



Australian
Nursing &
Midwifery
Federation

NATIONAL AGED CARE SURVEY 2019

- COMMUNITY MEMBER COMPANION REPORT



June 2019



About the ANMF

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

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ANMF National Aged Care Survey 2019 – Community Member Companion Report

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The ANMF is grateful to the nurses, aged care workers, other staff, and especially to the community members, residents, family members, and loved ones who shared their views, experiences, and insight into the current situation of Australia's aged care system.

It is the ANMF's hope that this report, and the first 2019 ANMF National Aged Care Survey Report, will underpin and hasten the desperately urgent actions needed to improve aged care in Australia to provide the level of quality, safety, and appropriateness that all recipients of aged care services deserve.



Key Messages

- There are consistent similarities between the data provided by community members and aged care staff as reported in the first 2019 ANMF National Aged Care Survey Report.
- Failure to ensure safe, quality care for aged care residents is the result of continued, systemic failures in Australia's aged care sector and ongoing inaction by governments and providers.
- Since the 2016 ANMF National Aged Care Survey, the situation has worsened; indifference and lack of respect for aged care residents is increasingly prevalent and quality and safety appear to be declining.
- Community members consider staffing numbers, skills mix, staff training/qualifications, and experience to be at the forefront of concerns with the aged care system and to negatively impact upon the ability of staff to provide safe, quality care for residents.
- Low numbers of staff and poor skills mixes result in poorer health and wellbeing outcomes for residents and poor working conditions for staff.
- Community members want staff with the "right attitude" to work in aged care and are concerned that some staff are neither trained nor equipped with the right skills and personal characteristics to work with vulnerable residents.
- Community members have concerns with staff who do not appear able to be well understood by residents due to English language ability.
- Lack of staff and inappropriate skills mixes mean that even the most basic care needs of residents, such as bathing, eating, and toileting are missed, neglected, or rushed.
- Adequacy of staffing to provide for high care needs is an emerging concern; community members recognise a lack of registered nurses and poor access to general practitioners and other health care staff results in poor or missed care for residents.
- Community members note that deteriorating staffing levels have resulted in greater safety risks for residents.
- Government funding for aged care is inadequate and widely regarded to be misdirected away from providing safe, quality care to residents or utilised inappropriately.
- Community members recognise that staff are often stretched to the limit; untenable workloads due to lack of staffing and poor skills mixes deter recruitment and retention of workers and hinder the ability of staff to cope with incidents beyond 'standard routines'.
- Community members feel that current processes for accreditation inspections are insufficient for ensuring that providers are providing safe, quality care to residents.
- Community members feel that improving staffing levels, skills mix, and the training/education of workers are urgently required to improve aged care services.
- Profit should not be the priority in aged care; greater accountability for the delivery and use of aged care funding by providers and governments is vital to ensure safe, quality care for residents.



Executive Summary

Introduction

This companion report accompanies the 2019 National Aged Care Survey Report by the Australian Nursing and Midwifery Federation (ANMF) and focusses upon results provided by community member participants. The 2019 National Aged Care Survey followed up on the previous 2016 National Aged Care Survey of staff and community members and identified and examined key contemporary issues regarding participants' concerns and experiences with the Australian aged care system.

Background

In 2016, the ANMF undertook its first national aged care survey with almost two and a half thousand participants. This initial survey was undertaken after more than a decade of ANMF campaigns calling for improvements in aged care to both increase and ensure safe, quality care for recipients of care and satisfactory working conditions for aged care staff.

Aged care in Australia has been in the spotlight and a key issue for the ANMF for many years, the ANMF has drawn attention to the shortcomings in the system, highlighting to governments, regulatory bodies, key stakeholders, the media, and the community critical issues related to the quality of care delivery.

In early 2018, the ANMF launched a new national campaign for safe staffing in aged care *Ratios for aged care, make them law NOW*. In September 2018, following an expose on residential aged care by the ABC's Four Corners program, the Prime Minister announced the establishment of a Royal Commission into aged care quality and safety with a final report due by 30 April 2020.

This companion report presents the results of the 2019 ANMF national aged care survey which was made available to community members shortly after the first Commission hearings. This report focusses largely upon responses provided by community member participants in 2019 and provides comparative results with the 2016 results where relevant.

Methods

The survey was open to prospective participants in all Australian States and Territories from 26 March to 12 April 2019. Two separate Survey Monkey® forms were used; one for aged care staff and one for community member participants. The community member survey incorporated 15 questions including a mix of demographic items, multiple choice items, yes/no items, and free-text questions. Largely, the survey replicated that which was used by the ANMF in the 2016 national aged care survey, with some modifications made to questions and response options to update the survey regarding the contemporary context.

The data collected from respondents was analysed using simple descriptive statistics and frequency counts as well as a process of general inductive qualitative analysis for qualitative data provided by respondents in open-ended or free-text fields.



Results

Overall, 354 community members from all States and Territories answered at least one survey question. Most participants were relatives of aged care residents (n = 229/ 66%), with 90 (26%) identifying as 'other'. Most of these people were also relatives of residents in aged care, but also identified themselves as simultaneously working or having worked in aged care themselves.

Key Concerns

At almost 93% (n = 327) having 'adequate staffing levels for meeting basic care needs' for residents was the greatest concern among participants. This was closely followed by 'adequate staffing levels for providing high care' (87.8%/ n = 311). 'Levels of experience and qualifications held by nursing staff' (n = 254/ 71.7%) and 'dementia management' (n = 209/ 59%) were concerns for many participants. There was considerable consistency between concerns identified in 2016 and 2019. Major themes emerged regarding concerns with aged care and related to 'providers and facilities', 'concerns with staff', 'residents' care', and 'integration and links with allied, acute, and mental health'.

Funding

Almost 93% (n= 319) of participants felt that funding for aged care in Australia is inadequate in 2019. While this appeared to be slightly lower than in 2016, where 96% felt that funding was inadequate, qualitative analysis of open-ended feedback revealed that participants felt that funding does not meet residents' care needs due to lack of transparency and accountability for funding, and an inappropriate funding model. Analysis of in-depth responses revealed four major themes;

- 'Aged care funding is insufficient to provide adequate staffing levels and skills mixes to meet residents' needs'
- 'Inadequate staffing numbers with insufficient time to address residents' needs especially dementia, mental health, clinical assessment, toileting, and time for social interaction'
- 'Aged care provider business models prioritise profit over providing safe, quality care'
- 'Lack of transparency and accountability of providers means that current aged care funding may be adequate, but is not being spent on safe, quality care for residents'
- 'Lack of funding and/or accountability for funding has flow-on effects upon the provision of adequate health assessment, food, hygiene, and social activities for residents'

Staffing and Skill mix

In 2019, 94% of participants (n = 239) indicated that staff ratios were inadequate, a 10% increase from the 2016 results (84.9%). Two main themes arose from participants' responses; 'too few staff to take care of residents' needs' and 'community members understand workforce pressures'.

In 2019, 86.5% (n = 218) observed that the ratio of registered nurses to other staff members was inadequate at their facility; an increase from the 84.9% (n = 360). Themes regarding 'registered nurse to other staff ratios' and 'registered nurse to resident ratios' emerged. These highlighted the effects inadequate ratios of registered nurses have on care delivery and residents.



Cost Shifting

Cost shifting from residential aged care facilities to residents and their family was less frequently noted by aged care staff in 2019 in comparison to 2016, however 26% (n = 61) of participants identified that residents/family members are being asked to pay for items that facilities once provided.

Improving Aged Care Services

Legislated minimum staffing levels was the most commonly identified factor by participants (89.2%/ n = 315) that could be implemented to improve aged care services. Participants also identified less focus on profits for providers and more on minimum standard for residents (n = 309/ 87.5%) and greater government funding for staffing (n = 291 / 82.4%) as key actions. The actions identified from the responses offered by these participants provide suggested solutions to the problems and concerns that have been identified throughout this survey and encapsulated the fundamental responses needed from government and industry.

Voting Intentions

In 2019, 30% of participants indicated that if a political party made a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, they would vote to support them, just under 4% down from in 2016.

Concluding comments

Two hundred and seven participants provided concluding free-text comments or stories. Four key themes emerged which echoed participants' responses throughout the survey and encapsulated their overarching concerns with aged care and the causes of failings of the system. The themes were identified as; 'a sector in urgent need of improvement', 'a workforce at breaking point', 'lack of respect and value for residents', and 'deficient clinical and individualised care due to lack of time'.

Discussion

This report provides an updated picture of Australian community members' views and perspectives of the situation in the aged care sector with a focus on their concerns, staffing, funding, and ideas around what needs to be done to improve the sector. Participants from every State and Territory contributed their stories and experiences, which often echoed and confirmed those offered by aged care staff members in the associated report (ANMF, 2019). Many participants identified themselves as both relatives of aged care residents and as staff members at aged care facilities. The dual perspectives of these participants are valuable as they were able to observe and reflect on the sector with the insight of staff and as consumers.

As with the ANMF's 2019 National Aged Care Survey of staff members (ANMF, 2019), the data provided by community members presents a bleak picture of aged care in Australia. Community members also describe ongoing systemic failure to ensure safe and quality care to aged care residents and suggest an abrogation of duty by governments and providers. Disappointingly, the results and experiences presented and described by community members appears largely unchanged from those presented in the ANMF's 2016 Survey (ANMF 2016).



As with staff members, community members participants described a situation of widespread substandard care which offered neither dignity to the elderly at the end of their lives, nor to those who enter residential aged care facilities at younger ages. Community members similarly describe a situation that has failed to recognise the contribution the elderly have made to Australian society by providing them with dignified care at the end of their lives and which, participants believed, represented a profound lack of respect for Australia's elderly.

The results from the 2019 survey identify that community members have become increasingly concerned with deficiencies in terms of the numbers and skills mixes of staff. While funding appeared to be slightly less of a concern to participants than in 2016, the qualitative data revealed that many participants feel that while there is a sufficient amount of funding, improved transparency and accountability on the part of providers is essential to ensuring that both government subsidies and consumer contributions are used where it matters most – for the provision of safe, quality care for residents.

A most notable change between the 2016 results and the 2019 results is that the state of aged care appears to have declined. In 2016, participants described the situation in aged care as one approaching despair; in 2019 it is one in despair. While the survey of staff members highlighted that the staff members themselves are experiencing that despair first hand, the results of this survey reveal – unsurprisingly – that the residents and relatives are also victims of Australia's failing aged care system.

Survey participants in 2019 remain critically concerned about what they observe to be a widespread lack of regard and respect that the aged care system has for the elderly, the lack of consideration that the sector has for the individual needs of residents and need for communication and involvement of family members has intensified. Participants also articulated the failings of the system, i.e. management, providers and government, more directly and frankly than in 2016. This feature was also noted regarding the data provided by staff member participants. Community members provided considerable and distressing detail regarding instances where insufficient staffing (both lack of staff in general and lack of suitably qualified/trained staff) led to substandard care, injury, illness, health decline, and death.

Responses provided by community members notably included very few examples where blame was levelled at a specific staff member or staff members. Where instances of poor care were explained, community members tended to appear to present the situation as one that was largely driven by factors such as lack of time due to the absence of sufficient staff, insufficient training or expertise among staff, recruitment of individuals who are not suited or able to effectively work in the sector, or due to the provider's broader policies or attitudes to the provision of care for residents. This could indicate that community members recognise that many of the failings in Australia's aged care sector are systemic and often beyond the control of the individual staff members working within it. Considering the qualitative evidence provided by participants, aged care staff are seen to be worked off their feet due to lack of numbers, hampered by the presence of too few staff with sufficient expertise and training (such as registered nurses), rushing to deliver care to far too many residents, and burned out and unable to provide the most sensitive and compassionate care by fact that the situation has not improved and may have indeed worsened.



Aged care providers by contrast are depicted as profiteers with little regard for the wellbeing, safety, and comfort of residents. Many participants expressed frustration and even anger that increasingly, aged care in Australia is coming to be dominated by for-profit organisations. Participants feel that caring for elders and the younger residents in aged care homes is a social service that should not be driven by greed or profits and that seeing it as such contravenes the basic purpose of aged care; to provide safe, quality care to Australia's most vulnerable groups. This analysis is sustained by participants' views and perspectives regarding accreditation and inspections. Many participants felt that these must be more rigorous and thorough, noting that it appears currently that providers are given too much warning to temporarily increase staff and care quality to simply give the appearance of delivering good quality care. It appears that community members see aged care providers as often attempting to cut corners, shirk responsibility, and get away with providing the bare minimum of care due to a reckless and unjustifiable prioritisation of profits over people.

As with the results submitted by aged care staff members, a primary focus of community members appears to have been upon the negative impacts – on both residents, staff, and often themselves as relative – of not having enough staff or an appropriate skills mix. These views persisted in participants' suggestions regarding what could be done to improve aged care services.

Conclusion

As with the 2016 survey, it appeared that aged care staff and community members shared many similar perspectives and experiences regarding Australia's aged care sector. The themes and conclusions developed from the results provided by participants of the community member survey were developed and analysed separately from those provided by aged care staff members, however the sentiments and key messages here echo very closely those that were so apparent in the staff member survey (ANMF, 2019).

The final four themes developed from community member participants concluding comments and stories sum up their overall perspectives. Aged care in Australia is a sector in urgent need of improvement. This was known in 2016 and revealed by the ANMF's National Aged Care Survey then, so it is regretful that little appears to have changed in the intervening years. Community members understand that the aged care workforce is at breaking point; there are simply too few staff and not enough with the skills and qualifications to provide an acceptable standard of care to many residents. Community members appear to understand that most people working in aged care want to do their jobs well and provide residents with safe, compassionate, and quality care but may not be able to do this due largely to lack of time, provider pressures, and understaffing. Community members observe a widespread absence of respect and value for residents encapsulated in providers' perceived focus on profits and cost savings through staffing cuts in the presence of dehumanising and substandard conditions as well as in successive Governments' inaction.

Community members want their loved ones in residential aged care to be provided with safe, dignified, and respectful care at the end of their lives. As one participant commented; *"I am grateful that you are endeavoring to create better conditions, and hopeful that people at a vulnerable stage of life are treated with much more humanity and dignity."*



The survey's participants believe this will require:

- Ensuring that care is the priority for the entire aged care system;
- Guaranteeing transparency in the use of tax payer funding, and ensuring it is tied to care provision;
- Ensuring genuine accountability of aged care management and providers as well as government for the quality of the aged care system; and,
- Ensuring the voices of aged care residents, relatives, and staff are heard.

Community members are calling for urgent action to be taken to fix the failing aged care sector in Australia and have added their voices to those of almost 3,000 staff members. As another participant lamented;

“In a modern, progressive society like Australia we should feel ashamed if we don’t address the problem by changing by law the resident:staff ratio in aged care facilities.

I am ashamed to be an Australian; to think we live in a society that thinks so little of our Aged population that we can’t even look after them properly. Not because we don’t know how, but because we don’t want to spend the money. Putting the profits before the welfare of elderly citizens is shameful.”

For sake of elderly Australians and their relatives, and the staff who work in and with aged care, the system must respond.

“My nan had some beautiful and caring nurses looking after her for her daily needs, but there just weren’t enough of them... She and many others deserve so much more for the final years of their lives.”

- Granddaughter



Introduction

Aim

The aim of the present study was to follow up on the previous 2016 National Aged Care Survey of staff and community members to identify and examine key contemporary issues regarding participants' concerns and experiences with the Australian aged care system (ANMF, 2016). This companion report presents and analyses the results of community member participants that were not included in the first report of the 2019 ANMF National Aged Care Survey (ANMF, 2019).

