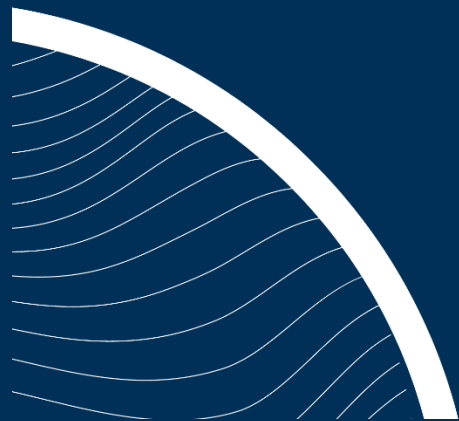




# PRODUCTIVITY COMMISSION INDIRECT EMPLOYMENT IN AGED CARE ISSUES PAPER

*Submission from Palliative Care Australia*

APRIL 2022



**PalliativeCare**  
AUSTRALIA

## Palliative Care Australia Response to the Productivity Commission *Indirect Employment in Aged Care Issues Paper*

### Introduction

Palliative Care Australia (PCA) is the national peak body for palliative care and represents those who work towards high quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, we aim to improve access to, and promote palliative care.

### Response to the Productivity Commission *Indirect Employment in Aged Care Issues Paper*

PCA welcomes the opportunity to provide feedback on the Productivity Commission's *Indirect Employment in Aged Care Issues Paper* (Issues Paper). Our response to the Issues Paper is outlined below.

### *Palliative Care in Aged Care*

Currently, over a third of all deaths in Australia occur in residential aged care facilities.<sup>i</sup> As Australia's population ages, the number of people using aged care services will further increase as will the demand for palliative care in both community and residential aged care. The Royal Commission into Aged Care Quality and Safety's (the Royal Commission) final report acknowledges that evidence heard during the life of the Royal Commission shows that too few people receive evidence-based end-of-life and palliative care. People instead experience unnecessary pain, untreated symptoms or indignity in their final days, weeks and months. The Royal Commission recognised the significant role palliative care has in aged care and the need for it to be core business:

*'Palliative and end-of-life care, like dementia care, should be considered core business for aged care providers. People at the end of their lives should be treated with care and respect. Their pain must be minimised, their dignity maintained, and their wishes respected. Their families should be supported and informed'*<sup>ii</sup>

The Royal Commission made a number of recommendations to ensure high quality palliative care becomes core business for aged care services. This includes incorporating palliative care in the new Aged Care Act and Standards (recommendation 19)<sup>iii</sup>, a 'palliative care and end-of-life care' domain in both the residential and care at home categories (recommendation 35)<sup>iv</sup> and compulsory dementia and palliative care training for aged care workers (recommendation 80)<sup>v</sup>.

PCA believes that in order for palliative care to be core business in aged care and to support the implementation of the Royal Commission's recommendations, it is essential for aged care services to be delivered by a professional, skilled and competent workforce. The importance of staff qualifications and training in order to achieve this aim is outlined in PCA's standard 9 of the recently released *National Palliative Care Standards for All Health Professionals and Aged Care Services* which can be accessed [here](#). The standards provide guidance on the best practice model of palliative care in aged care services and the sector more broadly. The intent is for the

standards to encourage aged care professionals to reflect on their practice to develop and improve their delivery of the palliative care approach.

### *Indirect Workers in Aged Care*

PCA is not a provider of aged care services and does not employ aged care workers. As such we cannot comment or provide data on the prevalence of agency workers, how they are employed, what tasks they undertake and employee arrangements and satisfaction. However, as the peak body for palliative care we have ongoing engagement with a broad range of stakeholders on the delivery of palliative care in aged care. This has given us some insight into the aged care workforce and their impact on the delivery of high-quality palliative care in aged care.

Palliative care should be person-centred, multi-disciplinary, holistic, safe and flexible and the care recipient should be an active participant in planning for the end of their life. In order to meet these requirements, there needs to be a consistent and engaged workforce available to meet the palliative care needs of care recipients. Staff must build relationships with care recipients to better understand their individual, spiritual and cultural needs and wishes, liaise with families and carers and support advance care planning. Consistency in staffing ensures that staff can build and maintain these relationships. A consistent and regular workforce are also more aware of each person's clinical and personal care needs and can identify when there is a change in symptoms. Consistency in personal care workers is especially important in home care where a personal care worker may be the only regular visitor the care recipient has and provides the only opportunity for regular reviews of a person's health and well-being.

