 2.1 "Give older people a universal entitlement to high quality aged care based on assessed need; giving all Australians, of all ages, the expectation that high quality aged care will be available if needed."¹
3. While the ANMF has articulated broad support for many of the recommendations proposed in Counsel Assisting's final submissions and agree that aged care reform requires a system-wide rather than piecemeal approach, there are several instances where the recommendations fall short of delivering on the stated promise to meet this ambition, resulting in a continued lack of access to high quality care for too many older Australians. In particular, the delays in achieving staffing levels and skills mixes that still would not meet the care needs of all residents are inexcusable.
4. In this submission and the accompanying spreadsheet we detail our rationale for our responses to recommendations put forward by Counsel Assisting aligned to our priority issues articulated in our own final submissions to the Commission.²

MANDATED MINIMUM STAFFING LEVELS AND SKILLS MIX

5. **The ANMF recommends that nursing homes must ensure residents receive an average of 4.3 hours of care per day delivered by a mandated minimum skill mix of 30 percent registered nurses (RN), 20 percent enrolled nurses (EN), and 50 percent personal care workers (PCW) and that nursing homes must ensure the provision of at least 54 minutes of RN care per day to each resident included within at least 180 total minutes of care provided by RNs, ENs, and PCWs.**
6. Counsel Assisting's revision of the initial recommendation regarding mandating minimum staffing levels and skills mix put forward in their submissions on workforce (RCD.0012.0061.0001)³ is both disappointing and perplexing. Most concerning, it thwarts the Counsel Assisting's vision that "residential aged care providers will have to meet mandatory staff-to-resident ratios... [which] will be adjusted to ensure they are at the level required for

¹ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Para 148.b.

² Submission of the Australian Nursing and Midwifery Federation, Final Public Submission, ANM.0022.0001.0001.

³ Submissions of Counsel Assisting the Royal Commission, Workforce, 21 February 2020, RCD.0012.0061.0001 at Page 34.

the delivery of high quality and safe care”⁴ for all. Based on the considerable evidence before the Commission and the clear justifications put forward by many, including Counsel Assisting, in their arguments for why mandated minimum staffing levels and skills mix is so critical in residential aged care both in their submissions on workforce and final submissions,⁵ this revision is unreasonable. Settling on staffing levels and skills mixes that have been recognised to be only “acceptable” and then raising the minimum standard to “good” by the middle of 2024 does not deliver on the vision for Australia’s aged care system advanced by Counsel Assisting in the closing pages of their submissions,⁶ nor does it “Give older people a universal entitlement to high quality aged care based on assessed need; giving all Australians, of all ages, the expectation that high quality aged care will be available if needed.”⁷

7. As would be evident from each of the ANMF’s submissions to date, the ANMF is a firm advocate for mandating minimum staffing levels and skills mix in nursing homes, however the ANMF cannot support Counsel Assisting’s recommendation (47.1) in which they suggest that:

7.1 “The Australian Government should require approved providers of residential aged care facilities to meet a minimum staff time quality and safety standard. This requirement should take the form of a quality and safety standard for residential aged care. The minimum staff time standard should allow approved providers to select the appropriate skills mix for delivering high quality care in accordance with their model of care.”

8. The ANMF supports the essence of this statement, however advances that instead of stating that the “minimum staff time standard should allow approved providers to select the appropriate skills mix for delivering high quality care in accordance with their model of care”, it needs to be reworded to state: “the minimum staff time standard must ensure that approved providers engage a suitably sized workforce of direct care staff with the appropriate skills mix for delivering high quality care in accordance with the needs of their residents.” This adjustment would better support an alignment between staffing decisions and the care needs of residents rather than provider choice and discretion regarding what they see to be appropriate according to their model of care. Counsel Assisting’s formulation is akin to the former (pre-2019) Accreditation Standard (Standard 2) that spoke of residents’ health being promoted and achieved “in partnership between each care recipient ... and the health care team.”⁸ The focus for the delivery of care must be the needs of the resident regardless of the provider’s conception of its model of care. Without such a focus there is no certainty that safe, high-quality care will be delivered to residents. It is only if the needs of residents are the drivers of reform that necessary change will be achieved.

9. At recommendation 47.2 Counsel Assisting suggests that:

⁴ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Para 1607.

⁵ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Para 141.

⁶ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Pages 472-75.

⁷ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Para 148.b.