Objectives

In the broader context of the Australian Nursing and Midwifery Federation (ANMF) and its members' concerns with the state of the Australian aged care sector, the ANMF's national campaign for staff ratio laws, recent Government announcements regarding aged care, and the ongoing Royal Commission into Aged Care Quality and Safety (the Commission), the present study had the objective of examining the following issues from the perspective of members of the Australian community:

- Current concerns in aged care
- Adequacy of staffing levels and skills mix
- Adequacy of care delivery in residential aged care facilities
- Suggested improvements necessary of aged care
- Voting intentions relating to aged care

Background

In 2016, the ANMF undertook its first national aged care survey. Almost two and a half thousand individuals participated in the survey comprising 1,724 aged care nurses and care workers and 699 community members, mostly relatives of people in aged care (ANMF, 2016). This initial survey was undertaken after more than a decade of ANMF campaigns calling for improvements in aged care to both increase and ensure safe, quality care for recipients of care and satisfactory working conditions for aged care staff. This survey was repeated in 2019 (ANMF, 2019).

This companion report presents the results provided by community members to the 2019 ANMF national aged care survey which was made available shortly after the first Royal Commission into aged care quality and safety hearings (Royal Commission, 2018). This report focusses upon responses provided by community member participants in 2019 and provides comparative results with the 2016 results where relevant. Some questions were updated slightly to reflect the contemporary context of aged care in 2019 and where this has occurred, this is reported in the results below.



Methods

Participants

Two broad population groups were eligible for participation; 'community members' - residents of aged care facilities, their family, relatives, and friends and 'aged care staff' - those that work within the aged care sector including nurses, carers, aged care workers (assistants in nursing – AINs, personal care attendants – PCAs, personal care workers – PCWs).¹

Recruitment

The survey was open to prospective participants from 26 March to 12 April 2019 and was hosted on the ANMF Federal Office website. The surveys were promoted via social media (Facebook, Twitter), ANMF communications with members, and by the State/Territory Branch offices of the ANMF to their members. Community member participants may have located the survey via social media or through word of mouth from an ANMF member but were not contacted directly via ANMF and ANMF Branch communications.

Survey tools

Two separate Survey Monkey® forms were used; one for community member participants and one for aged care staff. The community member survey had 15 questions, both included a mix of demographic items, multiple choice items, yes/no items, and free-text questions (see Appendix I). Largely, the survey replicated that which was used by the ANMF in the 2016 national aged care survey, with some modifications made to questions and response options to update the survey regarding the contemporary context. Changes from the original 2016 survey have been highlighted in this report.

Both surveys were preceded by clear information explaining the purpose of the survey, that participation was voluntary, that participants would be deidentified and their personal details kept confidential, and what results would be used for. Participants were given the option to provide contact details if they wished to confidentially speak to an ANMF staff member regarding the survey.

Data analysis and reporting

The data collected from respondents was analysed using simple descriptive statistics and frequency counts.

Options for open-ended responses were provided for several questions, allowing participants to either provide additional information in relation to their answers or to provide an extended example or story. One of the final questions of the survey invited participants to provide an extended comment or story in relation to aged care. Participants were given the option to request that this story be kept confidential, so quotes from those requesting confidentiality have not been included in this report.

¹ Responses provided by aged care staff members have been presented and analysed in a separate report (ANMF, 2019).



Many participants provided extended responses to one or more of the survey questions. Every extended response was read and re-read by at least one author in relation to the question and a process of inductive qualitative analysis was applied to develop common themes or categories. This approach was based upon the general inductive approach for analysing qualitative evaluation data described by David Thomas (Thomas, 2006). This approach was used to enable the synthesis of raw textual data into a summary format and to establish distinct links between the research objectives and findings derived from the data. While many responses were lengthy (e.g. a few sentences to a paragraph), others were shorter, with only a few words or a sentence. All responses were read, and where possible, direct quotes from participants have been provided (where permission was received to do so) that were deemed by the authors to best represent the themes identified in the broader data.

Where possible, frameworks depicting the underlying structure evidence within the responses of participants have been provided. For some survey questions clear relationships between emerging themes were noted through the process of analysis, these have been presented as such, demonstrating that higher level themes can be understood to be made up of a range of related subthemes. Other questions elicited responses that did not appear to be able to be represented in this manner, rather, they uncovered a range of factors or issues that participants raised in relation to a particular question or topic. Qualitative data of this kind has been presented differently to demonstrate that clear interrelationships between themes were not noted in the data.

Following in-depth familiarisation with the qualitative data, two authors undertook the process of qualitative analysis; one author leading the process and discussing with the other where issues or uncertainty occurred. The results of the qualitative analysis thus represent a process of consensus based on induction, allowing clear lines of reasoning from data to themes to arise alongside a process of cross-checking and refinement.



Results

Participant demographics

Overall, 354 individuals who identified as aged care residents or family, or friends of residents participated in the survey. Figure 1 depicts the numbers of community member participants by State/Territory.

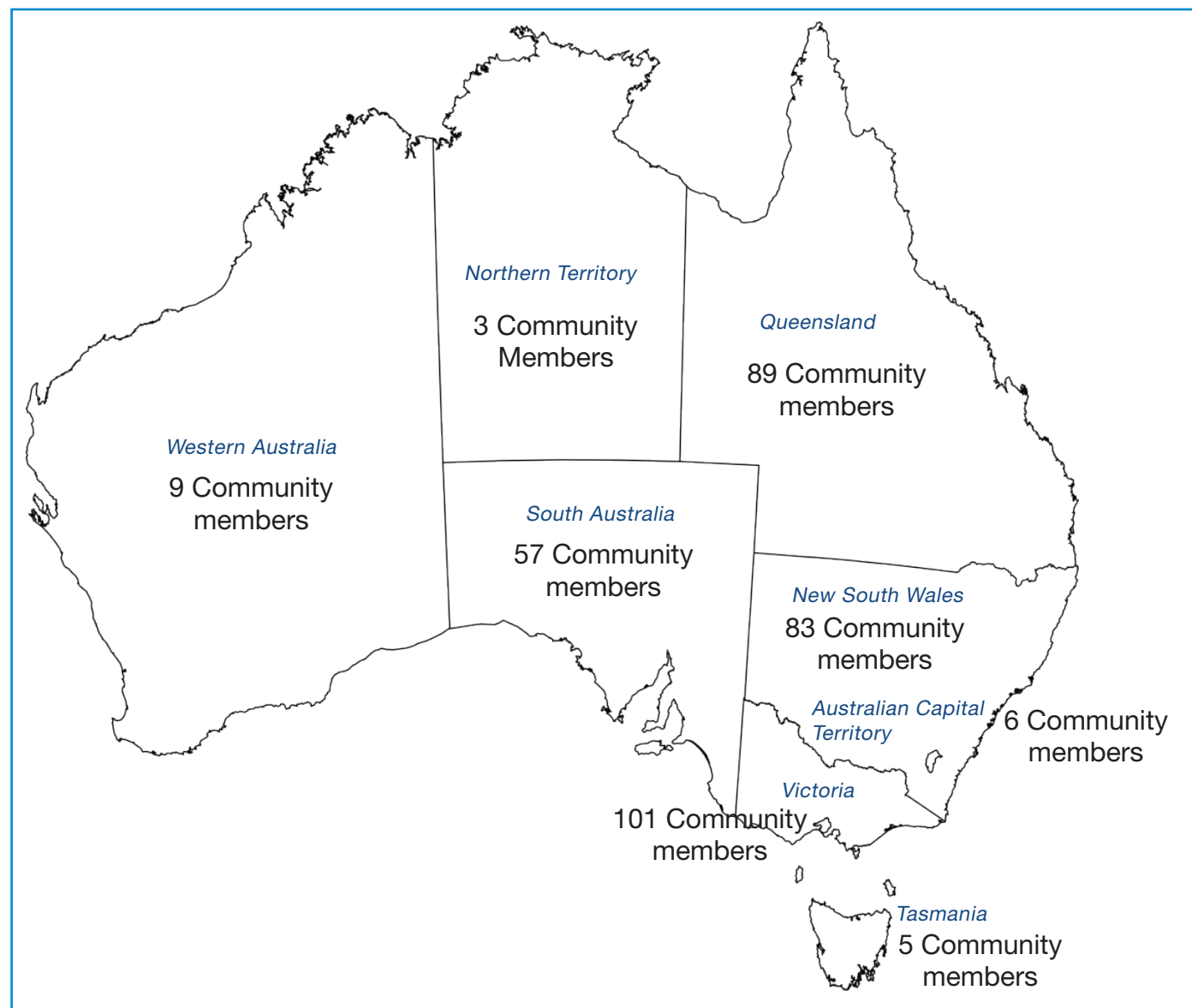


Figure 1: Community Member Participants by State/Territory



Some participants identified as both working within aged care and as family or friends of residents. Table 1 summarises the overall profile of community member participants by State/Territory.

Table 1: Profile of Aged Care Staff Participants

	NSW	ACT	VIC	SA	TAS	WA	NT	QLD	TOTAL	No Response
Participants	83	6	101	57	5	9	3	89	353	1
Employment classification										
Resident	1								1	4
Relative	53	4	73	34	1	6		57	229	
Friend	4		4	4			1	12	25	
Community visitor	1			1		1	1	1	5	
Other	24	2	21	18	4	2	1	18	90	

Geographic region

Community member participants from every State and Territory participated in the survey (n = 353). Most participants were from Victoria (n = 101/ %), followed by Queensland (n = 89/ %), New South Wales (n = 83/ %), and South Australia (n=57/ %). Small numbers from the ACT, Tasmania, Western Australia, and the Northern Territory also participated. Figure 2 shows a breakdown of community member participants by State/Territory.

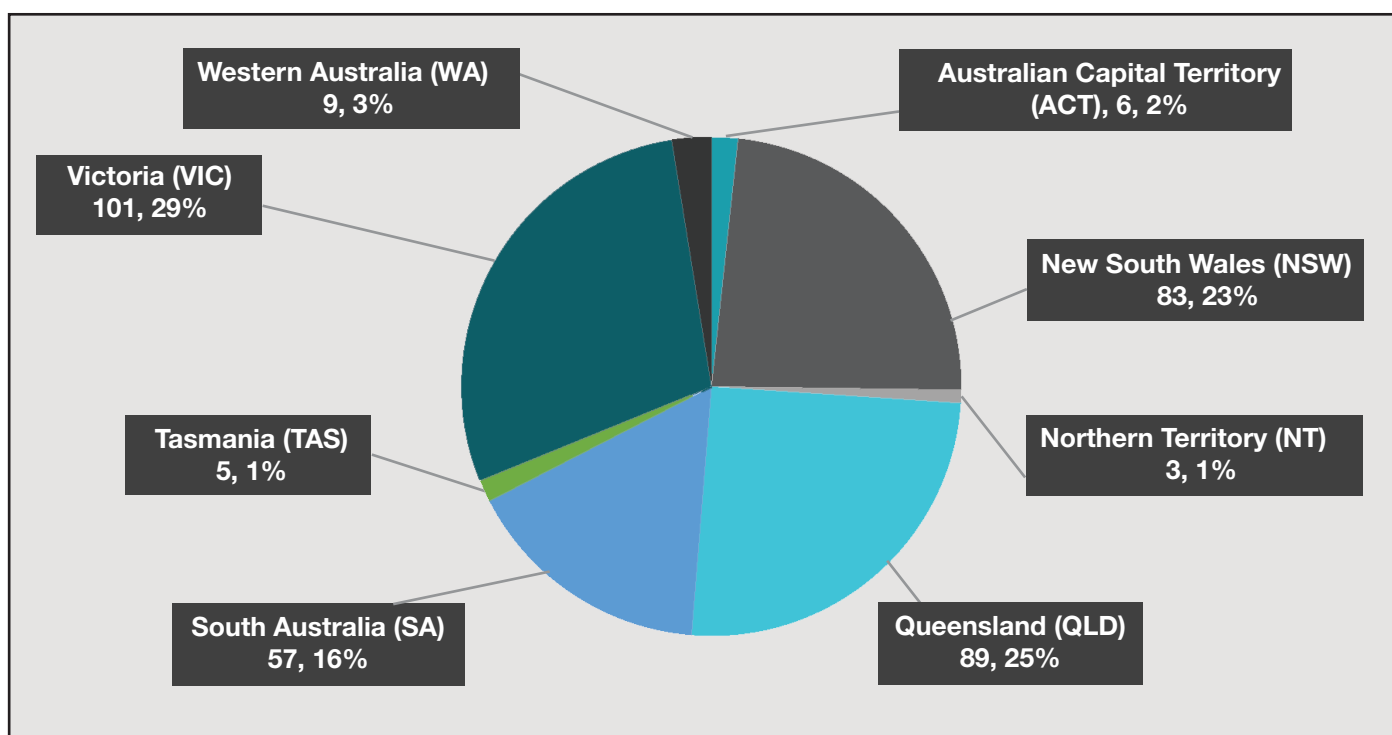


Figure 2: Community Member Participants by State/Territory



Participants by type

Most community member participants (n = 229, 66%) identified themselves as relatives/family members of recipients of aged care services. Most of the 90 people who identified themselves as member of an 'other' group specified that they worked in the aged care sector as for example a nurse, aged care worker, or carer. Figure 3 below shows a breakdown of community member participants by 'type'.

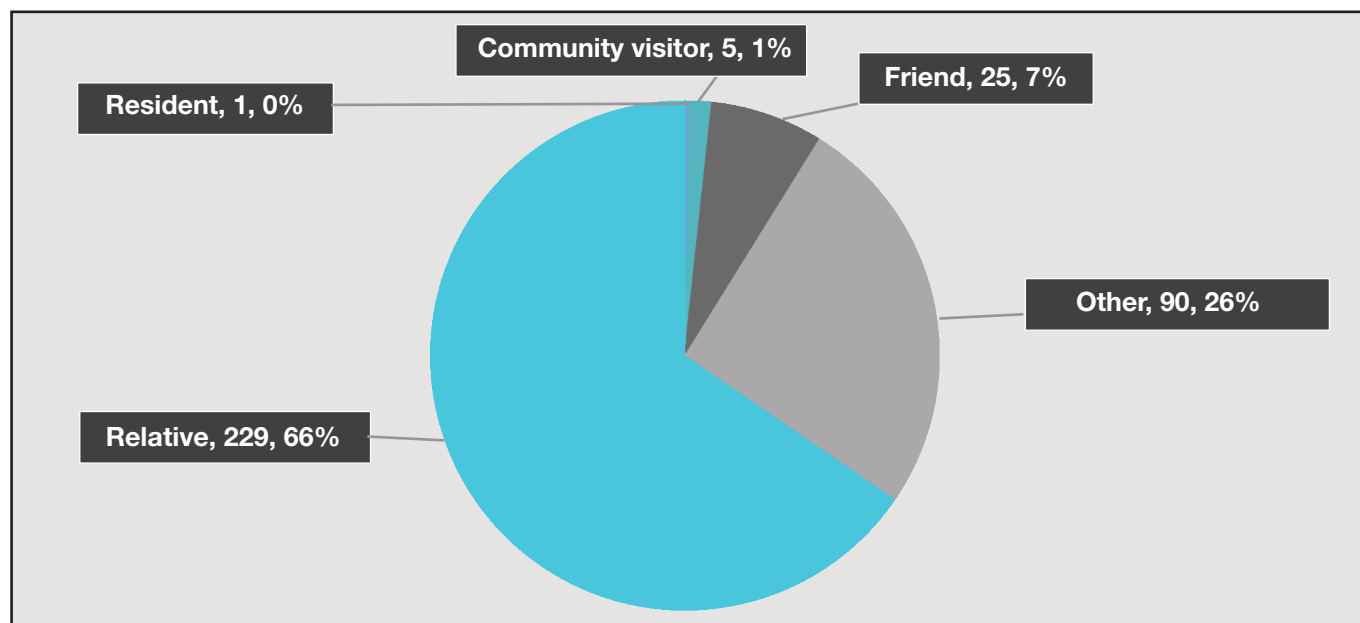


Figure 3: Community Member Participants by 'Type'

Issues of greatest concern

Participants were asked to identify from a list of options which issues most concerned them in relation to aged care. Participants were able to select more than one issue and were also able to provide open ended responses. Of the 354 participants who provided a response to this question, at 92.3% (n = 327) having 'adequate staffing levels for meeting basic care needs' (e.g. are there enough nurses and care-workers in total?) was the most selected issue of concern. This was closely followed by 'adequate staffing levels for providing high care' (e.g. are there enough registered nurses for high care residents?) with 87.8% (n = 311) participants identifying this as one of their greatest concerns. Reversed among community members in comparison to staff members, the third and fourth most commonly selected concerns were 'levels of experience and qualifications held by nursing staff' (n = 254/ 71.7%) and 'standards of care – dementia management' (n = 209/ 59%). Further concerns that were identified by over 50% of participants were: 'standards of care – continence management' (n = 189/ 53.3%), 'quality and/or amount of food' (n = 185/ 52.2%), 'standards of care – appropriate time for bathing' (n = 181/ 51.1%), and 'current Commonwealth funding for aged care services' (n = 180/ 58.8%). Figures 4 and 5 below depicts the issues of concern identified by community member participants.

