agedcarelobbygroup

Clearview SA 5085

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<u>Submission to the Productivity Commission - Caring for Older</u> Australians

Whilst generally agreeing with the draft recommendations of the Report, we are unhappy with the attention paid to staffing issues within aged care, some 17 pages in a 507 page report. Moreover, despite the inclusion of Draft Recommendations 11.3 and 11.4, there is no mention of any programme to increase the numbers and skills of staff in the proposed timetable.

As far as many residents and families are concerned, staffing issues are at the heart of much of their dissatisfaction. It is clear from the table set out in the report (11.2 p.358) that staff levels have increased marginally overall in comparison with the increase in the size of facilities (p.24). An increase in the number of beds demands an increase in staff. At present the majority of staff are personal carers (p.25).

The Draft Report states that "(t)he demand for aged care workers is expected to significantly increase" but "(t)he supply of workers is problematic". It lists possible answers in higher wages, better access to education and training, better management and reduced paperwork. Providers are expected to set fees in line with the cost of providing the care but there is a danger they will wish to set fees in line with the cost of unavailable staff.

We repeat that there is no mention in the proposed timetable of when these answers to current staff shortages are to come into effect.

Training - Certificate III in Aged Care

The majority of personal carers should have at least Certificate III in Aged Care. This Certificate is gained through training facilities licensed by the Federal Government but regulated by the States. This in itself is an untidy arrangement. We believe that some of these training providers are not strict enough to ensure that participants in the aged care courses have sufficient understanding of English to comprehend what they are asked to do once they are employed. It is quite easy to pass tests by rote learning but this does not mean that there is any understanding involved. Given that more and more personal carers come from non-English speaking backgrounds, this issue is going to be more important in the future.

Since personal carers make up the largest proportion of staff in residential facilities and thus have more contact with residents than clinically trained nurses, it is imperative that Certificate III should include a component to enable students to recognise the symptoms of common complaints such as bladder and chest infections; these can give rise to confusion and changed behaviours which could result in admission to hospital but which are easily treated if recognised early. If the carer knew when to call in a nurse, much distress could be prevented.

Note: It may be time to establish an inquiry into aged care staffing as distinct from nursing shortages generally.

Thank you for the opportunity to make a submission.

Jean Booth (PhD) Chair – Aged Care Lobby Group