⁸ Australian Government Aged Care Quality and Safety Commission. Accreditation Standards Fact Sheet. Available online: https://www.agedcarequality.gov.au/sites/default/files/media/accreditation_standards_fact_sheet_updated.pdf

- 9.1 “From 1 July 2022, the minimum staff time standard should require approved providers to engage registered nurses, enrolled nurses, and personal care workers for at least 215 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.”
10. As the ANMF has submitted to the Commission previously,⁹ evidence shows that at least 215 minutes of care per resident per day inclusive of 36 minutes of care provided by a registered nurse would not be sufficient to meet the care needs of most typical residents. We highlight once again that 36 minutes of care from a registered nurse would not be sufficient to meet the care needs of a typical resident with the *least* care needs (who would require at least 45 minutes) let alone the “average resident” whom evidence suggests would need 258 minutes of care per day (4.3 hours) with at least 68 minutes of RN care included. As such, we do not support recommendation 47.2. The Commission is being asked by Counsel Assisting to recommend a staff time standard that will not deliver safe and quality care. The ANMF cannot support such an approach even on the basis of a proposed staged introduction of change. This is especially so in circumstances where the end point of the staged process is still inadequate as discussed in the following paragraphs in respect to recommendation 47.4.
11. Counsel Assisting’s proposals involve a staged introduction of minimum staff time standards. Indeed, some staging will be required. However, there is no reason for the extraordinary and unexplained delay until 2024 in requiring that a registered nurse be rostered on all shifts. Recommendation 47.3 that “from 1 July 2022, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility for the morning and afternoon shifts (16 hours per day)” is inconsistent with Counsel Assisting’s submissions that staffing levels – particularly of registered nurses – are absolutely foundational to the provision of safe, high-quality care.¹⁰ This is particularly so at night when broader staffing levels are lower and the need for staff with higher skill levels and qualifications is necessary to ensure safe quality care and safe transfers to and from hospital.¹¹ Additionally, and accordingly, this recommendation will fail to meet the aim of guaranteeing access to safe, high quality care for all older Australians. Counsel Assisting has noted that the Australian Government ‘supported the general principle that an aged care provider should have at least one registered nurse on-site at all times to provide clinical care’,¹² so it is therefore even more unreasonable to delay the requirement of providers to ensure the presence of a registered nurse on every shift. The ANMF recommends that providers should require at least one registered nurse on site per residential aged care facility at all times from 1 July 2021 (rather than 2024 as recommended at 47.5). It may also be necessary to ensure that where needed, providers do not simply staff to the minimum when only one registered nurse on any shift may be insufficient.
12. At 47.4, Counsel Assisting recommends that from July 1, 2024 the minimum staff time should increase to either (a) 215 minutes per resident per day for the average resident with at least 44 minutes provided by a registered nurse or (b) 264 minutes per resident per day

⁹ Submission of the Australian Nursing and Midwifery Federation, Workforce submissions, ANM.0015.0001.0001

¹⁰ Submissions of Counsel Assisting the Royal Commission, Workforce, 21 February 2020, RCD.0012.0061.0001 at Paras 42-58.

¹¹ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Paras 1108-1105.

¹² The Commonwealth of Australia (Department of Health, Department of Education, Skills and Employment and the Aged Care Quality and Safety Commission), Public submission, AWF.650.00110.0001 at 0005 [11] in Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Para 700.

with at least 36 minutes provided by a registered nurse. As the ANMF has previously submitted, and clear from the information provided above, neither of these combinations would be adequate to meet the needs of the “average resident” and while they *may* be suitable for residents with lower care needs, could not ensure that a provider would have the right number of staff in their workforce with the correct skills mix to meet the care needs of a diverse range of residents with varying and changing care needs. This is especially concerning since it is widely recognised that residents in aged care are and will continue to enter the system later on in life and with an increased number and complexity of care needs. As such, the ANMF does not support recommendation 47.4. The relationship between this recommendation and the obligations arising from the introduction of a case mix approach are not adequately addressed. The ANMF submits that only by the prescription of minimum staff time to meet average resident need (258 minutes/day with 68 minutes RN care) will resident needs be addressed. The Commission is being asked by Counsel Assisting to recommend to Government something less than the evidence discloses is required for safe and quality care.

