

Submission by the Australian Nursing and Midwifery Federation

Building, Training and Supporting the Aged Care Workforce

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Nursing &
Midwifery
Federation



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Introduction

1. The Australian Nursing and Midwifery Federation (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 more than 320,000 nurses, midwives and care workers across the country.¹
2. 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.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides 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.
4. 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.
5. With regard to the care of older people, ANMF members work across all settings in which aged care is delivered, including over 45,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, primary health care, in-home care), depending on their health needs. Being at the forefront of aged care and caring for older people around the clock, seven days per week in acute care, nursing homes, and out in the community, our members are optimally positioned to make clear recommendations regarding key issues concerning the identification of improvements to build, train and support our aged care workforce to deliver high quality, safe care where and when it is needed.
6. The ANMF was pleased to attend the Roundtable discussions held on 5 and 6 December 2022 and is grateful for the opportunity to provide this submission in response to the questions raised in the Roundtable discussion guide. Our submission sets out key areas of recommended reform, noting that

¹ Care workers can be referred to by a variety of titles, including but not limited to 'assistant in nursing', 'personal care worker', and 'aged care worker'.



while a number of significant reforms have been introduced, there is still much to be done to ensure both that quality and safe aged care services are universally delivered to those who need those services and that the workforce delivering those services are valued and recognised. As the Roundtable discussions made clear, to attract the workforce needed to care for older people, we must continue to build a sustainable, accountable and high quality aged care sector.

Roundtable 1: Direct Employment

Improving Working Conditions and Worker Satisfaction

Guiding Principles

7. Recommendation 87 of the Royal Commission into Aged Care Quality and Safety set out that by 1 January 2022 the Australian Government should require as an ongoing condition of holding an approval to provide aged care services that approved providers have policies and procedures that preference the direct employment of workers engaged to provider personal care and nursing services. In addition, where personal care and nursing work is contracted to another entity, that entity should have policies and procedures that preference direct employment.
8. The recommendation included that assessment of compliance with those policies and procedures form part of quality reviews.
9. The ANMF strongly supports direct employment as the preferred means of engagement in the aged care workforce. In addition to enhancing quality, safety and continuity of care, direct employment creates greater job security and access to benefits such as leave entitlements, worker's compensation and superannuation.
10. The Government proposes a set of Guiding Principles as a first step to encourage direct employment. The ANMF acknowledges that developing Guiding Principles may assist in encouraging direct employment, however, on their own, are not enough to meet Recommendation 87, as it is not clear that such Principles will be enforceable or compliance measurable for the purposes of assessing quality standards.



11. The development of Principles, or any other legislated mechanism, is however, important, despite the relatively high level of direct employment in residential aged care. The aged care sector is going through a significant period of reform, particularly with the introduction of RN 24/7 and legislated care minutes. There has been evidence of providers taking a pre-emptory approach to these reforms by reducing current staffing levels and skills mix.
12. The ANMF is concerned that providers may increase the use of indirect employment in order to create some artificial workforce flexibility, used to address concerns, whether founded or not, about funding. As reforms are introduced, it will be extremely important to monitor how the workforce is engaged. In the absence of data, it is not possible to measure trends and understand what is occurring in the workforce. This information is important both to measure compliance with guidelines or any other instrument, but also to build on the other elements of the strategy directed at improving workforce satisfaction.

Home care

13. The ANMF acknowledges that the framework for reform in home care is yet to be introduced. For this reason, it may be appropriate to stage direct employment guidelines for home care in line with the overarching reform. That said, the ANMF strongly supports direct employment models in home care as it is the best means of ensuring continuity of care and providing the support needed to train, mentor and develop the workforce.

Indirect employment

14. The ANMF acknowledges that indirect employment, through labour hire agencies or platform based models, may be necessary in times of genuine shortages to meet surge workforce demands, or to fill temporary absences, which must be clearly articulated by the Guiding Principles.