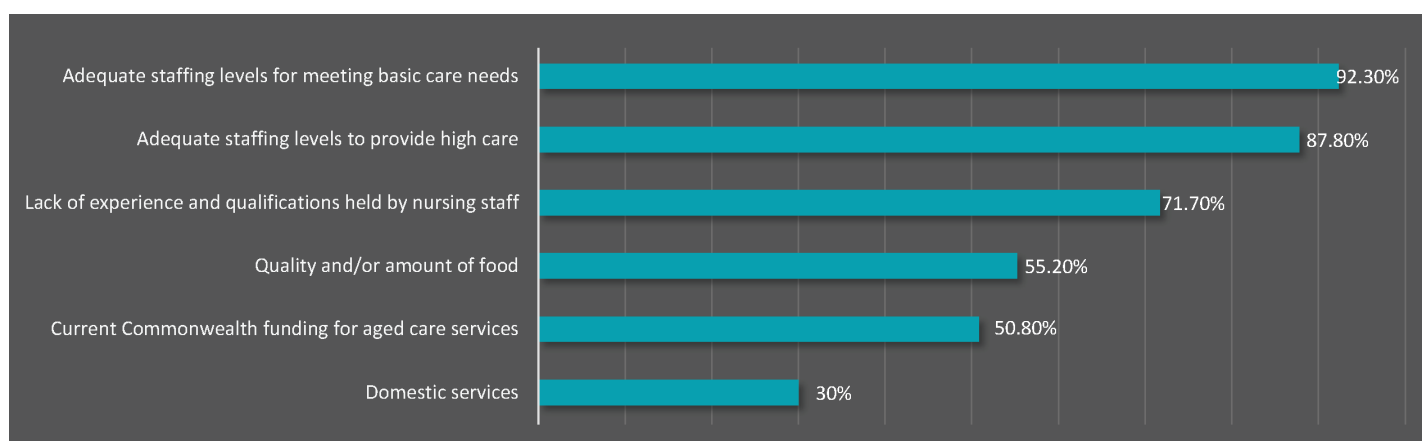


Figure 4: What issues are you most concerned about?

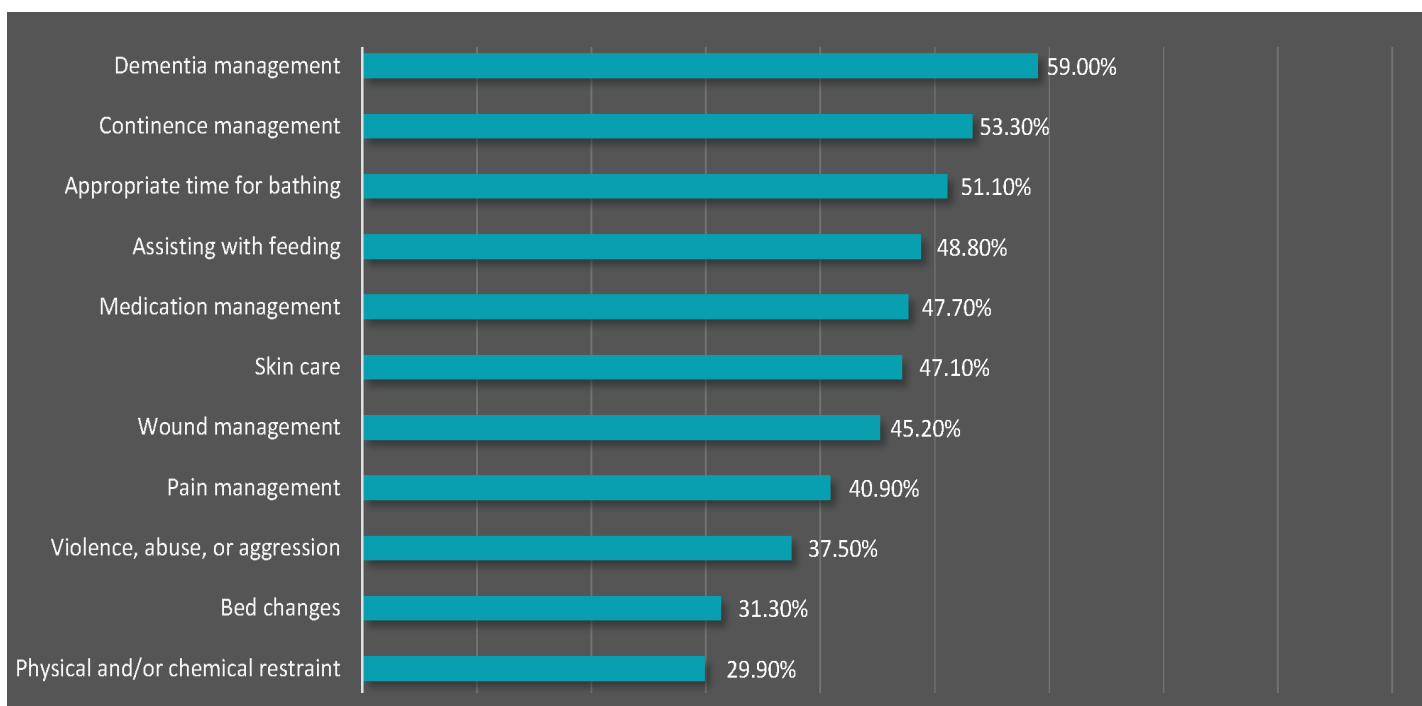


Figure 5: What issues are you most concerned about? (standards of care)



Comparison of 2016 and 2019 results: issues of greatest concern

Within the broader question asking participants to identify their concerns with aged care in Australia, several selectable options were identical in both the 2016 and 2019 versions of the survey (depicted below in Figure 6). In 2016, 694 community members responded to this question while in 2019, 354 responded. For most options, there was considerable consistency between percentages of participants identifying issues of concern in 2016 and 2019. A new selectable option was added to the 2019 survey: 'Adequate staffing levels for meeting basic care needs (e.g. are there enough nurses and care-workers in total?)'.

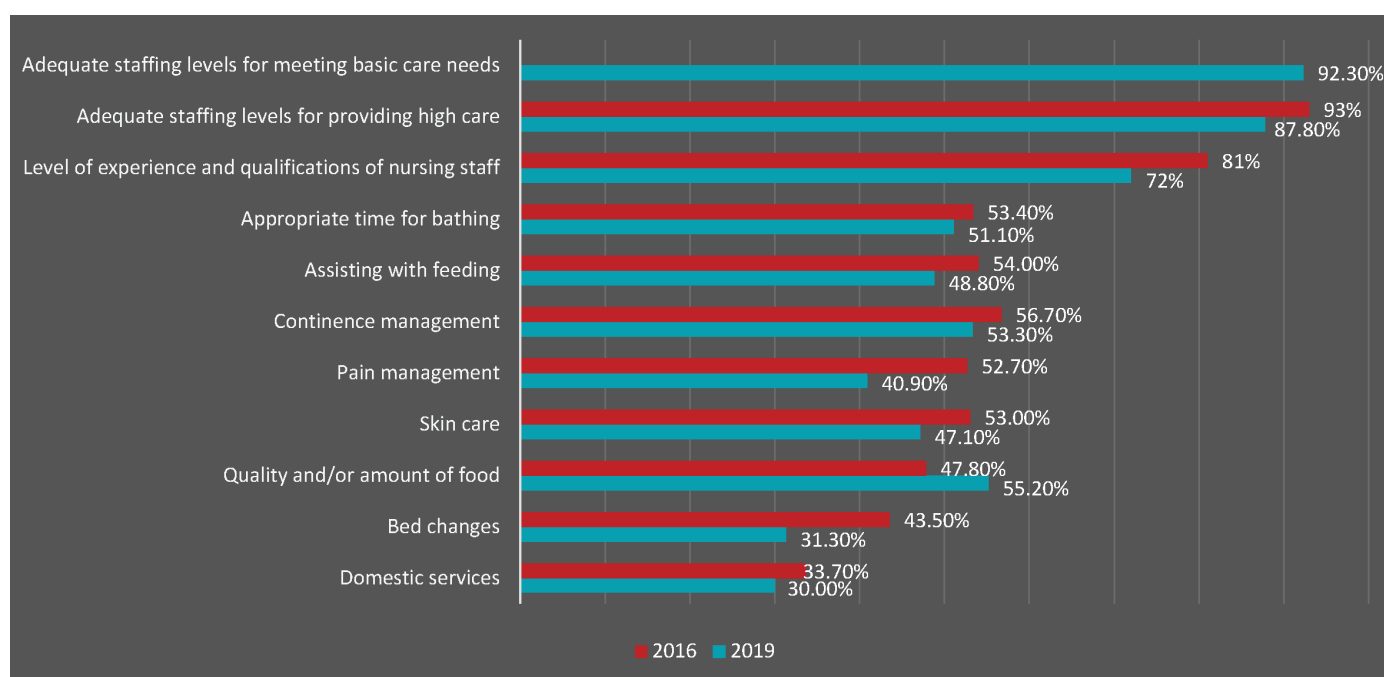


Figure 6: Community Member Concerns with Aged Care (2016 versus 2019)

Qualitative analysis of community members' concerns with aged care

Community members were offered opportunities to provide further in-depth details regarding their concerns with aged care; 28.5% (n = 101) of 2,767 participants who responded to this question selected 'other (please specify)' and provided further details. Many participants listed issues already identified in the graphs above as concerns, such as adequate staffing levels, dementia care, or medication management. The themes in Figure 7 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences. Of the 101 extended responses provided by participants, four major themes were identified: **Provider/facility**, **Staff**, **Residents care**, and **Integration and links with allied, acute, and mental health**. A number of sub-themes were also identified.

Concerns with the **Provider/ facility** incorporated the subthemes of; 'cleanliness of the facility', 'broad lack of respect for residents', and 'poor communication and collaboration with relatives'. These concerns tended to be articulated in the terms that it was not particular staff that did not respect residents, rather a broad or systemic ambivalence toward residents' comfort and care demonstrated by poor cleanliness and a reluctance to communicate well or involve relatives in decision making.



Concerns with staff comprised sub-themes of; ‘staff wellbeing and safety’, ‘adequate staff remuneration’, and ‘communication (English as a second language)’. Participants were concerned for the physical safety and wellbeing of staff in relation to their workloads and aggressive residents, that residential aged care staff did not get paid sufficiently to attract or retain them in the sector, and that many staff, especially carers, do not speak English as a first language/native speaker which can result in communication difficulties with residents and relatives.

Residents’ care incorporated the sub-themes; ‘lack of physical activity and entertainment’, ‘lack of social life and loneliness’, and ‘resident safety’. Participants were concerned that residents often are left alone for long periods of time and are not able or supported to engage in physical activities that could help them maintain or improve their health. Likewise, loneliness was a concern arising from a lack of attention paid to the social and relational needs of residents. Resident safety also arose, with risks such as abuse from staff and other residents, and risk of falls being a concern.

Integration and links with allied, acute, and mental health was its own broad theme and incorporated concerns from participants that focused upon the lack of good integration and involvement with other health providers including general practitioners, allied health (such as psychology, physiotherapy, occupational health) and specialist services including end of life and palliative care.

Themes	Sub-themes	Exemplar quotes
Provider/ facility	Cleanliness of the facility	<i>“Carpets are not clean, stained and not cleaned regularly. Where my mother is these stains are mostly made by rushing staff as the residents are in tub chairs.”</i>
	Broad lack of respect for residents	<i>“Lack of respect. Residents should not be treated as if they aren’t intelligent people who have lived long lives and have vast experience. It is terrible to see some treated like children.”</i> <i>Treating residents as people with individual needs, respecting that residents were once fully functioning properly within our community.”</i>
	Poor communication and collaboration with relatives	<i>“Communication with care plan discussed with family”</i> <i>“Lack of communication to family and myself as the power of attorney. The facility even admitted it’s a business and it is about money!”</i>



Staff	Staff well-being and safety	<i>"Safety for staff from aggressive dementia residents."</i>
	Appropriate utilisation of staff skills and time	<i>"Ex-husbands residence has carers having to do cleaning."</i>
	Adequate staff remuneration	<i>"Lack of exceptional trained staffing and decent wages for staff."</i>
	Communication (English as a second language)	<i>"Staff speaking English. Many residents are elderly, have trouble hearing and are not used to hearing accents."</i> <i>"Spoken language, literacy and experience of care workers. Heavy accents and soft voices made it extremely difficult for my father to understand his carers."</i>
Residents' care	Lack of physical activity and entertainment	<i>"Time to listen and converse, time to take dementia patients outside for walks, to look at gardens or just be outside in the sunshine."</i> <i>"The amount of time residents spend alone."</i>
	Lack of social life and loneliness	<i>"Proper provision of support for depression, isolation and other social issues. Increasing the number and variety of social activities to enhance the lives of residents."</i> <i>"Lifestyle and leisure activities inadequate for dementia residents."</i>
	Resident safety	<i>"General safety i.e. staff present on floor at any time."</i> <i>"Dementia patient in a standard ward, not fair on staff, other patient or the dementia patient herself. That patient has taken a dislike to my 98-year-old mother and has tried to hit her in the past."</i>
Integration and links with allied, acute, and mental health		<i>"Improved liaison with hospitals and allied health so a more complete and true picture of the person is available to assist the person."</i> <i>"Palliative care in nursing home."</i> <i>"Lack of availability of transport for the aged to doctor's appointments and other important needs."</i> <i>"Lack of choice and poor availability of doctor at nursing home."</i>

Figure 7: Themes Related to Community Members' Other Concerns with Aged Care



Aged care funding

Adequacy of current aged care funding (2016 versus 2019)

Participants were asked whether they thought that current funding of aged care is adequate to meet the needs of the aged care sector. The results from both 2016 and 2019 are presented in Figure 8.

