



**dementia
australia™**

Department of Health

**Aged Care Worker Regulation
Scheme**

Dementia Australia

29 June 2020

About Dementia Australia

Dementia Australia (formerly known as Alzheimer's Australia) is the peak, non-profit organisation for people with dementia and their families and carers. We represent the more than 459,000 Australians living with dementia and the estimated 1.6 million Australians involved in their care.

Dementia Australia works with people of all ages impacted by dementia, all governments, and other key stakeholders to ensure that people with all forms of dementia, their families and carers are appropriately supported – at work, at home (including residential aged care) or in their local community.

Our close engagement with individuals and communities means that we can advocate for those impacted by dementia and we are also well placed to provide input on policy matters, identify service gaps and draw on our expertise to collaborate with a wide range of stakeholders, including researchers, technology experts and providers.

In addition to advocating for the needs of people of all ages living with all types of dementia, and for their families and carers, Dementia Australia provides support services, education and information aimed at addressing the gaps in mainstream services.

Dementia Australia is a member of Alzheimer's Disease International, the umbrella organisation of dementia associations around the world.



Introduction

Dementia Australia welcomes the opportunity to provide our position on the high-level conceptual approaches to developing a model for aged care worker regulation, with a focus on a registration scheme specific to personal care workers (PCWs). Dementia Australia believes that the registration scheme should apply to those workers providing direct support and care to older people and those living with dementia. These workers have different job titles and are not currently covered by any existing registration requirements in the provision of this support and care.

Before addressing each of the questions posed in this consultation, Dementia Australia would like to make the following overarching comments about developing an aged care worker regulation scheme.

There is a tension to be considered as to whether the scheme is driven by protection of vulnerable consumers versus the capacity building of staff. A balance between the two drivers is imperative in order to ensure that people receiving aged care are safe and receive quality care, but also that staff are supported in their roles to build skills, knowledge and expertise to deliver that care. We draw your attention to the model used by the National Disability Insurance Scheme (NDIS), which has not gone to registration, but rather to screening to mitigate risk.

Dementia Australia strongly advocates for the regulation scheme to be developed in the context of the [Human Rights Approach to Ageing and Health](#), which focuses on a person centred framework being meaningfully connected to practice. Consumers are the central point around which the workforce should be supported to build their capacity to deliver consistent high-quality care. Building workforce capacity is key, which we have documented in our communique [Our Solution: Quality care for people with dementia](#).

The next issue to consider is that of the impact of supply and demand. It is currently already challenging to attract aged care workers into the industry and it is important that, in the development of a regulation scheme, there are not resultant unintended consequences or further barriers to people taking on aged care roles.

Additionally, raising the bar on quality, support and education for personal care workers (PCW) will have an implication for the cost of care. The question then arises: who pays? How much is government going to pay? How much are providers going to pay? How much are individual workers going to pay? And how much cost is potentially going to be passed onto the consumer? The scheme needs to give consideration to and provide clarity around how much consumers ought to pay to receive higher quality care, because both the sector and government will not be able to wear the increased costs.

Further consideration should also be given to the issue of supporting existing workers to benefit from this scheme. Their current employment and existing education status should not be a barrier for aged care workers already delivering quality care within the sector, noting that many will not have all the necessary qualifications or meet the requirements of the new scheme. A staged introduction of the registration scheme needs to be developed to ensure existing workers are not disadvantaged and are supported to transition across to the new requirements. Recognition of prior learning, minimum qualifications and ongoing professional

development ought to be considered for current as well as new workers. The existing workforce may also need additional support to transition to any new processes/policies put in place. Consistency around approach will be important in the context of a national scheme, as allowing for local variation could mean inconsistent levels of quality, rather than achieving greater consistency in the quality of aged care nationally.