Flexibility

15. Some workers cite the flexibility of 'gig' work as the reason for choosing indirect employment over indirect employment. The ANMF understands that this will be the preference of some people. However, a close understanding of the sort of flexibility sought and the reason for seeking it is necessary. The flexibility to work family friendly hours, whether on return from parental leave, to care for older or chronically ill family members or for other reasons, must form part of the direct employment model. It should not be necessary to give up direct employment, just to gain flexibility.

In order to encourage direct employment, the Guiding Principles, must make clear that genuine employee based flexible work arrangements, founded on employee centred rostering principles, are available. This should include the ability to:

- Work part time on return from parental leave
- Preservation of substantive employment on return from a flexible work arrangement
- Genuine consultation about rosters and advance notice of roster patterns
- The ability to increase or decrease work hours on request to accommodate caring and other responsibilities
- Flexible start and finish shift times, e.g. to allow before and after school drop off and pick up
- Strategies to maximise workforce participation, for example offering additional hours where capacity in existing workforce exists, ensuring contracted hours reflect actual hours worked
- Ensuring staffing levels and skills mix are sufficient to allow staff to take leave, attend training and can mentor and support new employees, or those returning after absence from the sector
- For home care, ensuring travel and administrative time is paid time.

Industrial Changes to Improve Workplace Conditions

Wages & Conditions

16. The ANMF welcomes the Albanese Government's commitment to fund the outcome of the Aged Care Work Value case, including the interim decision to provide a 15% increase in wages for direct care workers. The passing of the Secure Jobs, Better Pay Bill to amend the Fair Work Act will also provide opportunity to improve wages and conditions in the aged care sector, through a range of measures.



17. The ANMF notes that there is further work to be done in relation to the Aged Care Work Value case and that further reforms will provide the basis of improving wages and conditions in aged care, which in turn will address the longstanding difficulty attracting and retaining skilled and suitably qualified workers to residential and home aged care.

The ANMF makes the following recommendations to the Federal Government with respect to the Aged Care Work Value case:

- That the interim increase of 15% be fully funded by the Commonwealth Government (including on costs) and that the increase be applied in full to both Award reliant employees and those covered by enterprise agreements.
- Fund the 15% interim increase to the pay rates of the Direct Aged Care Worker classifications commence operation under the relevant Awards and enterprise agreements as soon as the full funding is available to aged care employers so that they can fund the increased pay rates to employees from the first full pay period in which they apply.
- That appropriate measures to ensure transparency and accountability with respect to payment of the 15% interim increase and any future payments be put in place however, this should not delay payment of the funding for interim increases to providers and the passing on of those increases to the Direct Aged Care Workers.
- Take all necessary steps to progress Stage 3 of the Aged Care Work Value case to ensure a positive outcome for all aged care workers as soon as possible, including funding of the final wage outcomes sought in the unions' applications.
- That Government funding of the interim increase of 15% and any subsequent increase be implemented based on the principle that services to older Australians are not to be negatively impacted as a result of the increase in costs.

The ANMF recommends that the Federal Government:

- a) Introduce portable Long Service Leave (LSL) at the rate of 1.3 weeks per year of service/Personal leave entitlements for the aged care industry at the rate which would provide an incentive for employees to move employers and to different locations.
- b) Focus on audits and prosecution of breaches of obligations by aged care employers including breaches concerning payment of wages and minimum care minutes:
 - I. Undertake national campaigns around particular entitlements with designated resourcing within ANMF Branches



- II. Establish internal care minute auditing scheme (as per UWU proposal)
- c) Regulation of Organisational Change/Staffing Changes
 - I. Organisational change that may have an effect on an employee (not limited to major change that may have a significant effect (like dismissal) on employees) must be notified to relevant unions and central regulator
- d) Introduce a government fund for aged care pandemic leave- Employers would contribute to that fund.
- e) Require rostering and leave related conditions in aged care, achieved through bargaining, be supportive of genuine employee flexibility to meet caring and other responsibilities. (this could be in the remit of the new Care Sector panel). Funding may need to be provided to support improved conditions.

