Submission to Productivity Commission Draft Report 'Caring for Older Australians'

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The Chair of the PC Draft Report, Mr Woods, correctly identified the workforce as 'the first issue' in providing quality care for older people (Noone, 2011). My concern is that this emphasis is not reflected in the Report. This submission is made on the basis of my role as co-author of the NILS report *Who Cares for Older Australians? A Picture of the Residential and Community Based Aged Care Workforce, 2007* (Martin and King 2008), which was drawn upon in Section 11.3 of the PC Draft Report.

The purpose of this submission is to highlight workforce issues arising from the Draft Report. I argue that there is a need to develop a 'model of care' approach to workforce planning based on a) proposed changes to the model of aged care, b) an integrated, but separately defined, residential and community aged care workforce, and c) practices adapted from other areas of health and care workforce planning.

The Draft Report focuses on the anticipated shortfall in the aged care workforce and recommends that this can be addressed via more competitive wages and skill development. These are indeed necessary, but by no means sufficient to meet the workforce needs of aged care into the 21st Century. Despite outlining and recommending fundamental changes to the model of care, the workforce recommendations in the Report are based on fine-tuning the existing model of care which (as evidenced by the numerous Productivity commission reports over the past decade) is not meeting the needs of either older people or the aged care workforce. The Productivity Commission is in an excellent position to call for Health Workforce Australia, and the Commonwealth, State and Local Governments to develop a strategic approach to Aged Care Workforce Development and Planning that reflects recommended changes to the model of aged care.

Model of Care Approach to Workforce Planning

A. Proposed Changes to the Model of Care

Workforce planning in the health sector has increasingly moved toward a 'model of care' approach which moves it away from the traditional 'disciplinary silo' approach that dominated for much of the 20th Century. The Draft Report is proposing changes to the model of aged care that includes:

- Consumer-directed (or person-centred) care
- Increased flexibility using a 'building block' approach
- Greater emphasis on community care
- Recognising the need for psycho geriatric and skilled palliative care
- Better integration of community, residential and acute care to enable older Australians to more easily move in and out of these sectors
- Revising the assessment practices and processes
- Providing services for all older people, recognising the equity issues associated with providing services to those who are from culturally and linguistically diverse backgrounds, of Aboriginal or Torres Strait Islander origin, who live in rural and remote areas, and who may have special needs.

These changes, which have the potential to increase the quality and equity of age care services, cannot be accommodated within the current workforce and are unlikely to be accommodated from

the minimal changes in workforce recommended in the Report. What is required is a comprehensive analysis of the impact of the changes to the model of care for the workforce. Without such an analysis, the aged care workforce will lack planning and adequate development; it will be locked into disciplinary silos rather than being able to adapt the multi-disciplinary practices and competencies required to deliver the quality and model of care envisaged in the Report. An analysis of implications of the proposed model of care for the workforce could be undertaken by Health Workforce Australia in consultation with health and community aged care practitioners, researchers and aged care interest groups. It would require Health Workforce Australia to recognise a broader spectrum of occupations involved in the aged care workforce than it does currently, and to engage in workforce planning on a sector (aged care) rather than discipline basis.

It is recommended that the Productivity Commission place its findings in the context of the National Aged Care Workforce Strategy (2005), in particular the principle of developing a 'model of care' approach to workforce planning based on the changes encapsulated in the Report; with definitions of the aged care workforce inclusive of *all* direct care workers.

B. Residential and Community Aged Care Workforces

The Report primarily addresses issues associated with the *residential* aged care workforce, specifically nurses and care assistants. Although recognising the existence of the *community care* workforce, the importance of its role is barely understood. Changes in the needs of older Australians, and in the model of care in which 'assistance with basic needs … would be the foundation of the overall range of services' (p. xxviii) will mean that the community care workforce is likely to grow, to mediate the interface of older Australian's interactions with the residential and acute care sectors, and to take on new roles.