13. We strongly urge the Commissioners to recognise that recommending providers achieve less than what would be classified as a Five-Star nursing home in terms of the United States’ CMS Nursing Home Compare Rating System in terms of staffing is not adequate in terms of ensuring safe, high-quality care for Australia’s older people and will not deliver on the promised vision for aged care. As Eagar and colleagues pointed out in their report on staffing levels in Australia and internationally which appears to have led Counsel Assisting to recommend adopting a similar approach to rating staffing in Australia;

13.1 “...[N]ursing home receives a 5 star rating if its direct care staffing per resident day is at a level that has been determined as maximising quality outcomes for residents. Residents in care homes that are rated less than 5 stars are at greater risk of reduced quality of care outcomes.”

14. Why then, should Australia’s older people receive less care and poorer staffing than what is evidently recognised as being able to maximise quality outcomes for residents? This does not align to Counsel Assisting’s vision for Australian aged care and does not ensure safe, quality care for all Australians.

15. At 47.6, Counsel Assisting recommends that:

15.1 “The minimum staff time standard should be linked to the casemix adjusted activity based funding model for residential aged care facilities. This means that approved providers with a higher than average proportion of high needs residents would be required to engage additional staff, and vice versa.”

16. We agree with this recommendation in principle because it suggests that providers must have a suitably sized workforce with an adequate skills mix to meet the assessed care needs of their residents but are concerned by the potential to misinterpret requirements regarding what is suitable or appropriate. This recommendation does not appear to be in line with 47.2 or 47.4 which suggest that providers would be permitted to staff at minimum levels that would not meet the needs of most or even “average” residents. We once again strongly recommend that mandating minimum staffing levels and skills mix that enables each

resident to receive on average 4.3 hours of care per day delivered by a skills mix of 30 percent registered nurses, 20 percent enrolled nurses, and 50 percent personal care workers is the cornerstone of ensuring safe, quality care in nursing homes. This approach could be gradually implemented in accordance with our implementation plan previously submitted to the Commission and would also enable flexibility as staffing would be sufficient to enable more care time for residents with greater than average care needs, less care time for residents with lower care needs, and enough of the right kinds of staff to ensure that care tasks are not rushed and staff have the time to provide safe, high-quality, respectful care to residents.

17. Further, the ANMF warns that as the recommendations stand, there is insufficient recognition and protection of the vital roles performed by enrolled nurses in aged care. This can also be said of the US CMS Rating System that does not differentiate between personal care worker and their equivalent of enrolled nurse time in the measurement of staffing levels. Here, we are very concerned that any gains increasing registered nurse time could be offset by the loss of enrolled nurse hours as there is no specific inclusion of this important group. The ANMF recommends clear minimum requirements for staffing that specifically include enrolled nurses as well as registered nurses and personal care workers which is achieved via our proposed ratio of average 4.3 hours of care per day delivered by a skills mix of 30 percent registered nurses, 20 percent enrolled nurses, and 50 percent personal care workers.
18. Another concern is that in relation to 47.7, providers may apply to be exempted from requirements to skills mix allowing substitution of RNs with other qualified health professionals. As we have described above, there is unequivocal evidence before the commission of the value and beneficial impact of particularly registered nurses, so we strongly oppose these recommendations (47.7.a-d) that suggest skills mixes – and specifically nursing staff can be eroded. It is our position that there is no model of residential aged care with the level of acuity that will evolve under the revised arrangements in which a minimum skill mix requirement should not be observed.

LEGISLATED REQUIREMENTS FOR CLINICAL GOVERNANCE, LEADERSHIP AND EXPERTISE

19. **The ANMF recommends that the aged care sector must have legislated requirements to demonstrate quality clinical governance through effective clinical leadership and expertise at all levels. Clinical governance must become an essential element of the overall organisational governance of any nursing home. It is both a provider responsibility and regulator responsibility to ensure effective clinical governance is in place to ensure the safety and wellbeing of aged care recipients.**
20. As Counsel Assisting recognises, the governance of aged care providers has a direct impact on all aspects of care; deficits in the governance of providers have resulted in grave underperformance in the quality and safety of care. This is most evident in the lack of sufficient clinical governance experience and expertise at multiple organisational levels; from deficiencies in the number of skilled, experienced nurse leaders delivering and supervising the provision of everyday clinical and personal care, up to the composition of the management and governing board structures of large, multi-sited aged care organisations. This lack of professional clinical skill and knowledge has resulted in too many instances where financial risk and performance has taken clear precedence over assuring and maintaining respectful, high-quality, safe care. This is a systemic problem across much of

Australia's aged care sector.