Cultural change to improve workplace conditions

18. There are two fundamental areas of cultural change required to improve workplace conditions in aged care, both of which will assist in attracting and retaining a broader, more diverse range of people into working in aged care.
19. The first is to more greatly value and respect older people as a society and through organisations operating in the aged care sector. This can be expressed through assessing all reform measures from the perspective of the resident, care recipient or older person in the community. This entails ensuring person-centred care and adopting a human rights framework when designing legislation, infrastructure and care models. More broadly, the role of older people in society and the value and experience they bring to the life of their communities must be integrated into how older people are represented. The voice of older people must be elevated and normalised in our dialogue about all issues affecting older people.
20. The second cultural aspect is valuing care work. While the skills used to deliver care are regarded as 'soft', 'feminine' or considered personality traits rather than skills, they will not be properly valued, either economically or by society more broadly.



21. Work must be done to shift the perception of skills that are often not recognised, or adequately described, to show that in fact workers in aged care are exercising an often complex and multi-layered level of skill. Those skills are developed through education, training and enhanced through experience. The impact of not valuing either older people or the work required to care for them, results in a negative perception around working in aged care. The following sections address reforms that will assist in changing those perceptions.

Roundtable 2: Building and Supporting the Aged Care Nursing and Allied Health Workforce and

Roundtable 3: Building and Supporting the Personal Care Workforce

Attraction

22. For some time aged care has been seen by some, both inside and outside the nursing profession, as not as prestigious or valued compared to other sectors. In reality it is a multifaceted specialty area that requires expertise, education, experience, and a significant suite of skills to effectively, efficiently, and safely deliver care to a cohort of the population that is particularly frail, vulnerable, and at high risk of complications from all aspects – pharmacological (higher incidence of side-effects and interactions), nurse-sensitive adverse events (for example, urinary tract infections, chest infection, pressure injuries), acute deterioration and general decline (from worsening chronic conditions and/or additional acute illnesses), and accidents (falls in particular).

23. We need to continue to prepare nurses of the future for this sector, through education and destigmatisation. Emphasising the importance of this changing sector in each pre-registration program, with an emphasis on the rewards of the sector and the potential for career progression, combined with an option for additional aged care placements (allowing students to appreciate the complex nature of the specialty, rather than focusing on the performance of foundational care) will increase the attractiveness of working in this area.



Retention

24. In order to retain the existing nursing and grow the workforce of the future, we must arrest the numbers of nurses either leaving the profession prematurely, reducing their hours, or turning to casual employment to achieve shifts that suit their non-work life. While we must ensure sufficient numbers of new entrants into the workforce, we must do much more than just replace retiring workers with new graduates. This is because experienced, senior staff add immense value to the workforce and bring a benefit to patient/client outcomes that is beyond the sum of additional numbers.
25. Achieving nursing workforce reform will require a combined effort from state/territory and Federal governments. This paper focuses on actions required from the Federal Government.

Allied Health

26. While the ANMF does not represent allied health workers, we acknowledge the vital importance of the role of allied health in providing care to older people. Allied health care is integral to supporting the healthy ageing of older people and forms part of the overall care plan. Nurses must work closely with allied health professionals to ensure residents and home care clients receive optimal benefit from care, for example through promoting maximal mobility, ability to eat, drink, sleep, talk and enjoy social engagement. The ANMF strongly supports any program that ensures allied health professionals are able to work to their full scope of practice and are engaged and funded to work as core members of care teams.

Building and Supporting the Personal Care Workforce

27. The above observations about attracting and retaining nurses to careers in aged care apply equally to personal care workers. The ANMF considers more must be done to develop career pathways for PCWs, which recognise the training, skill and experience brought to the role. Career pathways must recognise the development of skill and expertise in the professional nature of the role. We consider registration of PCWs to be a high priority in moving to recognise the personal care workforce as professional. This is discussed in greater detail below.