There is a need to better define the roles and competencies required of the community care workforce as aged care adopts new models of care. There is an exciting window of opportunity for workforce planning in the community care sector to bring together different areas of care (for example aged care and disability care), to assess common competencies, areas of specialisation and ways of working between sectors. This will broaden the base from which the community aged care workforce is drawn; provide new career opportunities for community care workers (currently absent); and professionalise the community care workforce, thereby improving service quality. Such models of community care are seen in Europe, ranging from the social care workforce in the UK, to the pedagogue in Denmark. Although Australia has a unique political economy of care, we are moving toward an increasing role for community care in aged care, and modes of workforce planning and development have been established internationally that could be developed for the Australian context.

The increased role of community care in the proposed model of aged care (Draft Report) will mean that the relationship – and balance of power – between the residential and community aged care workforce will change. There is a need to be more explicit about how the new model of aged care will impact on these workforces and how the relationship should be managed (and by whom). The residential and community aged care workforces are different: the residential aged care workforce has its genesis in a biomedical approach to health care; the community aged care workforce has its genesis in personal care, social well-being and basic support. These differences need to be recognised and articulated, built into training / education pathways and integrated into workforce planning. However, as they work in the same sector – aged care – there needs to be well-defined ways of working together to ensure that older Australians receive the best care, by the most appropriate care worker, at the required time.

It is recommended that the Productivity Commission specify the need for an articulation of the different roles and competencies of the residential and community aged care workforces based on projections from the *proposed* model of aged care. Additionally, the modes of integration of these two workforces within the aged care sector will require defining.

C. Shared Learning From Existing Health and Care Workforce Planning

Although Aged Care is a unique form of care, the workforce needs has some resonances with other sectors of health and community care. The Draft Report recognises the need for the aged care workforce to move beyond its current limited biomedical approach to health and draw upon, at the very least, capabilities from allied health and palliative health care approaches. Models of care approaches to workforce planning have been used in various areas and can be utilised for shared learning for policy-makers and practitioners regarding the workforce, for example, the implications of particular care pathways (e.g. based on personal and health care needs of older Australian); of working in multi-disciplinary sectors; and of integrating acute, chronic and community care needs. The proposed model of aged care could therefore draw upon the models of care developed for mental health (http://www.ahwo.gov.au/mhwac.asp) or chronic disease (e.g. cancer control plans http://www.canceraustralia.gov.au/publications-resources/cancer-control-plans-and-reports/national-cancer-plans-and-strategies) for these aspects of care work; and on models of palliative care (http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-npcs-2010-toc) for aspects of care work associated with person-centred care and recognition of issues specific to 'end of life' care. In addition, the Productivity Commission is currently in the unique position of considering the integration of aspects of care in the areas of disability and aged care (Productivity Commission Report on Disability Care and Support imminent), which would need to take into account the ways in which care is integrated across the community and health care sectors. Knowledge developed in the Care Work in Europe project (2001-2005) could also inform the development of such an approach (Cameron & Moss 2007).

It is recommended that the Productivity Commission draw upon the models of care approaches developed in other areas of health and community care to more fully recognise the workforce implications of their proposed model of aged care.

References:

Aged Care Workforce Committee 2005 *National Aged Care Workforce Strategy*, Department of Health and Ageing, Australian Government, Canberra

Cameron, C. & Moss, P. 2007. *Care Work in Europe: Current Understandings and Future Directions*, Routledge, London

Martin, B. & King, D. 2008, *Who Cares for Older Australians? A Picture of the Residential and Community Based Aged Care Workforce, 2007*. Commonwealth Department of Health and Ageing, Canberra

Noone, Y. 2011, 'Productivity Commission Report: Not Everyone's Happy!', *Australian Ageing Agenda*, 24-1-11

Productivity Commission 2011, *Caring for Older Australians*, Draft Inquiry Report, Canberra

Productivity Commission 2011, *Disability Care and Support*, Draft Inquiry Report, Canberra