As such, consideration of the personal qualities displayed by aged care workers could also be explored; for example does the person demonstrate patience, compassion and empathy? These are skills that cannot easily be taught through a qualification, but they are key attributes to being a competent worker in the aged care sector. Of course, the challenge of monitoring 'soft skills' is regulating and monitoring the consistent application of these attributes. It would be worth exploring the roles of both the Aged Care Quality and Safety Commission as well as the Australian Health Practitioner Regulation Agency (AHPRA).

Key questions and position

1. *What is your preferred approach to aged care worker criminal history assessments?*

- **Option A1** – *Providers continue to assess criminal history for workers in line with aged care legislation, funding agreements and guidance*
- **Option A2** – *Centralised assessment of criminal history for workers (based on NDIS model)*

Dementia Australia's preferred approach to criminal history assessments is option A2. If this approach is working in the NDIS, it makes sense to translate this to the aged care sector rather than creating anything new.

2. *Are there other options that should be considered?*

N/A

3. *If there were to be a centralised assessment of criminal history, should any other matters be routinely taken into account? If so, which of the following options should be considered?*

- **Option B1** – *Information from disciplinary bodies such as health complaints bodies, the NDIS Commission and National Boards*
- **Option B2** – *Information from relevant government agencies*
- **Option B3** – *Information from courts and tribunals*
- **Option B4** – *Information from employers*

Dementia Australia recommends that option B1 be considered to recognise that matters where criminal convictions have been recorded are only one aspect of worker behaviour which can put clients at risk. Other issues relating to worker suitability to support older clients can be identified through a range of other mechanisms including complaints bodies. In this context this should include the Aged Care Quality and Safety Commission as one such information source.

These bodies will collect information not of a criminal nature but as a demonstration of quality, which covers service delivery and determining whether complaints have been made against specific workers. This approach also strikes a balance to ensure workers are not de-

incentivised to apply for work in aged care through having to undergo a unduly rigorous screening process.

4. Are there any other matters that should/should not be considered as part of any aged care worker screening scheme?

No.

5. What is your preferred approach to a code of conduct? (select one or more options)

- **Option C1** – Retain existing arrangements requiring providers to ensure the conduct of aged care workers is in line with the Aged Care Quality Standards and Charter of Aged Care Rights (status quo)
- **Option C2** – Adopt the NDIS Code of Conduct for aged care workers
- **Option C3** – Develop a new code of conduct specific to aged care workers

Dementia Australia's preferred approach to a code of conduct is option C1. We would like the Department of Health to explore whether the existing charter has broader application here. It would be worth exploring creating a companion piece of the existing Charter of Aged Care Rights, which outlines responsibilities for aged care workers in alignment with the Charter.

This approach would have consumers at the centre, and provide information for the care worker to understand what is required to deliver person-centred, quality care, including examples of behaviours that demonstrate how to adhere to consumer rights in aged care.

In this consideration, it is important to not create another layer of complexity, but rather make what exists accessible and simple for aged care workers to understand, for the benefit of providers, workers and consumers.

6. What do you consider are the advantages and disadvantages of introducing a code of conduct for aged care workers?

An advantage of introducing a code of conduct is to make expectations clear for care workers regarding attitudes and behaviours they need to exhibit in their work. By making these explicit, there is less of a reliance on the leadership and culture of that organisation to set these expectations. This can improve consistency in quality of care as regardless of where the care worker is working, they are clear on the expectations of their role. This needs to be embedded in position descriptions but also this document can be an important reference point for their approach to their work. Additionally, a national focus sets a national standard.

Conversely, a disadvantage of introducing a code of conduct is that it can add a layer to existing policy, which increases complexity and confusion about worker responsibilities.

7. What is your preferred approach to strengthening English proficiency in aged care?

- **Option D1** – Require providers to be satisfied that PCWs have the necessary English proficiency to effectively perform their role (extension of the status quo with improved guidance as to the expected thresholds for proficiency)
- **Option D2** – Establish a requirement for PCWs to demonstrate their proficiency in English as part of a registration process (consistent with the National Scheme)

Dementia Australia's preferred approach to strengthening English proficiency in aged care is option D2, with the caveat of needing to provide clearer guidance for providers. Option D2 needs to promote accessibility for workers with no unintended consequences to the workforce in terms of cost to qualify or demonstrate English proficiency. Additionally, it should not act as a barrier to the existing workforce in the sector and in developing this option such barriers need to be minimised.