28. The following part of the submission sets out a range of reforms that the ANMF recommends to build and support all parts of the aged care workforce, with some recommendations being specific to the nursing workforce.

Workforce Development and Recruitment

Education & Training

29. To ensure ongoing growth of the nursing workforce, it is critical that there are sufficient numbers of tertiary education places for nursing, which are widely accessible and not cost prohibitive. In addition, increase free TAFE places for Certificate III in Individual Support and Aged Care to attract new workers to personal care work, or assist current workers to obtain this qualification and promote these courses in schools and local communities where demand for aged care workers is high.

The ANMF recommends that the Federal Government adopts the following measures:

- a) Provide additional CSP undergraduate nursing places following consultation and collaboration with states & territories to determine demand.
- b) Increase subsidies for HECS fees for those undertaking nursing studies.
- c) Introduce free places for nursing diploma study, which leads to registration as an enrolled nurse, in states and territories where it does not exist.
- d) Provide free places for AINs/PCWs to attain Cert III/IV with ability to articulate to Diploma and/or Degree courses.
- e) Provide financial support for enrolled nurses who continue their studies to become registered nurses.
- f) Provide targeted grants to fund course costs and employment of those undertaking recognised return to practice/refreshers programs.
- g) Provide targeted grants to fund course cost and employment of First Nations Peoples.
- h) Provide targeted grants to fund course cost and employment for Nurse Practitioner Candidates.
- i) Require increased emphasis on aged care in undergraduate degrees.



Clinical Placements & Associated Requirements

30. Students of nursing must complete mandatory clinical placement hours in order to fulfil the requirements of their courses. While these clinical placements are critical components of nursing education, students are frequently unable to work in paid employment while completing the placements. As most nursing students need to work to support themselves through their education, the negative cost impact can act as a disincentive to completing nursing studies.

The ANMF recommends that the Federal Government funds meals, travel and accommodation allowances for students of nursing while on clinical placement in aged care.

Structured Employment Models for Nursing Students

31. Most nursing students need to work while they are studying. Many work in care-worker or similar roles in health and aged care settings, while an increasing number, where this opportunity is provided by the jurisdiction, work in structured employment programs as registered undergraduate students of nursing (RUSONs). These programs, which employ RUSONs in the health sector in addition to state and territory ratios/NMHPPD/workload tool requirements, were expanded during the pandemic and provided a valuable and much needed addition to the workforce during that time. Early evidence demonstrates an increase in confidence and work readiness of those graduates who have worked as either RUSONs in a variety of clinical settings prior to their graduation.

32. Based on the success of RUSON programs in the health sector, the ANMF considers that this program could be expanded into the aged care sector. As noted above, many student nurses work in aged care to support their study. Greater exposure to clinical nurse practice in aged care, while studying, will assist in creating career pathways into longer term work in aged care.



The ANMF recommends that the Federal Government:

- Formalise and fund the employment of 2nd and 3rd/final year nursing undergraduate students in the aged care sector as RUSONs.
- Provide financial support for RUSON programs, tied to the employment of specific numbers of students in specified financial years.

Growing the First Nations Nursing Workforce

33. The importance of providing culturally safe and appropriate care in improving the health and well-being of First Nations people is being increasingly recognised, particularly with respect to ageing on country. Despite this knowledge, there continues to be an under representation of First Nations nurses and personal care workers in the Australian nursing and care workforce.

The ANMF recommends that the Federal Government:

- Amends the flexible work arrangements entitlement to ensure requests from First Nations staff members are considered in light of a mandatory Working with Aboriginal and Torres Strait Islander Peoples Cultural Competence and Awareness Policy (howsoever named).
- Ensures the provision of a paid amount of cultural and ceremonial leave, in addition to an unpaid component.
- Increases First Nations representation in the nursing and personal care workers workforce through provision of increased scholarships for under and post-graduate study.