PCA receives regular feedback from families and carers frustrated by the high turnover of aged care staff, lack of consistency, limited palliative care knowledge and lack of understanding of procedures around death and dying. If staff are employed directly by a facility, they are more likely to receive regular training, clinical supervision, support and career development. They are also more likely be aware of processes and procedures in place at the facility, leading to consistent and timely care being provided. Staff are also more likely to be able to access appropriate grief and bereavement support services and employee assistance programs.

PCA advocates for multi-disciplinary teams as a key approach for the delivery of palliative care. With direct employment it is easier for providers to maintain a team approach to the delivery of palliative care with improved coordination, than when there is a constantly changing workforce. Regular and directly employed nursing, allied health and personal care staff can work together to ensure that all the needs of each individual care recipient are met. It also ensures that people who are palliative have all their pain and medication needs met.

The increasing casualisation of the aged care workforce has also led to many staff working across multiple organisations and facilities. Not only does this provide inconsistency in staffing but it can lead to cross infection issues during COVID-19, flu and other disease and pandemic breakouts within facilities. This can put aged care recipients, especially those with palliative

care needs and those nearing the end of life, at high risk and lead to locked down facilities with increased restrictions on visitation.

### *Professionalisation of the Aged Care Workforce*

PCA acknowledges that approved providers must be able to access a surge workforce during the ongoing COVID-19 pandemic and any future pandemics and emergency events. They also need access to a pool of workers to backfill staff vacancies and absences. It is important that work is done to safeguard the delivery of high-quality care by these casual and indirect workers.

The Royal Commission determined that the best way to ensure high quality care, to value the aged care workforce and to ensure sufficient numbers of workers, is to 'professionalise' the personal care worker role<sup>vi</sup>. PCA supports any efforts to professionalise the aged care workforce and believes this is the best way to ensure that staff are trained and prepared to deliver palliative care.

PCA notes that a Code of Conduct for the Care and Support Sector is currently in development and supports any work that ensures that aged care recipients are protected from exploitation, abuse and inappropriate and/or unprofessional conduct. However, more work needs to be done to professionalise and support the personal care workforce including:

- Mandatory minimum qualifications (Certificate III in Individual Support);
- Ongoing training requirements including clinical supervision;
- Minimum levels of English language proficiency; and
- A registering body to oversee the code of conduct, investigate any complaints and take appropriate disciplinary action

A registering body would also allow for the development of a scope of practice and associated training, development programs and leadership training and provide professional support and structured career pathways.

With a professionalised workforce, aged care providers can be assured that any casual or indirect workers come with a minimum level of skills and training. This will also provide assurance for care recipients and their families. PCA also recommends that the Productivity Commission explore other industries, such as childcare, where there is a regular need for a surge and casual workforce to backfill staff vacancies to determine what learnings may be taken from these industries.

### *Conclusion*

PCA welcomes and strongly supports the ongoing work that the Productivity Commission and the Department of Health are undertaking to improve and support the aged care workforce. The aged care workforce is crucial to the delivery of high quality, person-centred palliative care in aged care and ensuring that older Australians can receive the care they need, when they need it.

If you require further information or clarification of any of the issues raised in this Submission, please contact Katie Snell, National Policy Manager Aged Care and Diverse Needs Groups, email: [katie.snell@palliativecare.org.au](mailto:katie.snell@palliativecare.org.au) or phone (02) 6232 0700.

- 
- <sup>i</sup> KPMG (2020), *Investing to Save – The economics of increased investment in palliative care in Australia*, commissioned by PCA: <https://palliativecare.org.au/kpmg-palliativecare-economic-report>
- <sup>ii</sup> Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations*, pg. 94. Retrieved from: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)
- <sup>iii</sup> Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations*, pg. 223. Retrieved from: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)
- <sup>iv</sup> Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations*, pg. 232. Retrieved from: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)
- <sup>v</sup> Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations*, pg. 262. Retrieved from: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)
- <sup>vi</sup> Royal Commission into Aged Care Quality and Safety (2021). *Final Report: Care, Dignity and Respect, Volume 1: Summary and Recommendations*, pg. 125-126. Retrieved from: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)