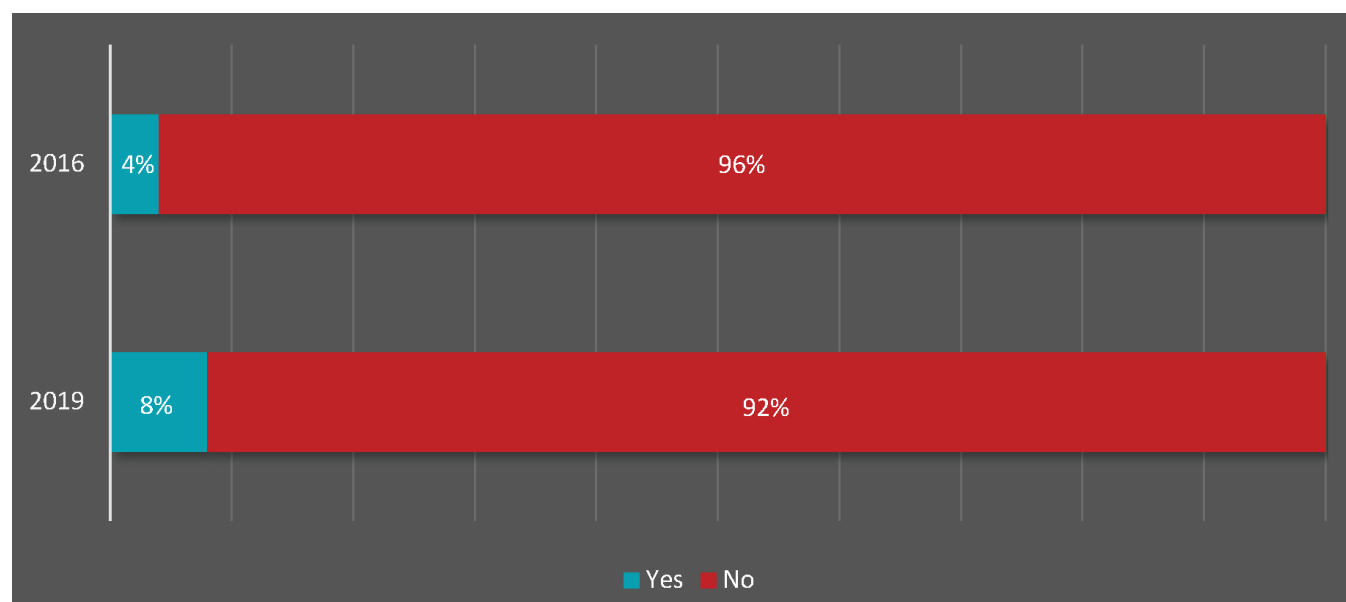


Figure 8: Is Current Funding of Aged Care Adequate (2016 versus 2019)

In 2019, among community members, in 2019 345 participants responded with 319 (92.4%) indicating that funding was inadequate, while in 2016, 673 participants responded with 646 (96%) indicating that funding was inadequate.

Qualitative analysis of community members' concerns with adequacy of funding of aged care

Community members were offered opportunities to provide further in-depth details regarding their thoughts about the adequacy of funding for aged care; 82.3% (n = 284) of 345 participants who responded to this question opted to provide further details in relation to their answer ('yes' or 'no' to whether they thought funding was adequate). The themes in Figure 9 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences. The vast majority of free-text responses to this question focused upon participants' observations of a general lack of sufficient numbers and ratios of aged care staff at residential aged care facilities which was seen as indicative of a lack of sufficient funding in the sector. Some participants noted that they did feel that funding was probably sufficient, but that lack of transparency and accountability of providers is likely to be the reason behind poor staffing and concomitant deficiencies in terms of safety and quality of care for residents as funds are being diverted to profits and executive salaries instead of care.



Aged care funding is insufficient to provide adequate staffing levels and skills mixes to meet residents' needs

"They have to look after too many people. There needs to be more personalised care especially with dementia residents. Mum has dementia but is not in the dementia ward as they don't have enough trained staff. Mums level of personal care is bad. They don't shower her daily, she has very dry skin that they don't manage, they allow wax to build up in her ears and they don't clean them."

The owners use the cheapest staff to provide the care. Nurses are needed to provide the knowledge that the complex health problems of the elderly require."

"There is not enough staff in general, but especially not enough registered nurses. Night shifts are of particular concern."

"I feel that there aren't enough staff to resident ratio. I feel that there aren't enough enrolled and registered nurses employed per shift. I do not agree with carers administering medication."

"I don't know enough about how the funding works, but clearly there is a problem. The nursing home where my mother resides is poorly staffed. It is not uncommon for there to be no staff readily available of an evening or, for resident requests for assistance to go unactioned for an inordinate amount of time."

Inadequate staffing numbers with insufficient time to address residents' needs especially dementia, mental health, clinical assessment, toileting, and time for social interaction

"There are never enough workers!!! Every time I visit my mum I always get caught helping some other resident because they're lost, confused or needing help to with mobility. It makes me so infuriated."

*"All of the staff at our mother's facility are caring & well-intentioned, but the funding is so inadequate to deal with the higher care needs of our ageing residents that there are not enough to give more than cursory care. Staff are frequently seen *running* to try to deal with all the demands on their time. There is no time for them to stop and have a chat, check on mental health, just have a cuppa or warm up a hot-pack. Because the funding is inadequate, staff are poorly paid, often have an inadequate level of conversational English to allow them to be understood by the many residents with hearing loss, and sometimes poor understanding of basics like wound care, or early identification of potential issues (like low sodium/potassium, or that checks for UTIs might be needed)."*

"Low staffing causes more neglect, through falls, skin tears unnoticed, rushed for any care when requiring toilet etc. Becomes like a factory of bodies & loses all sense of humanity & dignity. Nurses aides do not have a name badge, so they are regarded as nameless bodies doing menial work thus low morale of the difficult work they do, which encourages no accountable & neglect of care as they are NOT, nor adequately skilled even in positioning a resident."



Aged care provider business models prioritise profit over providing safe, quality care

"John Howard reduced nursing standards so that aged care facilities could lower their costs and make more profit. It also meant that less government funding would be required. It's a horrific situation when profit is put before the care of the elderly and has resulted in a 'race to the bottom' in terms of the quality and numbers of staff."

"I believe the providers are using the funding inappropriately to assist them in attaining a profitable outcome and to grow their business."

"What these organisations are allowed to charge is deplorable!! The aged in their care should not be enabling their continued accumulation of wealth while providing sub-standard care."

Lack of transparency and accountability of providers means that current aged care funding may be adequate, but is not being spent on safe, quality care for residents

"Not sure if funding is being used efficiently as aged care providers don't seem accountable for funding received and aged care staff are often threatened that they will lose hours at other times by management if the complain of inadequate care being provided."

"There is not enough transparency of what each provider receives in funding and how these funds are used. Most providers have "additional expenses" payable but it is not evident to what extent this payment is actually going towards the expenses and what amount is profit to the providers."

"Aged care needs to be regulated. Cannot be trusted to receive public money without being accountable for how it is spent."

"I feel resident contributions together with govt subsidies should more than cover costs. This is confirmed by the impressive living standards of residential care proprietors."

Lack of funding and/or accountability for funding has flow-on effects upon the provision of adequate health assessment, food, hygiene, and social activities for residents

"If it was adequate there would be facilities where staffing across the board was adequate and the budgets per resident would not be so frugal. There should be some form of profit 'cap' that the corporate bodies that own private facilities can make. It appears as though it is all about the 'Business' rather than the elderly residents that are left to be cared for."

"The funds that facilities receive may not be used in the right areas. They should prove what the money is spent on - show how they are using it towards resident care, quality of services & continuous improvement plans."

"Providers may or may not be using funding appropriately. Staff levels are inadequate. Little choice in choosing meals and some foods are not fresh. A lot of canned or packaged food is used. Providers should be accountable for the way in which they spend the funding they receive."

Figure 9: Themes Relating to Adequacy of Funding for Aged Care



Overall, it appears that community members felt that if adequate funding were present coupled with requirements for higher accountability and transparency regarding the use of aged care funds, the often-noted lack of staffing, inappropriate skills mixes, and ensuing poor quality and safety of care provided to residents would be avoided. Some responses also touched on observations that with an aging population, current aged care funding is insufficient to meet future demands.

Staffing levels

Adequacy of current staffing levels (2016 versus 2019)

Participants were asked whether they thought that the current staffing levels at their facility were able to provide an adequate standard of nursing and personal care to residents. The results from 2016 and 2019 for community members are presented in Figure 10.

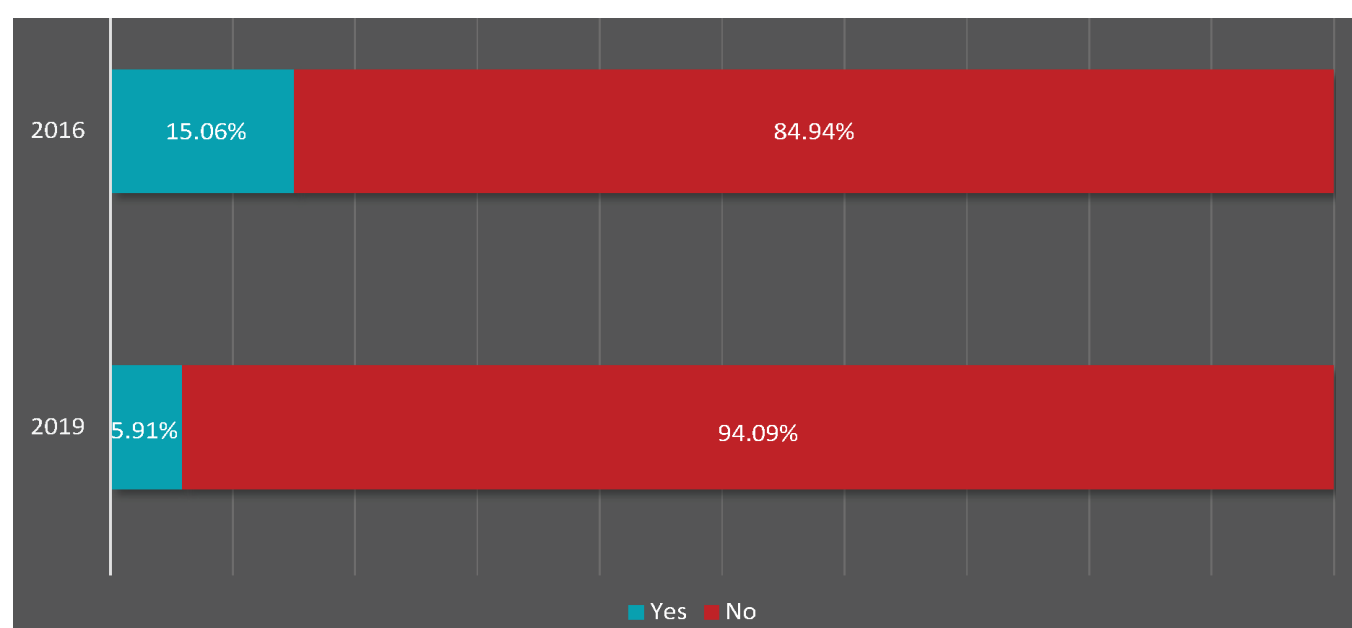


Figure 10: Do you think the current staffing levels at your facility are able to provide an adequate standard of nursing and personal care? (2016 versus 2019)

Among community members, in 2019 254 participants responded with 239 (94%) indicating that staffing was inadequate, while in 2016 425 participants responded with 361 (85%) indicating that staffing was inadequate.

Qualitative analysis of community members' concerns with staffing

Community members were offered opportunities to provide further in-depth details regarding their thoughts about the relationship between staffing and the provision of adequate care; 85.8% (n = 218) of 254 participants who responded to this question opted to provide further details in relation to their answer ('yes' or 'no') to whether they thought staffing was adequate.



The themes below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences. Two broad, overall themes emerged; **‘too few staff to take care of residents’ needs’** and **‘community members understand workforce pressures’**.

The first theme; **‘too few staff to take care of residents’ needs’** covers issues around the perspective that overall, there are simply too few staff in residential aged care facilities to cope with the workloads there. Participants identified that missed care is common because there are simply too few staff to look after residents’ needs. Care can be rushed or skipped entirely, as staff cannot cope with the numbers of residents. Staff become focused upon tasks rather than providing individualised, resident-focused care. Two sub-themes were identified within this theme; ‘unmet basic care needs’ and ‘unmet high care needs’.

A number of issues were raised by participants identified in relation to ‘unmet basic care needs’ due to lack of sufficient staff. Residents often experienced considerable waiting times for staff to assist with toileting. Bathing could also be missed, rushed, or delayed leaving residents sitting in soiled or old clothes for longer than deemed acceptable. Sometimes participants reported that it appeared that staff were relying on family members to undertake basic care tasks such as assisting with toileting, feeding, or personal hygiene. Participants then worried what was happening to their loved ones when they weren’t there to help. Meal times were a concern, with residents being rushed or not assisted adequately. Due to lack of staff, supervision of residents was also a concern as relatives were worried that loved ones were being left alone for extended periods of time and could become at risk of falls. Participants were also worried that the social and emotional needs and physical activity needs of residents were not being met.

Regarding ‘unmet high care needs’, issues such as dementia care, unexpected incidents, prioritisation of high care, reactive care, and hospital transfers emerged. Participants reported that there were not enough sufficiently trained staff members present in aged care facilities to meet care needs that require more advanced training and expertise. Participants reported that because residents with higher care needs needed to be prioritised by staff, other residents’ care was being missed or rushed. Unexpected incidents such as falls disrupted care for other residents and would take staff away from other care tasks.

The second major theme **community members understand workforce pressures** generally incorporated findings that related understandings that staff worked within a system where they themselves had little control over the problems that arose due to staffing deficiencies. Weekends, evenings, and public holidays were explained to be the worst times when there appeared to be very few staff around; sometimes to the point where relatives and visitors could not find staff to assist them or communicate with. The theme comprised two subthemes; ‘poor staff skills-mix’ and ‘poor staff to resident ratios’.

‘Poor staff skills mix’ and ‘poor staff to resident ratios’ incorporated issues around there being too few carers to provide for basic care needs and that there were too few nurses to supervise these staff as well as providing for higher care needs. Due to lack of staff, reliance on agency nurses was often noted which concerned residents due to their lack of personal familiarity with the residents rather than due to concerns with training or experience. Some participants expressed frustration that providers did not seem to acknowledge their concerns with staffing when raised and that without mandated ratios, providers could not be trusted to adequately staff their facilities.



Each theme, subtheme and list of issues has been included in Figure 11 below along exemplar quotes in the words of participants.