Nursing and gender

34. Despite movement toward gender balance in traditionally male professions, and multiple efforts to prioritise attracting men to nursing, Australia's nursing workforce is 88.9% female. While this statistic has changed slightly over the last three decades, the low percentage of men in nursing in Australia remains broadly consistent with that across the developed world.⁵⁴ Factors that deter men entering, staying in, or recommending nursing as a career to other men include sexual stereotypes, societal influences, perceived as a caring profession and discrimination, and feelings of isolation.
35. Helpful strategies to encourage men into nursing have been identified by numerous sources. These include: support and education for family members and high school counsellors, school visits by male nurses to talk to students, marketing of courses in an androgynous manner, additional qualifications that appeal to men, careers fairs that do not specifically focus on female students, involvement of men at career open days, recruitment campaigns directed specifically at men, and promoting technical and specialised areas of nursing.

Workforce Retention

36. The most urgent issue for the workforce currently is the need to retain suitably qualified and experienced nurses and care-workers in aged care. The section below outlines the immediate actions needed from the Federal Government to address this.

Flexible work arrangements and associated rostering

37. Residential aged care operates to provide care 24 hours a day, 7 days a week. The prevailing employer mindset is to make square pegs fit round holes, by requiring nurses and personal care workers to be available 24/7, rather than recognising that offering employees the shifts they want across that spectrum may be an incentive to work in the system rather than a barrier. As suggested above, more people, in particular women with school aged children may be attracted to the sector if tailored shifts were available. For example, shifts that allow school drop off and pick up, may suit many people who would otherwise be unable to work due to current shift lengths.



38. The ANMF recommends that providers and unions undertake dedicated projects to develop employee centred rostering principles², which will bring nurses and PCWs in to aged care services

The ANMF recommends that the Federal Government provides a financial contribution to each participating provider and union to assist them in conducting these projects.

Post Graduate Education & Support

39. There is an urgent need to increase the number of nurses in specialty areas such as, gerontology, palliative care and dementia care.

The ANMF recommends that the Federal Government adopts the following measures:

- Increased funding of Commonwealth Supported Places (CSP) to support nurses to undertake post graduate studies in targeted clinical areas.
- Fund additional scholarships for postgraduate (certificate and diploma) education in nursing.

40. With currently rising costs of living, including education costs for both undergraduate and postgraduate studies, many nurses find that undertaking further studies for practice in specialist clinical areas is cost prohibitive.

In addition to the measures outlined above, the ANMF recommends that the Federal Government provides HECS debt relief to all nurses and fund TAFE, VET for personal care workers.

Career mentoring and preceptoring for newly graduated and re-entry to practice nurses

41. Effective transition to practice is an important contributor to the retention of nurses, whether they are newly graduated entering the workforce as a beginning practitioner, returning to the workforce after a career break or transitioning to a new area of practice. While this is well known, due to current system pressures and staff shortages, the support that contributes to effective transition to practice is often not available. Current Transition to Practice programs must continue to be supported and assessed for successful outcomes.

² Victoria has commenced such a project



The ANMF recommends that the Federal Government fund dedicated nursing clinical support positions (however titled), for example 'clinical coaches', which enable beginning and returning practitioners to be supported, mentored and preceptored as they transition to a confident and autonomous practitioner in aged care.

Retention of Older Nurses and PCWs

42. Preventing, reducing or replacing the loss of skills and expertise of older nurses and PCWs/AINs is one of the main workforce challenges facing many countries, including Australia, at this time. This has been amplified during the past three years due to the impacts of the COVID-19 pandemic. Policies must be put in place to enable nurses to “age well” and remain in the workforce.

The ANMF recommends that the Federal Government works to:

- Provide flexible working opportunities that meet older nurses and PCWs/AINs' requirements
- Ensure older nurses and PCWs/AINs have equal access to relevant learning and career opportunities
- Ensure occupational health and safety policies enable staff wellbeing
- Support job re-design to reduce heavy workload and stress and support job enrichment in order to optimise the contribution of older nurses and PCWs/AINs.
- Support older nurses in advanced and specialist practice, mentorship and preceptor roles

Regulatory Requirements and Checks

43. There is currently an unnecessary and costly barrier to entry to practice for nurses, or area of practice, caused by multiple requirements for criminal history/record and associated 'checks'. Nurses are registered with their national regulatory authority, the NMBA, and are thereby required to meet a high standard for checking of criminal history – there should be no need for them to have to meet multiple 'checks', which are unnecessarily costly and duplicative. The level of duplication has been increased for nurses as a result of the introduction of the newly introduced Aged Care Code of Conduct.



