

**Position Paper**

**Keep fixing Australia's aged care system ...  
taking the next steps in tandem with the Royal Commission**



Prepared by  
COTA Australia

September 2018

## About COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians, and around 40,000 individual members and supporters.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

COTA Australia has been a leader in the current aged care reform process since 2009, both in its own right and through the National Aged Care Alliance (NACA); as a major contributor to the Productivity Commission's *Caring for Older Australians* report; the development of the NACA Vision and Blueprints; the development of the *Living Longer. Living Better* reforms; input to the Tune Legislative Review and the Carnell/Paterson *Review of National Aged Care Quality Regulatory Processes*; and the 23 aged care reforms in the 2018 Federal Budget *More Choices for a Longer Life* Package.

In aged care COTA Australia represents the interests of aged care consumers – who include people receiving basic community services through the Commonwealth Home Support Program (CHSP); recipients of Home Care Packages (HCPs); residents of Nursing Homes; and the families and close friends of all these. COTA seeks constantly to reform aged care from a siloed second-class sector that has been provider and government dominated, to a mature support and service industry focused on and controlled by consumers and their advocates. We have come a long way, but we still have a way to go.

### Authorised by:

Ian Yates AM, Chief Executive

### Prepared by:

Magalí Kaplan, Policy Officer

Corey Irlam, Director, Advocacy and Government Relations

Judy Gregurke, National Manager, Aged Care Reform

Ian Yates, Chief Executive

### COTA Australia

Suite 9, 16 National Circuit

Barton ACT 2600

02 6154 9740

[www.cota.org.au](http://www.cota.org.au)



## Table of Contents

---

<b>Position Paper - Keep fixing Australia's aged care system ... taking the next steps in tandem with the Royal Commission .....</b>	<b>1</b>
About COTA Australia .....	2
<b>Aged care reform in Australia .....</b>	<b>4</b>
<b>MAINTAINING THE MOMENTUM - Full implementation of the recommendations of the Tune, and the Carnell and Paterson Reviews, and implementation of an integrated Care at Home program. ....</b>	<b>7</b>
<b>COTA AUSTRALIA'S VIEW IN SUMMARY .....</b>	<b>8</b>
<b>OUR PROPOSALS IN MORE DETAIL .....</b>	<b>10</b>
<b>1. More home care packages so older Australians never wait more than three months .....</b>	<b>10</b>
1.1 Continue to ensure adequate levels of higher level home care packages.....	10
1.2 The Government needs to realign the aged care places ratio to increase the proportion of home care places over residential care.....	12
1.3 More home care packages needed at higher levels and with more evenly spread funding intervals, to keep people at home appropriately.....	13
<b>2. More power to residents and their families by giving them control over residential funding .....</b>	<b>13</b>
<b>3. More information and increased transparency for consumers.....</b>	<b>16</b>
<b>4. More funding to secure the right quality and mix of aged care staff .....</b>	<b>18</b>
4.1 Increased pay conditions for aged care workers .....	18
4.2 Nurture and develop the workforce .....	19
4.3 Expanding the aged care workforce.....	20
4.4 Employing a whole-of-sector approach .....	21
4.5 Fixed, mandated ratios are not the answer .....	21
<b>5. More random and targeted totally unannounced inspections .....</b>	<b>24</b>
<b>IN CONCLUSION .....</b>	<b>25</b>
<b>Appendix 1: Summary of Staff Ratio Research .....</b>	<b>26</b>
<b>Bibliography.....</b>	<b>34</b>



## Aged care reform in Australia

---

The aged care system supported 1,121,822 older Australians in 2016-17 with \$15.9 billion dollars invested by the Australian Government, along with \$4.85 billion in consumer contributions.<sup>1</sup>

The Australian aged care sector has undergone considerable reform over the past two decades, the most significant elements of which have taken place in the last seven years. Since 2012, the following key reforms have changed the aged care landscape:<sup>2</sup>