There are touch points where English proficiency in aged care is important, such as reading and understanding client case notes, so there is a need for care workers to have a level of comprehension. English language might not be a barrier to communicating with a person face to face, but in other contexts it can pose a real issue.

8. What are the other options for strengthening English proficiency in aged care (particularly for those providing personal and clinical care)?

With the introduction of a requirement to demonstrate English proficiency, it may be helpful to consider governments' role in subsidising English language programs which help to provide workers with the necessary English proficiency to work in aged care. This could include context specific language classes like *understanding medical terminology*.

This should then be backed up by ongoing learning. English is cultural, and work place contextual. - Carer

9. What is your preferred approach to minimum qualifications?

- **Option E1** – Providers must ensure that PCWs are competent and have the qualifications and knowledge to effectively perform their role (status quo)
- **Option E2** – Require providers to be satisfied that PCWs have certain minimum qualifications or competencies
- **Option E3** – Establish a requirement for PCWs to demonstrate their qualifications as part of a registration process (consistent with the National Scheme)

Dementia Australia's preferred approach to minimum qualifications is option E3; however, the details will need to be clearly articulated. We believe there should be a national scheme and that the Aged Services Industry Reference Committee should set the benchmark for minimum qualifications.

There is also a broader piece of work that needs to be developed around recognition of prior learning. If minimum qualifications are to be demonstrated by care workers, there is a role for a registering regulating body to support the current workforce, by obtaining recognition of prior learning so care workers are still able to work in the space. There also needs to be the opportunities to undertake a bridging or staged entry to this for the current workforce.

If the minimum qualification to work in aged care is determined to be Certificate 3 in Individual Support in its current form this would need to be in Aged Care specialisation as it is the only packaging of the qualification which mandates the inclusion of the dementia unit of competency (CHCAGE005).

This situation may subsequently change once the Aged Services Industry Reference Committee has completed its current reviewing and updating of the qualifications relating to aged care.

Also, there is a need to consider personal attributes and suitability to work in the aged care sector including the values, attitudes and behaviours of the person. The registration process is not an appropriate place to determine that but rather needs to sit with performance expectations for providers when recruiting staff.

PCWs are at the heart of nursing homes and they are the ones working directly with our loved ones. I would love to see their role valued more by providers! I would want experience and expertise 'on the floor' to be taken into consideration re minimum qualifications. - Carer

10. What are the other options for strengthening the skills and knowledge of PCWs in delivering aged care?

As previously stated a sound knowledge of dementia needs to form part of any minimum levels of qualification required to work in aged care. Given the varying quality of VET and other education provided to the aged care workforce identified through previous reviews there needs to be clear standards developed for determining the quality of dementia education provided nationally.

There is a need to ensure the training includes dementia training. – Person living with dementia

To appropriately provide care to people living with dementia, there is a need to include dementia-specific education in national standards. The dementia training standards framework in the United Kingdom is a useful benchmark to consider. It details the essential skills and knowledge necessary across the health and social care spectrum and has three tiers:

- Awareness, which everyone should have;
- Basic skills which are relevant to all staff in settings where people with dementia are likely to appear and;
- Leadership.

Australia needs standards around these areas to lift the bar in education for quality care, not just in dementia, but more broadly across aged care. Dementia Training Australia is currently seeking to develop such standards with the support of the Department of Health.