Themes	Sub-themes	Issues	Exemplar quotes
Too few staff to take care of residents' needs	Unmet basic care needs	Bathing, falls risks, feeding, hygiene and personal care, physical activity, relatives relied on for care supervision of residents, relatives relied on for care, toileting, unmet social and emotional needs	<p><i>"I have sometimes gone in to visit my mother to find that she is sitting in a soiled pad or sometimes my mother has requested to go to the toilet to be told that because she is unable to walk and it's right on teatime there is not the staff to manage this task. I have often had to tell my mother that she will have to just go to the toilet in her pad."</i></p> <p><i>"I visit my mother and I have to wipe the crust from her eyes every time I visit. She's not encouraged to drink enough water, they have no air conditioning, staff have 'compassion fatigue'."</i></p> <p><i>"I have walked around looking for a staff member to no avail several times. Yesterday was the same, and I waited over 10 minutes to get my uncle off the toilet. There was only one staff member for both wings, and they were answering the phone for reception and managing a vomiting resident."</i></p> <p><i>"Not enough staff per resident to give sufficient quality personal care. Staff are already stretched with over-allocated amount of residents."</i></p>
		Dementia care, high care is a priority, hospital return-transfers, reactive care, unexpected incidents	<p><i>"There is only two carers and one staff member giving medications for twenty residents with dementia. Eighteen of these residents have high care needs. When the two carers are attending to a resident the others are all left unattended. Falls are frequent in this section of the home."</i></p> <p><i>"The staff are so rushed and time poor that they can barely manage to shower, dress and feed the residents. There is no time to deal with anything out of the usual routine or anyone who might be having difficulties."</i></p>



	Unmet high care needs	Dementia care, high care is a priority, hospital return-transfers, reactive care, unexpected incidents	<p><i>“There is only two carers and one staff member giving medications for twenty residents with dementia. Eighteen of these residents have high care needs. When the two carers are attending to a resident the others are all left unattended. Falls are frequent in this section of the home.”</i></p> <p><i>“The staff are so rushed and time poor that they can barely manage to shower, dress and feed the residents. There is no time to deal with anything out of the usual routine or anyone who might be having difficulties.”</i></p>
Community members understand workforce pressures	Poor staff skills mix	Too few carers, too few nurses, lack of supervision, over-reliance on agency nurses	<p><i>“I’m constantly disappointed when we lose fantastic nurses because they have trained as Registered Nurses and become too expensive or ‘surplus to needs’ in our aged care facility. We have lost some fantastic nurses who have a great rapport with those in care and of course have so much more experience than an EN straight out of university. I’m also concerned that there are not enough diversional therapists nor enough personal carers.”</i></p> <p><i>“Lack of mandated staff ratios mean too few nurses covering day and night shifts. Too few care workers so residents get minimal time, delays in nappy/bed changes, delays in assisted feeding, almost no time for any social dialogue. Over 12 months the 2 Lifestyle officer roles were reduced to one part-timer and the daily program wound right back. Poor spoken English of most of the care workers makes it difficult on residents to understand and be understood.”</i></p>
	Poor staff to resident ratios	Staff are overworked, relatives can’t find staff members	<p><i>“The staff are always rushed although they do try to be careful etc., it’s an awful strain on them to get everything done, as there’s never enough staff. A staff member rings in sick and it gets even worse.”</i></p> <p><i>“Staff often work short, they have no time to take adequate breaks or provide care. Most days staff do the bare minimum due to being run down. For instance, there is one wing with 30 residents, about 20 require assistance. 4 of them are feeds and 6 are x2 staff full assist. There is a 6- hour shift and a 4.5- hour shift, they don’t stop. This is unmanageable. The residents miss out.”</i></p>

Figure 11: Themes Regarding Adequacy of Staffing in Aged Care



Staffing ratios (Registered nurse:other care staff)

Participants were asked whether they thought that the ratio of registered nurses to other care staff at their facility was adequate. The results from 2016 and 2019 for community members are presented in Figure 12.

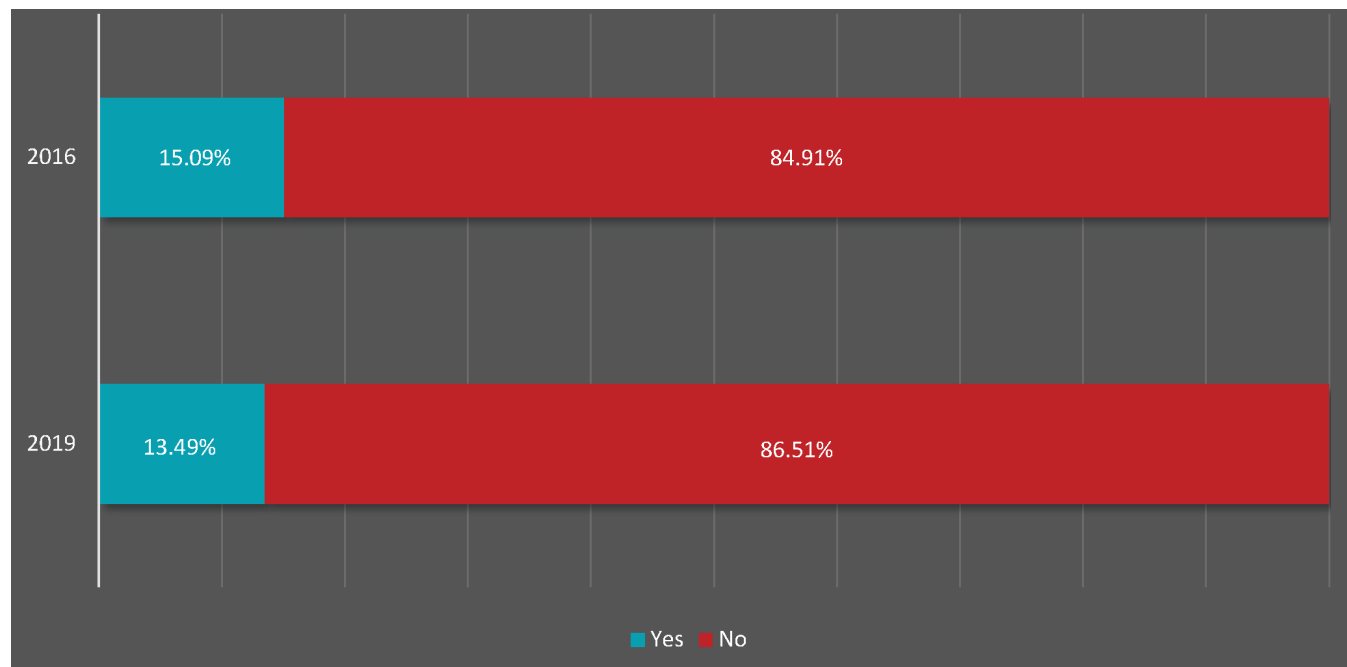


Figure 12: Do you think the ratio of registered nurses to other care staff in your facility is adequate? (2016 versus 2019)

Among community members, in 2019 252 participants responded with 218 (86.5%) indicating that staffing ratios were inadequate, while in 2016 424 participants responded with 360 (85%) indicating that staffing was inadequate. This shows a slight increase in the percentage of community members who feel that the ratios of registered nurses to other staff members in their aged care facility is inadequate.

Qualitative analysis of community members' concerns with registered nurse ratios in relation to other care staff

Community members were offered opportunities to provide further in-depth details regarding their thoughts about the ratios of registered nurses to other care staff in aged care; 77.3% (n = 195) of 252 participants who responded to this question opted to provide further details in relation to their answer ('yes' or 'no') to whether they thought the ratio of registered nurses to other care staff at their facility was adequate. The themes in Figure 13 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences. Two broad themes emerged; **'RN : resident ratios'**, and; **'RN : other staff ratios'** each with several subthemes.

A number of participants reported the ratios of registered nurse staff to residents at their facility. While it is difficult to establish how reliable these observations are, it does highlight the varied and often unmanageable numbers of residents that aged care staff must care for. Ratios were as low as one registered nurse to 20 residents and as high as one registered nurse to 190 residents, with most ratios described as being one registered nurse to over 90 residents. Issues with having one registered nurse responsible for residents across multiple floors or buildings were also raised.



Participants expressed that AINs/PCWs/PCAs did an excellent job, but that the care that nurses provide to residents is vital. Without adequate registered nurses, other staff are unable and untrained to identify and assess residents' clinical care needs and can miss important signs and symptoms of deterioration, injury, or illness. Another theme included participants' responses that dealt more closely with issues regarding the ratios of registered nurses to other staff members. As above, a number of sub-themes also emerged. Sometimes, relatives wished to speak to a registered nurse to gain a clearer, more detailed understanding of their loved one's care, but this may not always be possible if there are no registered nurses on duty or that nurse is unavailable.

Participants noted that especially at night (or sometimes even in the afternoon), weekends, and public holidays, registered nurses were often not present at the facility. This was unacceptable to many participants who recognised that residents' care needs did not change or decline based on time, or type of day. Many residents felt that it was unacceptable for there to be times when no registered nurse was onsite. The utilisation of registered nurses was also noted by many; while a registered nurse may indeed be present somewhere in the facility, having to work across multiple floors or buildings did not appear to be acceptable or manageable. Another common sub-theme was that with too few registered nurses, workloads are unmanageable for those that are on site.

RN : resident ratios	Dementia care	<p><i>"In particular caring for residents with Dementia requires nurses who have been trained in this area, it is specialised nursing. We need trained staff who understand the nuances of this disease, so that they can provide adequate care A carer does not understand how to care for someone with dementia."</i></p> <p><i>"My father is in a dementia ward and there are insufficient staff to cater for the number and complexity of residents. The staff do their best, but they are often under tremendous pressure. My father has been injured from another aggressive resident and the staff cannot see everything."</i></p>	
	RN expertise and knowledge is vital to many residents	Too few RNs to identify and assess clinical care needs	<p><i>"On occasion the RN is only available on a "on call" basis, not onsite. This situation requires untrained staff to 1. Recognise the problem 2. To have the confidence to escalate issues to an RN via the phone. RNs off sick are unable to be or not replaced by RNs. Our care facility has a policy that PRN medications have to be approved by an RN, including medications like Lasix for heart failure, when your relative is obviously short of breath, has swollen ankles and lacks clarity of mind due to hypoxia, being told there is no RN to approve PRN medication and that they cannot be contacted is extremely distressing and dangerous. If my relative was at home I could have administered the medication myself."</i></p>



		<p>AINs provide great care but can't be nurses</p> <p><i>"Many AINs provided great daily care, but with medication issues it was hard to get hold of an RN, especially for her end of life care pain management."</i></p> <p><i>"Bare minimum staffing is not acceptable for patients with high care needs. Aged care support staff are not trained to identify medical needs."</i></p>
RN : other staff ratios	Lack of communication	<p><i>"Every time I got in I've only spoken to 1 RN for near 100 patients definitely not adequate! The communication is so poor because they are just run off their feet!"</i></p>
	RNs must always be present	<p><i>"The medical needs of high care residents are often complex and warrant RN assessment and supervision. I have had to direct care staff to get the RN for an acute situation, when they had thought that their intervention had been sufficient, e.g. he had cellulitis, and they had not recognised it. They noticed that his leg was swollen and red, so they got him to sit with it elevated. His temperature had not been checked. On another occasion I found a wound had not been dressed because the care worker had not known what to put on it and was waiting for the RN to provide instruction. Unfortunately, the one RN was managing the terminal care of two residents all morning and still had not got to my uncle. It was after 2.30pm when I arrived to find his wound weeping into his sock and shoe."</i></p> <p><i>"There is only one RN at the facility, who is not there on weekends. the Manager is also a RN but is in management and not working as RN. I feel that there should be a RN available at all times to provide adequate nursing care."</i></p>
	Lack of training and supervision	<p><i>"The lack of adequate numbers qualified nursing staff leaves 'carers' who are frequently inexperienced, or outside 'agency' staff, or even trainees, unsupervised and dealing with people who have high levels of disability and need. Without adequate qualified nursing staff corners are cut that lead to poor outcomes, staff rush procedures and hurt or frighten patients and mistakes are frequently made with medications."</i></p>



	Too few RNs lead to higher workloads	<p><i>"No RN on all shifts. RNs can't keep up with care needs and supervising staff as overloaded with tasks and paperwork. Care staff ratios as well as RN ratios need to be mandatory."</i></p> <p><i>"Often only Reg Nurse is rushed off her feet and cannot do all the work with care & attention. Example, medication is missed. Poor understanding of wound dressing protocols or how to prevent to avoid skin tears from lift transfer machine. Simply a pillow was needed."</i></p>	
	Utilisation of RNs	Administration and management	<p><i>"On occasion the RN is only available on a "on call" basis, not onsite. This situation requires untrained staff to 1. Recognise the problem 2. To have the confidence to escalate issues to an RN via the phone. RNs off sick are unable to be or not replaced by RNs. Our care facility has a policy that PRN medications have to be approved by an RN, including medications like Lasix for heart failure, when your relative is obviously short of breath, has swollen ankles and lacks clarity of mind due to hypoxia, being told there is no RN to approve PRN medication and that they cannot be contacted is extremely distressing and dangerous. If my relative was at home I could have administered the medication myself."</i></p>
		Spread over multiple buildings/floors	<p><i>"One registered nursing across two floors at night with 20 residents on each floor is not enough. I have been there at 2am when my dad has been returned from hospital after a fall and head injury - he was supposed to be monitored as he has vascular dementia - I stayed with him myself as the RN was coping with two other medical issues."</i></p>

Figure 13: Themes Regarding Ratios of Registered Nurses to Other Aged Care Staff

Federal election voting intention regarding minimum staffing levels and skills mix

In 2016, participants were asked:

"In relation to the current federal election, if a political party were to make a major announcement on restoring funding specifically to improve services and care to residents in aged care, would you change your vote to support them on July 2?"

In 2019, this question was slightly updated to reflect the current context and was re-worded to

"In relation to the upcoming federal election, if a political party were to make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, would you vote to support them at the election?"



Figure 14 below shows the results from community members from 2016 and 2019 to both questions. In both 2016 and 2019 community members were most likely to select that they would support a political party at a federal election that; made “a major announcement on restoring funding specifically to improve services and care to residents in aged care” by changing their vote (2016), and; “make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care” (2019). Self-reported intention support a political party that made a major announcement for improving aged care services appears to have increased between 2016 and 2019, where in 2019 only 2% reported that they would not support a political for such a reason.

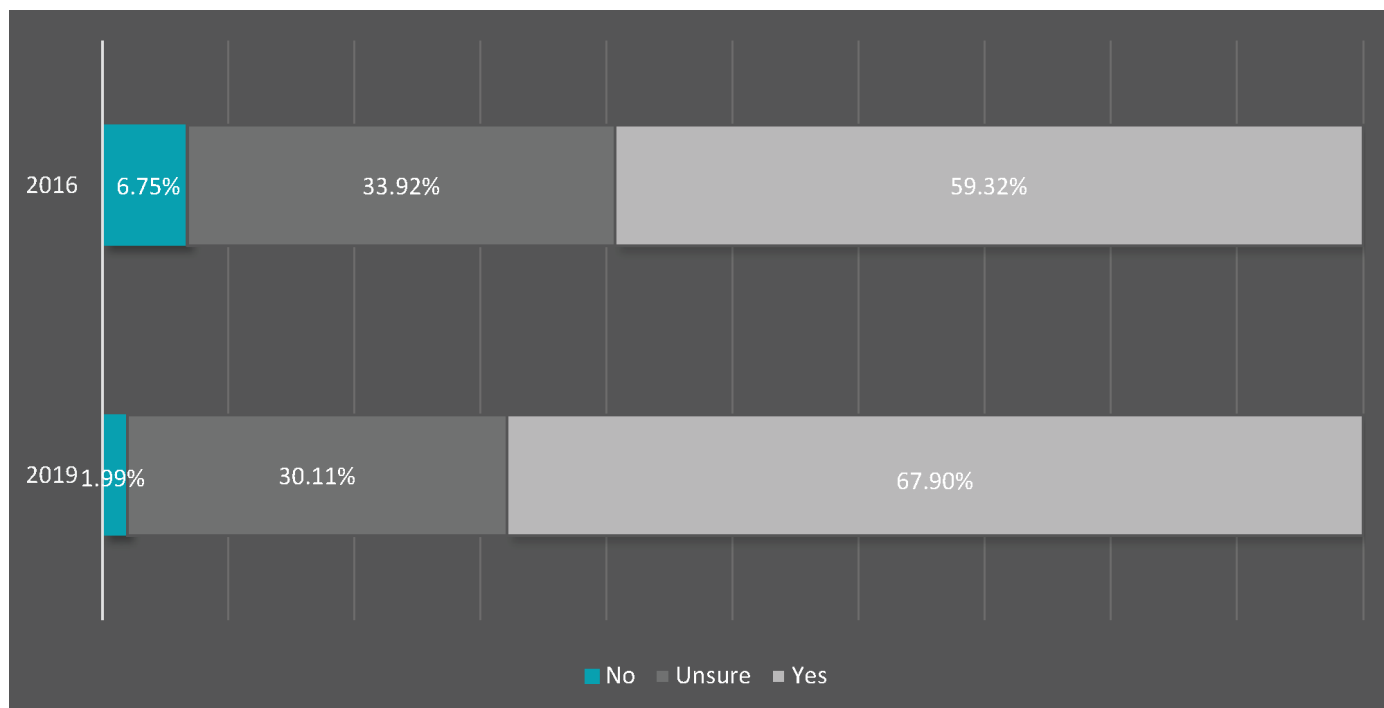


Figure 14: Intentions to Support a Political Party in an Election in Relation to Commitments to Improve Aged Care Services (2016 versus 2019)

Cost shifting

In 2016, community members were asked: “has cost shifting begun to occur in your facility to the resident or their family to pay for items that were once provided by the facility?”. In 2019, the question was slightly updated (as this was the question most frequently skipped by participants in 2016) with both participant groups being asked: “are [‘residents and/or their families’] (aged care staff) or [‘you’] asked to pay for items that were once provided by the facility?”. Results indicated that cost shifting from residential aged care facilities to residents and their family was less frequently noted by community members in 2019 in comparison to 2016, however 26.1% (n = 61) of community members identified that residents and family members are now being asked to pay for items that were once provided by facilities, indicating that cost shifting does still occur in residential aged care (Figure 15).