- In **2013**, the enacting into law of five bills to implement the *Living Longer Living Better* reforms together with the launch of the *My Aged Care* website and contact centre and the introduction of Consumer Directed Care (CDC) Home Care packages.
- In **2014**, the establishment of the Australian Aged Care Quality Agency; the requirement for residential aged care providers to publish accommodation prices on *My Aged Care*; changes to means testing in home care and residential care; and the commencement of review of home care services by the Quality Agency.
- In **2015**, the application of CDC to all home care packages, the roll out of the Commonwealth Home Support Programme (in all states excluding Victoria and Western Australia, which have joined subsequently); and the management of all assessments and referrals for aged care through the *My Aged Care* portal.
- In **2016**, the transferring of aged care complaints from the department to the Aged Care Complaints Commissioner.
- In **2017**, the implementation of *Increasing Choice in Home Care* enabling consumers to choose and change their home care provider.
- In **2018**, the Government restructure of the aged care program funding to enable unused funds from the residential aged care program to be retained and utilised for home care packages as part of its *More Choices for a Longer Life* budget measure, and funding of an additional 20,000 packages over 2017 Budget provisions.

Future reforms committed to by the current Government but not yet implemented include:

- The development of a Single Quality Framework which includes the introduction of new consumer focused aged care standards across both residential and home care, to come into effect on 1 July 2019, with a new single Charter of Aged Care Rights.<sup>3</sup> The legislation for the Single Quality Framework was passed by Parliament on 11 September, and the new Standards have been released as an Exposure Draft.

---

<sup>1</sup> Aged Care Financing Authority, 'Short Form Report on the Funding and Financing of the Aged Care Sector – 2018', Department of Health, Canberra, 2018, <https://agedcare.health.gov.au/reform/aged-care-financing-authority/2018-acfa-annual-report-on-funding-and-financing-of-the-aged-care-sector>, (accessed 11 September 2018).

<sup>2</sup> These reforms are summarised in: D. Tune, *The Legislated Review of Aged Care 2017*, Australia, Department of Health, Commonwealth of Australia, 2017, p.28.

<sup>3</sup> <https://agedcare.health.gov.au/quality/single-quality-framework-focus-on-consumers>

- An in-principle support by the Government “to transition the allocation of residential care places through the Aged Care Approvals Round (ACAR) to alternative arrangements that provide real choice for older Australians” subject to an impact analysis to understand the effect of such and how it would best be implemented, which is now underway.<sup>4</sup>
- From 1 January 2019, commencement of the new Aged Care Quality and Safety Commission, to merge existing functions of the Australian Aged Care Quality Agency, Aged Care Complaints Commissioner and from 1 January 2020, the sanction powers of the Department of Health.<sup>5</sup> The Bill to implement this decision was introduced to Parliament on 12 September.
- The trialling of “aged care system navigators’ – face to face services to assist and guide older Australians and their families to get the best outcomes from the aged care system, including outreach services to help older Australians make informed choices about their aged care needs.<sup>6</sup>
- A range of other measures in the 2018 Federal Budget’s *More Choices for a Longer Life* Package, which contained in total 19 aged care measures of which we have referenced four here.<sup>7</sup>
- Mandatory requirement for approved care providers to publish their prices on *My Aged Care* by the end of December 2018 and participate in an aged care pricing comparison tool by May 2019.<sup>8</sup>



The reforms over the past decade have been guided by the work of cross sector bodies like the independent National Aged Care Alliance (the Alliance) and the government’s Aged Care Sector

<sup>4</sup> Department of Health, ‘Better Access to Care – Impact Analysis of Allocating Residential Aged Care Places to Consumers Instead of Providers,’ Department of Health, Commonwealth of Australia, 08 May 2018, <http://health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet78.htm>, (accessed 30 August 2018).

<sup>5</sup> K. Wyatt, ‘Powerful New Reforms to Ensure Safe, Quality Aged Care,’ *Department of Health*, Government of Australia, 18 April 2018, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-wyatt048.htm>, (accessed 30 August 2018).