21. The ANMF supports Counsel Assisting's recommendation that reform of governance arrangements across the aged care sector is vital and that the proposed Independent Commission Model – the Australian Aged Care Commission - should be the preferred option in implementing a redesigned aged care system.
22. The ANMF gives in principle support to Recommendation 3 that the Australian Aged Care Commission should be established highlighting that further clarity and detail must be provided regarding the specific requirement for clinical/health care expertise and experience among the membership of its governing board, commissioners, executive group, and staff.
23. At the provider level, as Counsel Assisting recognises, requirements for clinical governance are insufficient with a lack of adequate clinical governance expertise on many provider boards. We agree that the governing bodies of aged care providers should be comprised of members whose integrity, skills, and independence enable them to act, first and foremost, in the best interests of the people receiving that care. This necessitates the involvement of individuals with specifically professional clinical skills and experience in the form of a clinical care governance committee.
24. We therefore support Recommendation 24 that urges urgent review of the Aged Care Quality Standards particularly in respect to ensuring a sufficient level of detail and relationship with measurable outcomes as well as the involvement of clinical and health experts. We strongly support recommendations that propose that; 24.1.d implementing a new governance standard, and 24.1.3 requiring residential aged care providers to demonstrate their capacity to provide high quality palliative care, including staff capacity (number, skill and type), processes and clinical governance, for recognising deterioration and dying.
25. We also support Recommendations 52 and 53 regarding the legislative amendments to improve provider governance and to adopt a new governance standard. In particular, we support the elements of these recommendations that suggest that a provider's governing body should include people with experience and expertise in the provision of care. In line with this, the ANMF agrees in principle with Recommendation 54 that the Government provide an integrated program of assistance to improve governance arrangements of providers in need of such assistance, but that use of any funding provided via this program must be utilised for the agreed purposes it was provided for or otherwise be reimbursed.

LEGISLATED TRANSPARENCY AND ACCOUNTABILITY MEASURES

26. **The ANMF recommends that the aged care sector must have legislated transparency and accountability measures, which should include the following at a minimum:**
 - 26.1 **Any allocation of additional funds to aged care providers must come with a clear mandate of accountability and transparency and that all funding provided for the purposes of direct care is the subject of accountability and acquittal arrangements such as if funds specified and allocated for care are not applied they are surrendered. To assist this funding must be linked to quality of care outcomes and determined through an evidence-based methodology.**
 - 26.2 **Funding for wage costs must be demonstrated to have been used for that purpose and a failure to account for the use of tax-payer funds must have**

consequences. For example, any funds allocated to direct care not spent should be returned to government or deducted from the next round of funding. In addition, funding available for wages and conditions must be made clear to the bargaining parties during enterprise bargaining.

- 26.3 An independent assessment body, which assesses and fixes funding by reference to independently assessed resident need, should be established.
- 26.4 As a system steward, the Commonwealth must have explicit accountabilities around public reporting of data, funding and aged care outcomes.

Transparency and accountability for the use of funds for care and public reporting of data, funding, and outcomes

27. The ANMF is pleased to see Counsel Assisting's recognition that accountability and transparency are critical features of good governance, particularly as providers receive most of their funding from taxpayers and provide care to vulnerable people who are often unable to speak for themselves. The ANMF agrees that to enable proper scrutiny, aged care providers must be required to provide ready access to transparent, detailed information about their operations.
28. At Paragraph 82 of Counsel Assisting's final submissions, we agree with the assessment that providers lack transparency regarding their activities and performance in terms of the provision of care. We agree that quality indicator data should be used to both measure the quality of care and to help drive improvements in quality. Transparently reported quality indicator data as well as the utilisation of funds can also provide clarity to care recipients, their family members, advocates, and other key knowledge users. We agree that there must be greater transparency about the operations of aged care providers with a requirement to provide an annual report on various matters including accounting for the use of funds and resources for publication on the internet.
29. Where significant public funds are being provided for care, there must be some mechanism to ensure they are spent on that care. Counsel Assisting has stated at Paragraph 1293 that transparency and accountability are critical goals of the new aged care system. This, we agree, can be achieved through the measurement of outcomes rather than inputs. We agree (Recommendation 91.1) that each quarter approved providers should be required to report on the daily direct care staffing at each of its facilities as well as upon outcomes of that care to ensure safety and quality. However, the recommendation does not deal with the return of funds not applied to direct care or directed to other purposes.
30. Recommendation 104.1 is for the establishment of a statutory financial reporting obligation for providers from 2023. The content of such reporting is not addressed. ANMF is concerned that neither this recommendation nor Recommendation 91.1 (concerning the provision of direct care staffing hours reports) directly address the need for the financial acquittal of funds applied to direct care and the return of all funds not applied for that purpose. ANMF recommends that the Royal Commission propose such an acquittal and return mechanism.