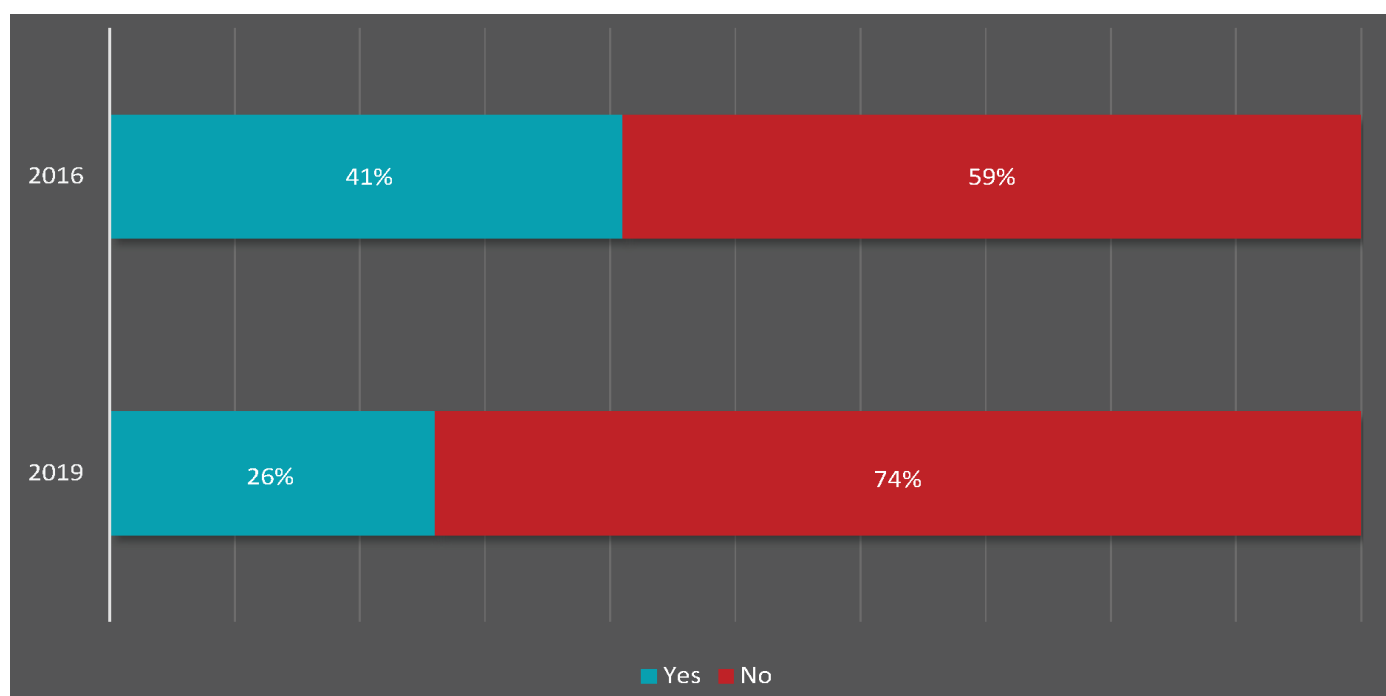


Figure 15: Cost-Shifting from Aged Care Facility to Resident and Family (2016 versus 2019)

Items that were once provided without extra charge but that residents/relatives are now required to pay for themselves include; basic toiletries, hot breakfasts, extra or special food and drink, television, activities and entertainment. Further, therapy such as occupational therapy and physiotherapy can be charged to residents but may not be provided as frequently as anticipated. Examples of quotes offered by participants appear in Figure 16.

“Bathroom products, incontinence products, resident requesting or needing a specific item such as skin care product or activity items etc. Cost of facility products and services higher than buying from commercial businesses oneself. Facilities prefer own service providers to be used when able to obtain same services/products cheaper outside the facility.”

“Occupational therapy services - who rarely visited - even though we were advised that occupational therapy was provided. This service should be provided daily so that residents maintain their strength for mobility.”

“As there was an early cold snap...[T]he heat was not turned on and my mother’s carer asked us to provide a heater for her room because the floor heating was not going to be turned on until Anzac Day. Then we were going to be charged extra for electricity.”

“Bus trips. When questioned, they stopped taking her on outings!”

“Were only there for 6 weeks. We had the resources to pay for drugs, but it was frustrating that mum had come to the hospital with a bag full of drugs (which were sent home). When they transferred her to the nursing home (which was meant to be her ‘home’ !!) without any discussion - all the drugs were re-issued by the local pharmacy and charged to us (bills of more than \$400 and expecting more as well). Meanwhile we have a cupboard full of expensive drugs that will have to be thrown away !!”

Figure 16: Exemplar Quotes from Relatives Regarding Cost-Shifting in Residential Aged Care



Improving aged care services

In both the 2016 and 2019 surveys, community members were asked what they thought needs to be done to improve aged care services. The wording of one selectable option was slightly modified from; “more and more vigorous accreditation inspections” to; “more rigorous accreditation inspections” to improve simplicity/understandability. One other selectable option in the 2016 survey; “regulated registered nurse ratios at aged care facilities” was also replaced with two separate options; “legislated minimum skills mix, including numbers/levels of registered nurses”, and; “legislated minimum staffing levels at aged care facilities”.

In 2016, 686 community members provided a response, with 353 responding in 2019. ‘Legislated minimum staffing levels at aged care facilities’ was the most commonly selected option for community members in 2019, with over 93% (n = 331) indicating that this would improve aged care services. This is a similar result to the 2016 survey where almost 91% of community members selected the option ‘regulated registered nurse ratios at aged care facilities’. These were the only two options selected by over 90% of participants from any group (staff or resident) in either the 2016 or 2019 survey.

The following options were selected by more than 80% of community member participants in 2019: ‘legislated minimum skills mix, including mandated numbers/levels of registered nurses’ (n = 315 / 89.2%), ‘less focus on profits for providers and more on minimum care standards for residents’ (n = 309 / 87.5%), ‘minimum training and regulation for all staff involved in direct care of residents’ (n = 300 / 85%), ‘more Government funding for staffing’ (n = 291 / 82.4%), and financial penalties for providers who do not ensure minimum care standards to every resident (n = 286 / 81%). Results are reported in Figure 17 below.

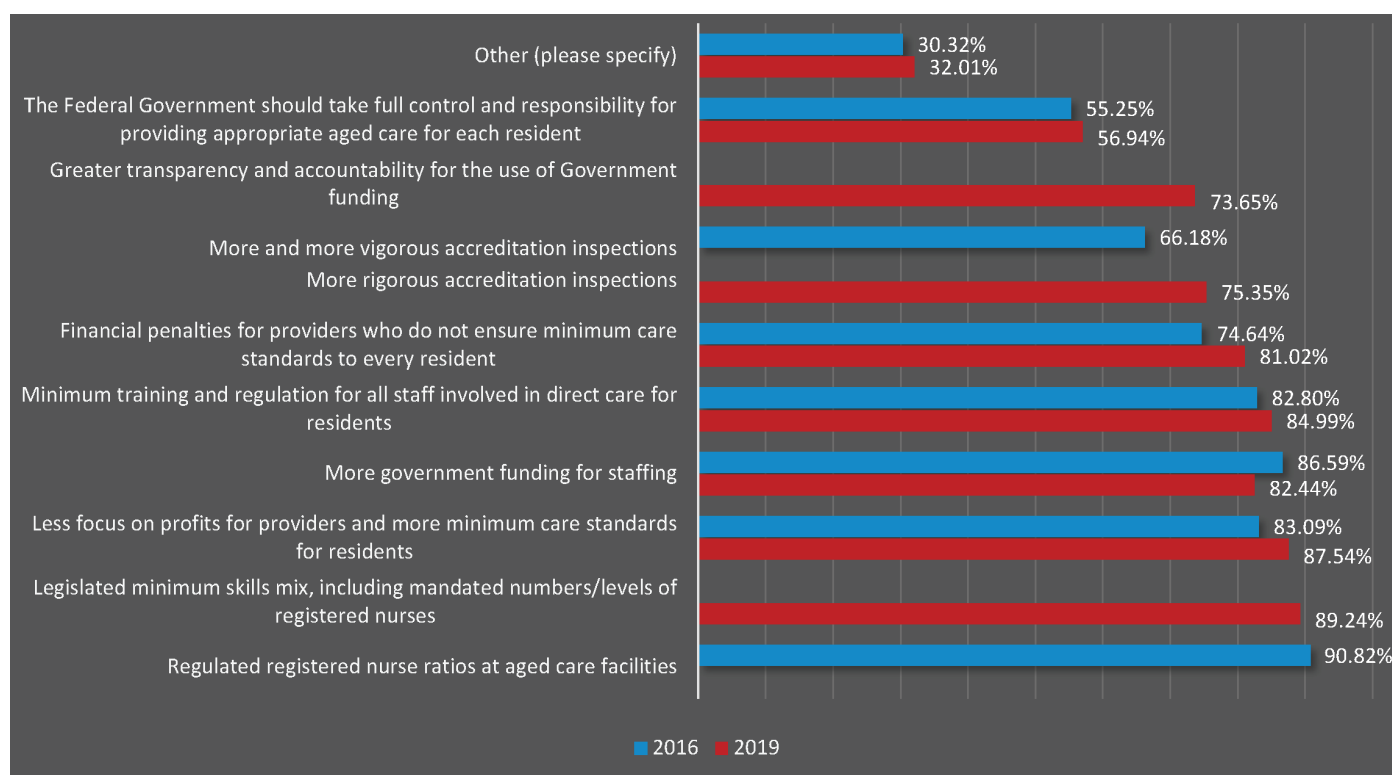


Figure 17: What do you think needs to be done to improve aged care services? (2016 versus 2019)



Qualitative analysis of suggested actions that could be taken to improve aged care services

By selecting “Other – please specify” community members were offered opportunities to provide further in-depth details regarding actions that could be taken to improve aged care services; 32% (n = 113) of 353 participants who responded to this question selected ‘other – please specify’ and opted to provide further details in relation to their answers. The actions below have been identified from the responses offered by these participants and exemplar quotes have been provided to illustrate their perspectives and experiences (see Figure 18). Participants both expanded upon the actions they had identified from the provided list and also offered additional suggestions.

The suggestions for improvements have been analysed and categorised across four broad themes; **improvements to staffing**, **improvements to resident care**, **improvements to facilities**, and **improvements to policy and regulation**.

Regarding **improvements to staffing**, participants suggested improvements around training and education particularly for increasing expertise in dementia care, recruitment of people with the ‘right’ attitudes who want to provide excellent aged care, remuneration and recognition of staff working in aged care to attract and retain a high quality workforce, and addressing language and communication difficulties that can arise between non-English speaking staff and residents.

Improvements to resident care were suggested by participants and included a focus on improving dementia care including diversional therapy and the number of staff trained to provide for residents’ dementia care needs. Collaborative care was also considered to be an area of future improvement, particularly regarding improving consultation and collaboration with residents, relatives, and staff. Further need for adoption of innovative evidence-based models of care was raised, along with the importance of improving collaboration, integration, and transfers between aged care services and acute and specialist health care services such as mental health, palliative care, occupational and physical therapy, rehabilitation and pharmacy services.

Improvements to facilities suggested by participants included ensuring that management are appropriately skilled and experienced to properly manage aged care facilities, including having strong health backgrounds as opposed to hotel and business management. Improving diets and nutrition of residents was cited as an important development including providing more appealing and nutritious foods. Participants also considered necessary renovations to facilities to be important to make residents more comfortable, but that this need not extend to excessive improvements that do not provide clear added value to the residents’ comfort and care.

Improvements to policy and regulation focused upon ensuring that providers shifted their focus from profits to providing safe, quality care for residents and some highlighted that the aged care sector should not be a place for for-profit providers at all. Improving transparency and accountability for aged care funds – both those provided by government and those paid by residents and their families – was also called for, with clear use of funds on care services, and accountability of providers being highlighted. Accreditation practices and processes were also focused upon, with a need for these to be random, unannounced, and inclusive of the views and perspectives of residents and staff members called for. Finally, participants called for greater regulation of provider practices regarding staffing and suggested that minimum staffing must be mandated and enforced.



Improvements to staffing – e.g. training/education, recruitment of the ‘right’ people, recognition and remuneration, and language and communication

“If palliative care is to be provided in residential aged care then there has to be appropriately trained staff and numbers to provide quality care.”

“There should be staff with expert training in caring for residents who need secondly hour basic nursing care and that means one nurse to maybe two residents not twenty residents, who require other care needs.”

“Need staff who do care about the residents and who are careful to do their job properly. Have had new staff who have done the basic short carers course and put into dementia. They don’t have a clue. Cameras throughout the facility would be a good start. Then the data can be analysed.”

“...I only know that my own working life confirmed that the public is right in holding nurses in very high regard and so I favour high input from nurses appropriately funded. Fund their bedside work and their advocacy in organisation.”

“Staff must have adequate English skills, as seniors with hearing impairment have huge problems communicating with carers who have thick accents and/or poor English.”

Improvements to resident care – e.g. dementia care, collaborative care, evidence-based models of care, integration with acute/specialist services, care transitions and transfers

“Look at overseas models to see how they provide care for their aged. In some countries, preschools and aged care fare together, so that generations can interact together providing much needed human contact. Some nursing homes set up their environments as little communities, with real grass inside, individual doors for each resident and more. This is to help the resident feel more at home.”

“More research-based practice, more research. What works, what makes for happy, healthy residents, find out through research what that actually is and work towards implementing that. Have centres of excellence where other people in the industry can go to learn.”

“Greater provision of mental health staff and social activities staff. More programs involving other social elements including pet therapy, music therapy, drama therapy, dance therapy. More social interaction with young children.”

“Adequate Staff to facilitate and advocate for residents transitioning to and from acute care facilities. Residents suffering delirium are at high risk of over sedation with dire consequences.”

Improvements to facilities – e.g. appropriately skilled and experienced management, diet and nutrition, necessary renovations

“A proactive management team with a sturdy health background and not for example hotel services experience only.”

“Employ NURSES as managers, not ppl w business training only.”



"Better communication and understanding of dietary requirements of Residents. Training for kitchen staff in preparation and presentation of food so it looks appealing especially for those on soft or mince moist diets."

"Building design should deal with needs of growing number dementia residents so physical and chemical restraint are not required. More diversional therapy staff are required to keep residents mentally and physically active."

"More funding for cleaning staff and replacement of carpets which are badly stained and smell of urine throughout the aged care facility."

Improvements to policy and regulation: People not profits, transparency and accountability, rigorous and thorough accreditation, regulation of provider practices

"There should be ZERO profits in this sector. Providing all staff are paid and money is available for maintenance etc. and paying of bills no aged care facility should be making a profit from residents. There is absolutely no reason why this sector should be based on profits, it provides a service and should not be focused on money making."

