

## Inspector General of Aged Care Workplan 2024-25

Dementia Australia Submission

### **1. What is the Issue that you would like to raise for the awareness of the Office of the Inspector-General of Aged Care?**

Dementia capability across the aged care sector remains poorly developed to deliver quality care for people living with dementia. People living with dementia continue to experience variable and adverse outcomes in the aged care system.<sup>1</sup>

In addition, systemic issues are preventing people living with dementia who have changed behaviours from accessing safe and appropriate models of care.

Inclusion of the fundamental aged care reform issue of dementia capability in the Inspector General's Workplan for a Review would enable a thorough investigation of the current dementia capability of the aged care workforce. Dementia capability includes for example, dementia qualifications, forms and frequency of education, evidence of dementia education in care plans, staffing models and behaviour management plans.

This approach would enhance reform efforts to date while developing an approach to embed mandatory dementia education to a defined standard across the sector and broader workforce development strategies.

### **2. Do you have a specific question that you consider could be the subject of a report, review or monitoring activity of the office of the Inspector-General of Aged Care?**

- What is the current dementia capability of the aged care workforce? A review of dementia capability would enable the sector to determine the focus of education and ongoing training.
- How can we ensure that people living with dementia who have changed behaviours are able to access safe and appropriate in home, residential and respite care?

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<sup>1</sup> Dementia Australia (2024) [Submission to 2024 Progress Report on Implementation of Aged Care Royal Commission Recommendations.](#)

### 3. Why do you consider the issue systemic?

The Royal Commission into Aged Care Quality and Safety was deeply concerned about substandard dementia care, and the reality that many aged care providers do not have the skills and capacity required to care adequately for people living with dementia.<sup>2</sup>

The Interim Inspector-General noted in the 2023 Progress Report into Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety that:

In relation to dementia-specific training, while progress has been made, the IIG is strongly of the view that further consideration of mandating dementia training for approved providers is required.<sup>3</sup>

Dementia education is a critical issue for many people using the aged care system and affects a highly vulnerable cohort. It is a core condition which enables the delivery of rights-based care to a large portion of those receiving aged care services.

People living with dementia account for at least 54% of those receiving aged residential care services.<sup>4</sup> People living with dementia also have the highest care needs in aged care domains including activities of daily living, complex health care, cognition and behaviour.<sup>5</sup>

Dementia capability affects both the delivery of services and the capacity of the aged care system to perform to a high standard. Dementia Australia has consistently advocated for mandatory dementia education of the workforce throughout all aspects of the aged care reforms. Progress has been slow and dementia education across the aged care workforce is still not embedded into the sector.

The Strengthened Aged Care Quality Standards will include an Outcome (2.9.6) which requires that aged care workers receive competency-based training in caring for people living with dementia. While this is pleasing progress, it is important not to overestimate the baseline dementia capability of the sector in the first instance.

Not all aged care workers with a Certificate III will have completed the dementia unit of competency, the content of which was recently updated. Other members of the aged care workforce may not have received any specific dementia education, despite caring for people with a cognitive impairment in community or residential aged care.

There remain significant issues to be addressed in creating sustainable dementia education pathways for the aged care workforce, including that:

- The Standard does not define a foundational level of dementia education. There is a need for initiatives to build the foundational capability of the workforce.
- To sustainably lift the baseline capacity of the aged care sector, workforce education must take place in a context of leadership and cultural change. There is a need for

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<sup>2</sup> Royal Commission into Aged Care Quality and Safety (2021) A Summary of the Final Report.

<sup>3</sup> Office of the Inspector-General of Aged Care (2023) Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety.

<sup>4</sup> AIHW (2024) [Aged care and support services used by people with dementia](#).

<sup>5</sup> AIHW (2024) [Aged Care Assessments](#).

initiatives that build leadership, mentoring and peer collaboration into workforce development.

- Workforce education needs to occur in context of a career pathway for dementia care that supports workforce retention and development.

#### **4. Is there any publicly available data or evidence to support your views?**

Dementia Australia recently made a submission to the Inspector General's Progress Report on Implementation of the Aged Care Royal Commission Recommendations, which is available [here](#). Dementia Australia's submissions related to other aspects of the aged care reform process are available [here](#).

Other relevant evidence would include:

- **Australian Institute of Health and Welfare – Dementia in Australia**, in particular **hospitalisations** and **residential care usage** data.
- **Registry of Senior Australians** data
- **Evaluation of the Specialist Dementia Care Program**
- Data from Dementia Training Australia, if accessible to the Inspector-General.
- Data from Dementia Support Australia on behavioural support programs, if accessible to the Inspector-General.

#### **5. Do you have any other information you would like the Inspector-General to consider?**

Dementia Australia suggests that it would be appropriate to include a review of models of care for people living with dementia and changed behaviour within a broader review of the dementia capability of the aged care sector.

We have noted a recent upward trend in people living with dementia and changed behaviour being denied access to and security of tenure in residential care. Dementia Australia has heard significant anecdotal evidence that many people with moderate and severe changed behaviour are being denied entry or access to residential care because of their needs or discharged from residential care to hospital without long term care arrangements.

This may be an unintended consequence of the aged care reform process where providers are increasingly reluctant to accept someone into care who is experiencing changed behaviour, with decreased tolerance for risk perceived as necessary to meet regulatory requirements.

It is also a workforce issue, with a narrowed negative focus on the risks of changed behaviour highlighting a lack of capacity in the sector to provide appropriately designed and staffed care models for this cohort.

It is critical that the aged care workforce has the capability to provide a model of care for people with changed behaviour which is responsive to each individual's unique experience, collaboratively implement a care plan and clinical and behavioural support strategies for wellbeing and to sustain living arrangements.

Data from the AIHW data suggest that around 61% of people with dementia undergoing an aged care assessment experience one or more behavioural or psychological symptoms.<sup>6</sup> Mild and moderate behavioural changes in dementia are the most common, but around 10% will experience severe changes to their behaviour, 1% very severe changes, and a smaller number will experience extreme changes.<sup>7</sup>

There continue to be significant gaps in the aged care system for care which is appropriately linked to severity of changed behaviour, and evidence that transitions between care models are often poorly supported.

People experiencing very severe changes are not always being well supported in the Specialist Dementia Care Program, and there are limited care models for people experiencing extreme changes to their behaviour, with inpatient psychogeriatric care the only option, one which is not always readily available or appropriate.

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<sup>6</sup> AIHW (2024) **Behaviours captured in aged care assessments.**

<sup>7</sup> Brodaty, Draper & Low (2003) Behavioural and psychological symptoms of