Independent assessment for funding based on resident need

31. The ANMF is pleased to see Counsel Assisting recommends (Recommendation 88) adopting the AN-ACC funding classification and funding system (or something closely resembling it) to enable independent assessment and review of resident's care needs and for providers to enhance the quality of life and wellbeing of residents. We agree that until independent

pricing capability can be realised, an estimated National Weighted Average Unit (NWAU) for interim application of a casemix-adjusted funding model such as AN-ACC should be calculated by or on behalf of the implementation unit and applied to fund approved providers of residential care prior to the commencement of independent pricing by the Aged Care Pricing Authority. This Recommendation complements Recommendation 12, where it is clear that independent assessment for funding occur so that a person's level of funding should be determined independently of providers, but that determination may involve consultation with providers or prospective providers, provided final assessment decisions affecting eligibility for funding are made by independent assessors.

ENSURE WORKFORCE CAPACITY AND CAPABILITY

32. The ANMF recommends that in order to enhance the aged care workforce's capacity and capability to provide high quality care and support good quality of life to care recipients and make the aged care sector a more attractive and rewarding place to work the following actions must occur:

- 32.1 Wage outcomes for aged care workers must be improved to match public sector wages.**
- 32.2 The aged care sector should be supported to overcome the systemic barriers to achieving wage parity and improved working conditions.**
- 32.3 Safe work practices and design must be promoted.**
- 32.4 The aged care sector must be supported and promoted through policy and funding as an essential and valued part of the health sector. This is achieved through education pathways, transition to the workforce and career development.**
- 32.5 Positive cultural perceptions of aging and elderly people and those who care for them must be promoted.**

Wages improvements and wage parity

33. Counsel Assisting recommendations on the sector's wage undervaluation recognises that aged care workers need better wages and conditions and enough colleagues to be able to complete their work safely and to the standard that they consider is appropriate. They recognise that previous Government initiatives where funds have been given to providers to increase wages has failed and that unless aged care workers have a legal right to be paid more, they won't be; particularly when over the last two and a half years, the industry-led process to increase aged care wages rates has also failed. Counsel Assisting's proposals are that:

- 33.1 The Aged Care Workforce Council "lead the Australian Government and the sector to a consensus to support" application to the Fair Work Commission to increase wages (Recommendation 40.2);
- 33.2 Unions "collaborate with the Australian Government and employers" to pursue applications in the Fair Work Commission (Recommendation 41.1) under ss 158 and 302 of the Fair Work Act 2009;
- 33.3 In the interim, pending such applications the Australian Government and provider representative bodies should support a significant increase to the relevant award rates in the 2020-21 Annual Wage Review and each subsequent Review until such time as the Work Value Review has concluded (Submissions para [658]).

34. Counsel Assisting correctly concluded that an industry-led process to address depressed

wage levels in the sector had failed (Paragraph [635]). Accordingly, Counsel has proposed that Government be involved. ANMF notes the Royal Commission is charged with making recommendations to Government. The strategy recommended by Counsel Assisting for addressing the manifest undervaluation of aged care work is doomed to fail in the absence, not only of Government involvement, but of unambiguous Government support for increased wages and a commitment to fund the outcome of such wage increase applications. These two elements were critical to the success of the 2015 Equal Remuneration Decision for social and community services workers referred to as a potential model in Counsel Assisting's submissions (para [648]). Accordingly, ANMF recommends:

- 34.1 That the Royal Commission recommend to Government that it commit to support and fund the outcome of an application to the Fair Work Commission for an increase in award wages in the aged care sector by reference to ss 158 and/or 302.
35. The proposal that (Recommendation 40.2) by 30 June 2022, the Aged Care Workforce Council should (40.2.d) "lead the Australian Government" and the aged care sector to a consensus to support applications to the Fair Work Commission to improve wages based on work value and or equal remuneration is a worthy aspiration. But in the absence of a firm commitment from Government on the recommendation of the Royal Commission no amount of "leading" of it or the sector will produce the necessary outcomes. This recommendation must be read in conjunction with Recommendation 41 and the comments made in the spreadsheet.
36. The ANMF supports an increase in award wages and refer to the comments made in the spreadsheet (Recommendation 41). It submits that based on the extensive evidence before this Commission about the work performed by personal care workers and nurses in both home care and residential care, all three of the reasons for increasing wages listed in section 157(2A) of the *Fair Work Act 2009* justify an across the board increase in the minimum pay rates under the applicable awards to come to parity with the wages paid for equal work done in the health sector by similar job groups and roles. Recommendation 41.1 speaks of Unions "collaborating with the Australian Government and employers" to this end. However, in the absence of commitment from Government, in respect of a sector funded by Government, no amount of collaboration will bear fruit. The Fair Work Commission is constrained by the modern award objectives. The role of enterprise bargaining and wage outcomes is also relevant here, particularly as many workers in aged care are not directly award reliant. A similar collaborative approach to enterprise bargaining between the Government as the funding body, the sector and unions is also required to achieve increased wages in aged care.
37. The obstacles in place of successful industry wage outcomes are substantial. For example, the sector while comprised of largely non-government employers is reliant on Government funding, industry bargaining is not a permitted feature of the Fair Work Act, the identification of a male comparator(s) for the purposes of s302 of that Act is fraught, and the s157/158 processes are constrained by the overarching obligations for the Commission to take into account such matters as the likely impact on businesses and on employment costs and the need to encourage collective bargaining (See s 134). Even the proposal to argue for an additional increase to aged care sector award wages in the Annual Wages review will require explicit commitment by Government to meet the outcomes and is inconsistent with the Fair Work Commission's previous approach to Annual Wage reviews that are economy wide and apply across the board rather than in specific modern awards or

industries.

REGULATION OF QUALITY AND SAFETY IN AGED CARE

Caring for Diverse Populations

38. Counsel Assisting recognises the importance of ensuring that Australia’s aged care sector must be fit for purpose, appropriate, and inclusive for all of Australia’s diverse population. Recommendation 19 (Designing for diversity) provides clear indication of Counsel Assisting’s focus on the need for the aged care sector to provide safe, high-quality, respectful care for people from diverse populations and backgrounds. Particular elements of this recommendation supported by the ANMF include the support for training and the verification of capacity of providers to ensure capacity of providers to meet the needs of diverse populations and the collection and use of data about people from diverse populations. The ANMF is particularly pleased to see that a full section (3.5, Recommendations 32-38) are solely focussed on issues and recommendations concerning the provision of safe, high-quality, culturally appropriate care for Aboriginal and Torres Strait Islander people.
39. The ANMF does raise concern that there may appear to be too little focus on the broad range of diverse populations and communities accessing and who will access the aged care sector in the future, noting little to no specific mention of many important groups including gender and sexually diverse people (LGBTIQ+), culturally and linguistically diverse people, people who have or are experiencing homelessness, care leavers, veterans, and others identified as “people with special needs” in the current aged care Act. The ANMF recommends that in the Commission’s final report and recommendations, diverse populations should be the focus of greater and more specific attention beyond the broad intentions of designing for diversity (Recommendation 19).

Nurse practitioners

40. Counsel Assisting recognises the importance of involving nurse practitioners (NPs) more significantly in Australia’s aged care sector to improve access to care, highlighting that NPs should be involved in best practice dementia care, interfaces with primary health care, multidisciplinary services, and comprehensive health assessments.¹³ The ANMF recommends that based on the extensive evidence before the Commission regarding the relationship between particularly nurses and NPs and improved outcomes across many settings, greater focus must be placed on how NPs can be engaged and supported to contribute to aged care. One specific recommendation would be to recommend an increase in the number of NPs directly employed by Australian aged care providers who offer both residential and in-home services. As opposed to being conceived of as specialists who could be primarily involved in aged care via an in/outreach model, by clearly integrating and embedding NPs within aged care provider workforces, better care and outcomes for residents will be achieved.

¹³ Submissions of Counsel Assisting the Royal Commission, Final Submissions, 22 October 2020, RCD.9999.0541.0472 at Paras 491, Recommendation 62.2.f, Recommendation 64.4.b, Para 1037, Recommendation 67.1.a, Para 1061.