"Aged care should not be for profit. Private companies have no place in this sector- more profit means less services and care of residents."

"You can throw more money into aged care and it will be syphoned off by greedy providers which is what happens now! Needs to be properly regulated."

"They should be held accountable equally to childcare/schools and hospitals. You're dealing with loving people who are scared, depressed and confused. They feel they've lost everything they've known and worked hard for. Aged care should be a place residents want to go to and not dread."

"Spot check should be announced by letter months in advance, this gives the Nursing homes time to clean up their act, Spot check are just that 'Spot check', On day, NO announcements."

"The auditing and accreditation system is not robust enough, facilities are warned before and on the day everything looks nice, the staff are nice, there are more staff on duty, including getting in agency staff, the auditors are only taken to residents who will give them good stories, never to the residents who will tell them the truth - the residents are too scared in any event to say anything for fear of retribution and intimidation by staff and management."

Figure 18: Actions Identified by Participants to Improve Aged Care Services



Participants' Concluding Comments

Participants were invited to provide comments or to submit a short free-text response toward the end of the survey. The question was intentionally posed in an open fashion so as to not lead participants to focus on any particular issue, but rather to allow them to provide any additional details they wished; 'Do you have any other comments you'd like to make or a story you would like to tell us'? Just over 200 (n = 207) provided a response, however 55 of these participants noted that they did not wish their comments to be presented in the report. Comments from these participants were read by the authors and used in the analysis process but have not been used verbatim in this report.

The comments and stories provided by community members generally summed up the themes and issues that have recurred throughout the open-ended responses to survey questions. Four related themes were identified among the responses;

- **A sector in urgent need of improvement:** Failings in Australia's aged care sector are rife and worsening, with little concerted action taking place to rectify them. These systemic issues have practical impacts upon the delivery of everyday care and services to residents.
- **A workforce at breaking point:** The systemic problems in aged care put immense pressure on staff who must do the best they can with inadequate numbers and skill mixes. Many are seen to be just coping to get necessary tasks done within the time available, but this can mean that things are rushed, missed, or not done well.
- **Lack of respect and value for residents:** Prevalent problems in Australia's aged care sector are indicative of a lack of respect and value for the people it exists to care for and serve. A focus on profits and cost savings at a management and provider level and a social ambivalence toward the safety and wellbeing of aged care residents and the elderly has created a situation that can be dehumanising and unsafe for residents and staff.
- **Deficient clinical and individualised care due to lack of time:** Missed and poor care is common, clearly resulting in poor outcomes and death among residents. Community members observe that there are simply not enough staff and not the right skills mixes to provide timely and individually appropriate care for the many residents with complicated and diverse health issues.

Figure 19 present the themes with exemplar quotes from participants provided to illustrate their perspectives and experiences.



A sector in urgent need of improvement

"There are not enough staff. Companies are ripping millions of dollars out the homes and paying minimal tax and not putting money back into homes. The government legislation is just so pathetic and grey. Desperately needs to be improved with consequences for those homes who don't comply."

"I am saddened that whilst staff do their best to give top quality care to residents this is not possible due to many varying factors. Also accreditation visits should not be announced and spot checks should be more frequent. It is not appropriate that everything appears on the surface to be running smoothly when aged care is actually in crisis and has been for over 30 years."

"Until the aged care wages are increased the positions will never be filled with suitable workers. Majority of aged care workers have a poor grasp of English - extremely difficult for the aged and dementia residents. Poorly trained workers attending to dementia residents - out of their depth comprehending the dementia behaviour. Not enough supervision of these poorly skilled workers, by experienced staff. The institutions are extremely arrogant they do not comprehend that the residents and their families are the consumers. Staff are too task orientated instead of assessing each individual situation. My relative has been in care 6 yrs, I think we have experienced 8 Facility managers in that time. I feel communication is one of the biggest problems, I am still waiting to be advised if another relieving Facility Manager, the previous one left in November! The institutions are very happy to take your Money but won't or couldn't be bothered keeping relatives informed!"

A workforce at breaking point

"In my years working with aged care, I saw homes where there were very few staff after about 1 pm. Staff then and especially at night were run off their feet and at night were often AIN's. Assaults on residents went without reporting. Many homes had loud residents disturbing others when simple diversional therapy would have reduced this. Many homes failed to get social and cultural histories on residents, sometimes causing assaults on staff. In my mother in laws home, the geriatrician visiting would change care without consultation with my wife, the holder of her advanced health care directive. This included withdrawing fluids and pain meds leaving three days of agony before she passed away."

"The staff that have worked at the facilities my family has had experience with were absolutely wonderful and worked very hard to provide good care. The issue is that there were not enough staff to provide even basic levels of care to all the residents. There needs to be a dramatic increase in qualified and dedicated staff to provide the care that they deserve. There needs to be less focus on profits and more on providing a good quality of life for the residents."

"The staff at the home where my mother lives are really good. They function under very difficult circumstances and manage to be kind, caring and cheerful. They deserve much more support than they get."



Lack of respect and value for residents

"My concerns centre around the low staff resident ratio that exists at the Aged Care facility where my mother lives and I am to understand most Aged Care facilities. Not only are there not enough staff to do the job they are required to do, there is not enough trained staff employed to ensure a reasonable standard of services are delivered to the residents. If I think about the concerns I have, I realise that most of them could be solved by having a higher staff:patient ratio. I have many concerns and examples I could use but to keep this submission reasonably short I will give one example. But I see the same type of thing numerous times each day, especially at meal times and times of high personal need such as in the morning and evening. The example I will give is in the morning; the morning staff are often stressed when they have to attend to the residents' personal needs, e.g. toileting, showering, getting dressed etc., because they have a limited time to complete this job on x amount of patients. This stress then causes them to treat the residents in a hurried, abrupt manner which in turn stresses the residents. This problem could easily be solved if the Aged Care facility employed more 'personal carers', allowing them to attend to the residents in a more patient, caring manner. The stress the residents feel during times such as this effect their dignity and their mental health, which are then ignored or treated with drugs. In fact, I get the feeling drugs are given to residents to calm them down so that it makes the personal carers job easier. This is unfortunate and could surely be addressed by employing more staff and more trained staff. I know this would cost the Aged Care facilities more money and effect their profits. But I know that they can afford to do this and in a modern, progressive society like Australia we should feel ashamed if we don't address the problem by changing by law the resident:staff ratio in Aged Care facilities. I am ashamed to be an Australian; to think we live in a society that thinks so little of our Aged population that we can't even look after them properly. Not because we don't know how, but because we don't want to spend the money. Putting the profits before the welfare of elderly citizens is shameful."

Deficient clinical and individualised care due to lack of time

"My nan had some beautiful and caring nurses looking after her for her daily needs, but there just weren't enough of them. My mum once had to hand out meals in the dining room as there weren't enough staff around and those that were there were attending to residents unable to leave their beds. dementia patients should not be left alone, especially if they are frail. Prior to nans fall they had prescribed her medication that made her drowsy and unstable I'm unsure what it was. It was meant to help her sleep, I think. But my mum believes it's what caused the falls, which led to a broken hip, surgery, inability to get up for toilet, aspirational pneumonia from being given a tablet she couldn't swallow, and ultimately her death from starvation and organ failure. She and many others deserve so much more for the final years of their lives."

"Most care staff seem 'caring' but are obviously not well trained to pick up/identify health issues such as my husband's inability to swallow quickly. They shower him, but never clean his ears. His scalp often needs attention. They all seem to shout at him and turn his TV volume up, although his hearing is excellent."

Figure 19: Overarching Themes Regarding Concerns with Aged Care in Australia



Discussion

The aim of this report was to provide an updated picture of Australian community members' views and perspectives of the situation in the aged care sector with a focus on their concerns, staffing, funding, and ideas around what needs to be done to improve the sector. Participants from every State and Territory contributed their stories and experiences, which often echoed and confirmed those offered by aged care staff members in the associated report (ANMF, 2019).

The number of community member participants in the 2019 National Aged Care Survey (n = 354) is fewer than in 2016 (n = 699). While in 2019, the survey was available to participants for longer than in 2016, a potential explanation for the smaller number of participants in 2019 may be that residents and their relatives feel that they may be victimised by providers or staff for revealing instances of poor-quality care despite survey participation being anonymous. Reprisals may also have been feared by participants as many participants identified themselves as both relatives of aged care residents and as staff members at aged care facilities. The dual perspectives of these participants are valuable as they were able to observe and reflect on the sector with the insight of staff and as consumers.

As with the ANMF's 2019 National Aged Care Survey of staff members (ANMF, 2019), the data provided by community members presents a bleak picture of aged care in Australia. Community members also describe ongoing systemic failure to ensure safe and quality care to aged care residents and suggest an abrogation of duty by governments and providers. Disappointingly, the results and experiences presented and described by community members appears largely unchanged from those presented in the ANMF's 2016 Survey (ANMF 2016).

As with staff members, community members participants described a situation of widespread substandard care which offered neither dignity to the elderly at the end of their lives, nor to those who enter residential aged care facilities at younger ages. Community members similarly describe a situation that has failed to recognise the contribution the elderly have made to Australian society by providing them with dignified care at the end of their lives and which, participants believed, represented a profound lack of respect for Australia's elderly.

The results from the 2019 Survey perpetuate the bleak view of aged care in Australia, and identify that community members have become increasingly concerned with deficiencies in terms of the numbers and skills mixes of staff. While funding appeared to be slightly less of a concern to participants than in 2016, the qualitative data revealed that many participants feel that while there is a sufficient amount of funding, improved transparency and accountability on the part of providers is essential to ensuring that both government subsidies and consumer contributions are used where it matters most – for the provision of safe, quality care for residents.

A most notable change between the 2016 results and the 2019 results is that the state of aged care appears to have declined. In 2016, participants described the situation in aged care as one approaching despair; in 2019 it is one in despair. While the survey of staff members highlighted that the staff members themselves are experiencing that despair first hand, the results of this survey reveal – unsurprisingly – that the residents and relatives are also victims of Australia's failing aged care system.



Survey participants in 2019 remain critically concerned about what they observe to be a widespread lack of regard and respect that the aged care system has for the elderly, the lack of consideration that the sector has for the individual needs of residents and need for communication and involvement of family members has intensified. Participants also articulated the failings of the system, i.e. management, providers and government, more directly and frankly than in 2016. This feature was also noted in regard to the data provided by staff member participants. Community members provided considerable and distressing detail regarding instances where insufficient staffing (both lack of staff in general and lack of suitably qualified/trained staff) led to substandard care, injury, illness, health decline, and death.

Responses provided by community members notably included very few examples where blame was levelled at a specific staff member or staff members. Where instances of poor care were explained, community members tended to appear to present the situation as one that was largely driven by factors such as lack of time due to the absence of sufficient staff, insufficient training or expertise among staff, recruitment of individuals who are not suited or able to effectively work in the sector, or due to the provider's broader policies or attitudes to the provision of care for residents. This could indicate that community members recognise that many of the failings in Australia's aged care sector are systemic and often beyond the control of the individual staff members working within it. Considering the qualitative evidence provided by participants, aged care staff are seen to be worked off their feet due to lack of numbers, hampered by the presence of too few staff with sufficient expertise and training (such as registered nurses), rushing to deliver care to far too many residents, and burned out and unable to provide the most sensitive and compassionate care by fact that the situation has not improved and may have indeed worsened.

Aged care providers by contrast are depicted as profiteers with little regard for the wellbeing, safety, and comfort of residents. Many participants expressed frustration and even anger that increasingly, aged care in Australia is coming to be dominated by for-profit organisations. Participants feel that caring for elders and the younger residents in aged care homes is a social service that should not be driven by greed or profits and that seeing it as such contravenes the basic purpose of aged care; to provide safe, quality care to Australia's most vulnerable groups. This analysis is sustained by participants' views and perspectives regarding accreditation and inspections. Many participants felt that these must be more rigorous and thorough, noting that it appears currently that providers are given too much warning to temporarily increase staff and care quality to simply give the appearance of delivering good quality care. It appears that community members see aged care providers as often attempting to cut corners, shirk responsibility, and get away with providing the bare minimum of care due to a reckless and unjustifiable prioritisation of profits over people.



Key Concerns

Workforce and Staffing Concerns

Regarding the concerns that community members have around aged care in Australia, responses to most questions asked in both the 2016 and 2019 surveys were remarkably consistent. Participants identified staffing levels, staff qualifications and experience, and the subsequent inability to meet both basic and higher clinical care standards as their key concerns in aged care. This was echoed in the qualitative responses where major themes regarding concerns with providers/facilities (cleanliness, respect, communication), staff (safety and wellbeing, utilisation and remuneration of staff, communication difficulties), residents' care (physical activity, social needs, safety), and links with other health services emerged. Participants in both the 2016 and 2019 surveys did not blame staff for the failure to meet these care standards. Indeed, in 2019, the percentage of participants who indicated that levels of experience and qualifications of nursing staff was a concern decreased by around 10% to 71% of participants. On both occasions they identified that there are simply not enough staff with the right mix of skills to care for the number and type of residents in aged care facilities.²

It is important to note that the numbers of participants highlighting that the inadequacy of staffing for both 'high' and 'basic' care needs is very high, indicating that community members recognise that regardless of employment classification and scope of practice, there is a pressing need to address staff numbers and workforce composition in residential aged care.

The 2019 survey participants provided greater qualitative details regarding the effects of deteriorating staffing levels on the safety, care, and comfort of residents, providing considerable insight into impact that having too few staff has on residents and themselves and family members. They also provided greater detail regarding observations of unmanageable workloads faced by aged care staff members, frequently noting that staff were simply too rushed and overwhelmed by the number of residents under their care to provide what they saw to be an acceptable level and thoroughness of care.

Standards of Care Concerns

Dementia care was a new selectable option in 2019 and was the fourth most selected issue of concern among participants (n = 209/ 59%) and the most frequently selected issue of concern regarding standards of care provided in aged care, followed by continence management (n = 189/55.6%) and appropriate time for bathing (n = 181 / 51.1%). These issues are tied closely with the lack of sufficient numbers and skills mix of staff to provide safe and effective care.

In the qualitative responses, community members described a range of concerns, both providing details regarding the selectable options, as well as many not tied to those options. Participants' concerns could be categorised in relation to provider/facility, staff, care of residents, and linkages with other healthcare providers. Participants also described many instances where staff appeared to simply have no time to do their jobs properly because of a lack of staff and the focus of providers and management upon doing things quickly rather than safely or well. This echoed closely the concerns of staff members. Among the qualitative findings there were many stories of residents left alone for long periods. One participant noted; *"there is currently a TV advertisement running by [an aged care provider] showing a staff member spending quality time talking/reminiscing with a resident, each day! THIS IS NOT A REALITY...It is false advertising..."*.

² This is evident where in 2019, of 2,767 participants, almost 93% or 327 individuals indicated that they were concerned that there were not enough nurses and care workers to provide for even the basic care needs of aged care residents. The option to select concern with adequacy of staff to provide for basic care needs was not available in 2016.



As with the staff member survey, examination and analysis of the qualitative responses provided in relation to issues of concern in aged care as well as throughout the survey highlighted that many participants felt that the poor standard of care experienced by many recipients of aged care services could be directly related to lack of staff numbers and an adequate skills mix of the right staff to provide safe, quality care.

Funding

Inadequacy of funding for the sector was also clearly identified by both 2016 and 2019 survey participants with both groups clearly noting however, that aged care funding, irrespective of its source (from government or from residents and their families), is not being, nor is it required to be, directed to ensuring safe and adequate care for aged care residents. While, as with the staff member survey, there was a small reduction in the percentage (4%) of participants who believed that current funding of aged care was inadequate, examination and analysis of the qualitative data indicates that this might rather highlight a greater awareness that existing funding is not being directed or utilised appropriately – that is – toward the safe, quality care of aged care recipients.³ Indeed, in 2019 qualitative analysis revealed that a major theme among responses was that funding does not meet residents' care needs despite the fact that many participants recognise that significant government and other funding is directed to aged care.