44. The ANMF notes the Government has committed to introducing a registration scheme for all currently unregistered aged care workers in 2023. The ANMF maintains that establishing a registration scheme under the auspices of AHPRA, and thereby adopting similar standards, code of conduct and processes as currently apply to other registered health professionals will be more effective than introducing a Code now.
45. Regulation through registration of care workers will provide greater opportunity for care workers to articulate into nursing and other health professional qualifications as well as into higher level certificate qualifications and relevant training packages. The ANMF considers that the benefits of aligning registration of care workers with the nursing profession will ensure they are subject to investigation and sanction if reported for failing to meet conduct standards and provide an enhanced layer of protection for the public, than simply implementing a Code of Conduct would provide.

The ANMF recommends that

- the Federal Government creates a single 'check' for nurses that satisfies Commonwealth, state and territory regulatory requirements to practice across the country in the health, aged care and disability sectors, e.g. a combined NDIS/Working With Children and Police check.
- A registration scheme for personal care workers be introduced without delay and be a positive licensing scheme that requires minimum qualifications and ongoing training to obtain and maintain registration, at little or no cost for those workers.

Roundable 4: Rural and Remote Aged Care

46. Nurses and PCWs working in rural and remote areas are under significant pressure where staffing shortages are being acutely felt. Pre-existing and widespread issues relating to recruitment and retention have been further compounded by the pandemic. In many remote areas there are extremely high vacancy rates and staff turnover, which significantly impact the quality of resident and home care recipient care. This staffing instability is affecting staff safety, and increased incidences of workplace violence are being reported.



47. While there is an immediate and urgent need to build a sustainable and supported pathway to rural and remote nursing practice, there is no formalised nationally accredited pathway program to attract, recruit and retain rural or remote area nurses. . Early and mid-career nurses frequently express their frustration at the limited availability of financial and professional support to pursue rural and remote opportunities.
48. The Roundtable discussions identified the importance of promoting local aged care work opportunities at schools and in the community. The ANMF considers this should be explored and enhanced as a means of growing career and work opportunities in aged care for rural and remote communities.
49. Multi-purpose services (MPS) could contribute to efficient and effective service models for delivery of health and aged care in rural and remote communities. The ANMF refers to Recommendation 55 of the Royal Commission which proposed that the Government should maintain and extend the MPS program. The ANMF asks that those recommendations continue to be pursued and consideration be given to how further reform could enhance the place of MPS programs in rural and remote Australia.

In addition to the measures outlined above, the ANMF recommends that the Federal Government:

- a) Invests in additional assistance for rural and remote nursing clinical placements.
- b) Provides grants to appropriate professional organisations for administration of scholarships which provide ‘wrap around’ support – mentoring, career advice and professional support, engagement with peers.
- c) Require increased emphasis on primary health care in undergraduate degrees.
- d) Invest in a national rural/remote pathway program to support nurses to transition to rural/remote practice through fully supported access to professional development encompassing: building clinical skills, increasing cultural safety, professional support, and embedding the concept of lifelong learning.
- e) Provide support through flexible workplace models enabling access to study leave, variations in skill mix, supervised practice and professional support.
- f) Implement models of care that enable nurses and nurse practitioners to work to their full scope of practice, supported by appropriate funding models.
- g) Provide supported secure accommodation/housing for nurses working in rural/remote settings.



- h) Conduct an urgent review of the impact of FBT changes on rural & remote recruitment and retention.
- i) Identify requirements for improvements of the services offered by MPSs.