11. What is your preferred approach to continuing professional development?

- **Option F1** – Retain existing arrangements whereby providers must ensure that PCWs are recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards (status quo)
- **Option F2** – Require providers to be satisfied that PCWs meet specified minimum CPD requirements
- **Option F3** – Establish a requirement for PCWs to demonstrate they have met specified minimum CPD requirements as part of a registration process (consistent with the National Scheme)

Regarding continuing professional development, Dementia Australia prefers option F3 as an approach. This option does not just focus on a minimum requirement, but notes continuous improvements in skills, education, knowledge and training is required. This could be an hours' based system, with no higher bar than for nurses or allied health professionals. For example, personal care workers could complete an annual attestation that demonstrates

what continuous professional development they have undertaken. Dementia should be a requirement for CPD each year to stay across contemporary practice for dementia care.

12. What are the other options for strengthening the CPD of PCWs and others delivering aged care?

Mandating dementia in any registration for personal care workers in aged care would strengthen continuous professional development. This could result in a level of dementia education that meets the national standards currently in development, for example, the programs Dementia Australia currently delivers through Dementia Essentials and EDIE – Educational Dementia Immersive Experience education.

13. How should the register of cleared workers be presented?

Option G1 – A list of workers who have been cleared to work in aged care (positive list)

Option G2 – A list of workers who have been excluded from working in aged care (negative list)

Option G3 – A list of workers who have been cleared to work in aged care and a list of workers who are excluded from working in aged care

Dementia Australia supports approach G3 for how the register of cleared workers should be presented, as it eliminates doubt. The consequences of this approach are cost, time and effort; however, it is the most effective and clear option.

What will need to be built into this process, however, is an appeal process, which should be developed around the principles of natural justice.

14. What are the advantages and disadvantages of different bodies managing screening of all aged care workers and/or registration of PCWs?

The disadvantage of different bodies managing screening of all aged care workers and the registration of personal care workers is that it hinders transparency. It would be better if a single body managed the process such as AHPRA, who already have principles in place to do this work but needs to take into account their specific responsibilities in the workplace.

I think there could be problems if different organisations manage screening or registration of aged care workers because of lack of consistency of assessment of workers. There is a need to have workers all meet the same criteria as each other. Easier for the organisation to select quality staff and thereby ensuring better care for consumers. – Person living with dementia

There is also an opportunity to draw on existing bodies which would lead to ease of workflow. The Aged Care Quality and Safety Commission, for example, might improve monitoring of poor performing aged care services and tie worker reviews against the registration requirements into the regular review of providers against the Aged Care Quality Standards.

15. In principle, should a person cleared to work with people with a disability be automatically cleared to work in aged care?

Assuming all other elements are in alignment, a person cleared to work with people with a disability could be cleared to work in aged care. However, it should be cautioned that a person cleared to work with someone with a physical disability would not necessarily be skilled in working with someone who has a cognitive impairment like dementia.

There needs to be a demonstrated and consistent skill translation from one care stream to another. If someone does not have any experience working with cognitive impairment, then they need to certify they can meet that need with demonstrated competence.

16. Are there any other clearances that should support automatic clearance in aged care?

If a person has worked in the health space as an allied health or healthcare worker, these credentials/experience may also be considered relevant, though an additional caveat around working with older people may need to be considered. Fundamentally, the most important component underpinning additional aged care clearances is a demonstrated capacity to understand how to work with people with cognitive impairment.

17. What are the relevant considerations regarding the interplay between AHPRA (and any other professional registrations) and PCW registration for aged care?

The existing infrastructure could be reasonably applied to aged care workers. The approach taken needs to recognise that this group of workers have different levels of education to the existing professional groups regulated by AHPRA.

Where different registration bodies exist within different jurisdictions, the system design needs to ensure that it recognises the different accrediting bodies and ensure that there is clear and consistent communication between these bodies.

Conclusion

Recognising that this consultation focuses on high-level conceptual approaches to a worker registration scheme, Dementia Australia welcomes further discussion and consultation as to how such a scheme could be implemented in practice. This is important to ensure the needs of people living with dementia, their families and carers receive high quality and safe care provided by appropriately competent aged care workers.