Both participant groups from 2016 and 2019 expressed a strong level of cynicism with regard to how aged care providers were using the funding provided to them by the government suggesting that much better accountability for how those funds were spent was required. They also suggested that the lack of accountability allowed providers to present an image of the care that residents and families could expect from their facility which was inconsistent with the reality on the ground.

Survey participants in 2019 provided greater detail into how they believed funding was being 'mis-allocated' (both by for-profit and not-for-profit providers) observations that aged care providers were prioritising profit and cost-cutting over the comfort, safety, and care of residents. One participant shared the following; *"The funds that facilities receive may not be used in the right areas. They should prove what the money is spent on - show how they are using it towards resident care, quality of services and continuous improvement plans."* Overall, it appeared that community members felt that if adequate funding were present coupled with requirements for higher accountability and transparency regarding the use of aged care funds, the often-noted lack of staffing, inappropriate skills mixes, and ensuing poor quality and safety of care provided to residents would be avoided.

Staffing and skills mix

Participants in both the 2016 and 2019 surveys understood that aged care is a complex; requiring staff with specialised skills in order to provide safe and appropriate care for residents. Community members recognise that staff need to have skills and knowledge of the common co-morbidities affecting the elderly, in the management of dementia and other mental health and behavioural issues, in palliative and end of life care, pain management and wound care. Community members also recognise that staff also need to be able to assess the condition of residents effectively to prevent deterioration and avoid illnesses and incidents with early intervention and appropriate clinical management. As well as the need for higher numbers of skilled and trained nurses in aged care, community members also observed the need to have more carer staff to provide basic care and valuable social and personal care for residents. Indeed, both nurses and aged care workers were observed to simply be too few and stretched too thinly.

³ Interpreting the comparative 2016/2019 results for this question is also limited by the fact that the wording of the question was altered for the 2019 survey and rather than allowing respondents to highlight their concern with Commonwealth funding cuts (as in 2016), general concern with Commonwealth funding to aged care overall (2019) did not appear to be as concerning an issue.



Community members observed that high levels of clinical skills are lacking in aged care. There are too few registered and enrolled nurses; and care workers simply do not possess this level of skill even if they are qualified and well trained. The two participant groups reported almost unchanged ratios of registered nurses to residents between 2016 and 2019 and, similarly, virtually unchanged shortages of care workers. In the 2016 survey, 84.9% (n = 361) of participants noted that the current staffing levels at their facility were inadequate. In 2019, this has risen to 94% (n = 239), identifying very strongly was that there is a 'lack of staff' at all levels, from cleaners and support staff to care workers and nurses. These results also indicate that a greater proportion of community members (compared to staff members) identify a lack of staff; both overall and of registered nurses compared to other staff.⁴ Further, due to the higher responsibility levels of registered nurses, with only few onsite, they may have too much administrative and management work to undertake which means they are not able to devote sufficient time to providing timely assessment, care, and support to residents. The training and education that registered nurses bring to residential aged care is vital. Not only for the residents in their care, but also for other staff who look to these more highly trained colleagues for supervision, guidance, and support. Without sufficient numbers and skills mixes, registered nurses are spread too thinly and must rush or divide their attention across an unmanageable number of residents, family members, and staff.

2019 survey participants observed both a greater use of carers and agency staff to perform the work of registered nurses than was noted in 2016, with participants describing in detail concerns that carers were not trained or able to adequately carry out nursing work to an acceptable standard. Two broad themes emerged from analysis of participants' comments regarding the ratios of registered nurses to other staff members in their facilities. One theme was based upon the ratios of registered nurses in relation to residents, which while not explicitly focused on the particular ratio of registered nurses to other staff included important views and comments regarding the impact that the general shortage of registered nurses in facilities can have upon the care of residents. Without sufficient numbers of registered nurses, care for residents with special needs, such as those with dementia becomes challenging. Staff without proper training and experience may then have to provide care, which can be not of an adequate standard to be safe and appropriate for residents or the staff themselves.

Another concern identified by 2019 participants was, because of current overwhelming workloads and lack of staff, staff were often unable to cope with anything that occurred out of the standard 'care routine' or as an unexpected incident such as a fall or illness. This was also a key finding of the staff survey.

Participants reported instances where staff members simply could not be found in the facility to provide necessary care and that on occasion, family members had to undertake care tasks such as assisting residents to and from toilets because all staff members were too busy caring for other residents. Instances such as this mirror the impact of 'call-bell protocols' (noted in the staff survey) that have been implemented in many facilities where staff are required to answer a resident's call bell within a set time frame, even if this means leaving another resident in the shower, on the toilet, or unassisted when assistance is required. If staff don't attend within the required timeframe they are reprimanded. This places staff in the position of having to put one or another resident at risk – either of a delay, missing care or even at risk of harm.

⁴ In the 2016 survey, 79.2% (n = 1,310) of staff member participants noted that the current staffing levels at their facility were inadequate. In 2019 this rose to 89.1% (n = 2,406).



Expanding on the consequences of the lack of appropriate staffing and skill mixes, Community member participants in both the 2016 and 2019 surveys expressed significant concern that this is leading not only to a lack of safe and adequate care but also to the occurrence of many preventable incidents, illnesses and conditions, avoidable transfers to hospital, and even unnecessary or premature deaths. Heartbreakingly, many community members shared stories of loved ones dying or seriously injuring themselves due to lack of adequate staffing to care for residents.

Once again, though identified as an issue in 2016, participants in 2019 reported experiencing greater difficulties in accessing medical and higher-level clinical care through decreasing availability of general practitioners and limited access to other health and allied health professionals and expanded on the impact of this on the level care that can be provided within or linked to the facility. Participants provided details regarding the lack of sufficiently trained staff in facilities to provide care once residents returned from hospital to aged care facilities. With greater numbers of registered nurses in aged care facilities, transfers back from hospitals could be better managed.

Improving Aged Care Services

As with the results submitted by aged care staff members, a primary focus of community members appears to have been upon the negative impacts – on both residents, staff, and often themselves as relative – of not having enough staff or an appropriate skills mix. These views persisted in participants' suggestions regarding what could be done to improve aged care services.

In 2016 and 2019 participants were asked to identify what they felt needed to be done to improve aged care services in Australia. Quantitative and qualitative results indicated that across both 2016 and 2019, staff felt that improvements in the numbers and skills mixes of staff in aged care were vital for improving services. These were the most frequently selected options in both years, as well as more government funding for staffing. Training and regulation for all staff involved in direct care, and movement away from providers' focus on profits to more attention on minimum care standards for residents were also clearly areas that community members felt could be addressed to improve aged care in Australia.

From the qualitative responses, several key themes emerged focusing upon desired changes in terms of staffing, resident care, facilities, as policy and regulation. Participants described improvements to training, recognition and remuneration for staff, greater provision and integration of other health services, and more appropriately skilled management. Community members want the Government and providers to be held accountable for the delivery and use of funding and provision of care in aged care and see a pressing need for greater transparency of the use of aged care funding by providers – to show that it is clearly being directed to the provision of safe, quality care.

Regulation and accreditation practices where looking beyond the documented paperwork and speaking to the residents, and relatives on the ground was also often called for. Many community members felt that inspections were being conducted with too much warning and that providers were artificially improving conditions simply to pass accreditation.

As with staff members, community members felt a broad lack of respect and overwhelming ambivalence from providers, government, and society at large for the plight of the residents of aged care facilities. Further, many community members appeared to be keenly aware of the struggles facing aged care staff who must work every day under massive pressures to attempt to provide safe, quality care when there are simply too few staff.



Conclusion and key messages

As with the 2016 survey, it appeared that aged care staff and community members shared many similar perspectives and experiences regarding Australia's aged care sector. The themes and conclusions developed from the results provided by participants of the community member survey were developed and analysed separately from those provided by aged care staff members, however the sentiments and key messages here echo very closely those that were so apparent in the staff member survey (ANMF, 2019).

The final four themes developed from community member participants concluding comments and stories sum up their overall perspectives. Aged care in Australia is a sector in urgent need of improvement. This was known in 2016 and revealed by the ANMF's National Aged Care Survey then, so it is regretful that little appears to have changed in the intervening years. Community members understand that the aged care workforce is at breaking point; there are simply too few staff and not enough with the skills and qualifications to provide an acceptable standard of care to many residents. Community members appear to understand that most people working in aged care want to do their jobs well, provide residents with safe, compassionate, and quality care but may not be able to do this due largely to lack of time, provider pressures, and understaffing. Community members observe a widespread absence of respect and value for residents encapsulated in providers' perceived focus on profits and cost savings through staffing cuts in the presence of dehumanising and substandard conditions as well as in successive Governments' inaction.

Community members want their loved ones in residential aged care to be provided with safe, dignified, and respectful care at the end of their lives. As one participant commented; *"I am grateful that you are endeavoring to create better conditions, and hopeful that people at a vulnerable stage of life are treated with much more humanity and dignity."*

The survey's participants believe this will require:

- Ensuring that care is the priority for the entire aged care system;
- Guaranteeing transparency in the use of tax payer funding, and ensuring it is tied to care provision;
- Ensuring genuine accountability of aged care management and providers as well as government for the quality of the aged care system; and,
- Ensuring the voices of aged care residents, relatives, and staff are heard.

Community members are calling for urgent action to be taken to fix the failing aged care sector in Australia and have added their voices to those of almost 3,000 staff members. As another participant lamented;

"In a modern, progressive society like Australia we should feel ashamed if we don't address the problem by changing by law the resident:staff ratio in aged care facilities."

I am ashamed to be an Australian; to think we live in a society that thinks so little of our Aged population that we can't even look after them properly. Not because we don't know how, but because we don't want to spend the money. Putting the profits before the welfare of elderly citizens is shameful."

For sake of elderly Australians and their relatives, and the staff who work in and with aged care, the system must respond.



Key Messages

- There are consistent similarities between the data provided by community members and aged care staff as reported in the first 2019 ANMF National Aged Care Survey Report.
- Failure to ensure safe, quality care for aged care residents is the result of continued, systemic failures in Australia's aged care sector and ongoing inaction by governments and providers.
- Since the 2016 ANMF National Aged Care Survey, the situation has worsened; indifference and lack of respect for aged care residents is increasingly prevalent and quality and safety appear to be declining.
- Community members consider staffing numbers, skills mix, staff training/qualifications, and experience to be at the forefront of concerns with the aged care system and to negatively impact upon the ability of staff to provide safe, quality care for residents.
- Low numbers of staff and poor skills mixes result in poorer health and wellbeing outcomes for residents and poor working conditions for staff.
- Community members want staff with the "right attitude" to work in aged care and are concerned that some staff are neither trained nor equipped with the right skills and personal characteristics to work with vulnerable residents.
- Community members have concerns with staff who do not appear able to be well understood by residents due to English language ability.
- Lack of staff and inappropriate skills mixes mean that even the most basic care needs of residents, such as bathing, eating, and toileting are missed, neglected, or rushed.
- Adequacy of staffing to provide for high care needs is an emerging concern; community members recognise a lack of registered nurses and poor access to general practitioners and other health care staff results in poor or missed care for residents.
- Community members note that deteriorating staffing levels have resulted in greater safety risks for residents.
- Government funding for aged care is inadequate and widely regarded to be misdirected away from providing safe, quality care to residents or utilised inappropriately.
- Community members recognise that staff are often stretched to the limit; untenable workloads due to lack of staffing and poor skills mixes deters recruitment and retention of workers and hinders staff ability to cope with incidents beyond 'standard routines'.
- Community members feel that current processes for accreditation inspections are insufficient for ensuring that providers are providing safe, quality care to residents.
- Community members feel that improving staffing levels, skills mix, and the training/education of workers are urgently required to improve aged care services.
- Profit should not be the priority in aged care; greater accountability for the delivery and use of aged care funding by providers and governments is vital to ensure safe, quality care for residents.



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ANMF NATIONAL AGED CARE SURVEY

FOR FAMILY, RELATIVES, FRIENDS AND RESIDENTS



Australian
Nursing &
Midwifery
Federation

ANMF National Aged Care Survey

1. State or Territory:

- ☐ Australian Capital Territory (ACT)
- ☐ New South Wales (NSW)
- ☐ Northern Territory (NT)
- ☐ Queensland (QLD)
- ☐ South Australia (SA)
- ☐ Tasmania (TAS)
- ☐ Victoria (VIC)
- ☐ Western Australia (WA)

2. First Name:

3. Surname:

4. Postcode:

5. Are you an aged care:

- ☐ Resident
- ☐ Relative
- ☐ Friend
- ☐ Community visitor
- ☐ Other

If you selected Relative or Other, please specify

6. What are the issues you are most concerned about? (you can select more than one)

- ☐ Current Commonwealth funding for aged care services
- ☐ Adequate staffing levels for providing high care (e.g. are there enough registered nurses for high care residents?)
- ☐ Adequate staffing levels for meeting basic care needs (e.g. are there enough nurses and care-workers in total?)
- ☐ Levels of experience and qualifications held by nursing staff
- ☐ Quality and/or amount of food
- ☐ Domestic services
- ☐ Standards of care - Appropriate time for bathing
- ☐ Standards of care - Assisting with feeding
- ☐ Standards of care - Bed changes
- ☐ Standards of care - Pain Management
- ☐ Standards of care - Skin Care
- ☐ Standards of care - Continence Management
- ☐ Standards of care - Wound Management
- ☐ Standards of care - Medication Management
- ☐ Standards of care - Dementia Management
- ☐ Standards of care - Physical and/or chemical restraint
- ☐ Standards of care - Violence, abuse or aggression
- ☐ Other (please specify)

7. Do you think the current funding of aged care is adequate to meet the needs of the aged care sector?

☐ Yes

☐ No

Why or why not?

If you have a family member or friend receiving aged care, please answer questions 8 – 10, if not please go to question 11.

8. Do you think the current staffing levels at your facility are able to provide an adequate standard of nursing and personal care?

☐ Yes

☐ No

Why or why not?

9. Do you think the ratio of registered nurses to other care staff in your facility is adequate?

☐ Yes

☐ No

Why or why not?

10. Are you asked to pay for items that were once provided by the facility?

☐ Yes

☐ No

If yes, please specify

11. What do you think needs to be done to improve aged care services? (you can select more than one)

- ☐ More Government funding for staffing
- ☐ Greater transparency and accountability for the use of Government funding
- ☐ Legislated minimum staffing levels at aged care facilities
- ☐ Legislated minimum skills mix, including mandated numbers/levels of registered nurses
- ☐ Minimum training and regulation for all staff involved in direct care of residents
- ☐ More rigorous accreditation inspections
- ☐ Less focus on profits for providers and more on minimum care standards for residents
- ☐ Financial penalties for providers who do not ensure minimum care standards to every resident
- ☐ The federal government should take full control and responsibility for providing appropriate aged care for each resident
- ☐ Other (please specify)

12. In relation to the upcoming federal election, if a political party were to make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, would you vote to support them at the election?

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Do you have any other comments you'd like to make or a story you would like to tell us?

14. Do you agree to the ANMF/NSWNMA/QNMU using this story, de-identified, in the media and ANMF reports of the survey?

- ☐ Yes
- ☐ No

15. Would you be willing to speak to a member of ANMF/NSWNMA/QNMU staff who is working on a media campaign to bring about change? Your identity will be protected, you would have the full support of the ANMF/NSWNMA/QNMU and all conversations will remain confidential.

☐ Yes

☐ No

If yes, please provide your phone number and email address.