<sup>6</sup> <http://health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet77.htm>

<sup>7</sup> <http://health.gov.au/internet/budget/publishing.nsf/Content/budget2018-t-ageing-and-aged-care>

<sup>8</sup> J. Skatssoon, ‘Change is Coming, Wyatt Reminds Providers.’ *Community Care Review*, 12 July 2018, <https://www.australianageingagenda.com.au/2018/07/12/change-is-coming-wyatt-reminds-providers/>, (accessed 30 August 2018).

Committee, including pivotal documents by the Alliance (2009 *Vision for aged care reform*,<sup>9</sup> 2012 *Blueprint for Aged Care Reform*,<sup>10</sup> 2015 *Blueprint Series 2*,<sup>11</sup> 2016 *Position Statement for the 2016 Federal Election*)<sup>12</sup> and the Aged Care Sector Committee's 2015 *Aged Care Roadmap*.<sup>13</sup>

In addition to these sector-led documents, Australian Governments have commissioned a number of key reviews which have guided these reforms, including the Productivity Commission's *Caring for Older Australians* inquiry,<sup>14</sup> the Australian Law Reform Commission's *Elder Abuse—A National Legal Response*,<sup>15</sup> the *Legislated Review of Aged Care 2017*,<sup>16</sup> and the *Review of National Aged Care Quality Regulatory Processes*.<sup>17</sup> The South Australian Government's Office of the Chief Psychiatrist's *The Oakden Report*,<sup>18</sup> also led to the latter Commonwealth Quality review.

COTA has been a key and often driving contributor to all of the reviews and reforms in aged care over the past decade. We continue to advocate for a system that places the consumer and their family and friends in the centre of reform. COTA believes that resourcing, supporting and placing consumers at the centre of decisions about their care, including the ability to change providers and be directly involved in their support and care decisions, is one of the most effective ways to ensure better quality services develop within aged care.

However, COTA is acutely aware that the journey to a more consumer-controlled system is far from complete. Consumers are not yet easily able to get information to make informed decisions about their choice of home care provider and currently often can't select their preferred residential aged care provider. Many services do not offer genuine consumer direction, let alone control. Funding for aged care services continues to be rationed leading to unacceptable wait times, especially for home care. The lack of a sustainable funding model for the whole system results in pressures on staffing and poor provision of residential care in certain areas, and an inadequate supply of respite and short-term care. Support solutions like system navigation are only now about to be piloted despite the clearly demonstrated need for a full program.

---

<sup>9</sup> National Aged Care Alliance, 'Leading the Way: Our Vision for Support and Care of Older Australians,' *Canberra*, 2008, [http://www.naca.asn.au/Publications/NACA\\_Vision.pdf](http://www.naca.asn.au/Publications/NACA_Vision.pdf), (accessed 30 August 2018).

<sup>10</sup> National Aged Care Alliance, 'Blueprint for Aged Care Reform,' *Canberra*, 2012, [http://www.naca.asn.au/Publications/NACA\\_Blueprint\\_2015\\_Final.pdf](http://www.naca.asn.au/Publications/NACA_Blueprint_2015_Final.pdf), (accessed 30 August 2018).

<sup>11</sup> National Aged Care Alliance, 'Blueprint Series 2: Enhancing the Quality of Life of Older People Through Better Support and Care,' *Canberra*, 2015, [http://www.naca.asn.au/Age\\_Well/Blueprint.pdf](http://www.naca.asn.au/Age_Well/Blueprint.pdf), (accessed 30 August 2018).

<sup>12</sup> National Aged Care Alliance, 'Position Statement for the 2016 Federal Election,' *Canberra*, 2016, [http://www.naca.asn.au/Publications/NACA\\_Blueprint\\_Election\\_Campaign\\_2016.pdf](http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf), (accessed 30 August 2018).

<sup>13</sup> Aged Care Sector Committee, Department of Health, 'Aged Care Roadmap,' *Canberra*, April 2015, <https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap>, (accessed 30 August 2018).

<sup>14</sup> Productivity Commission, 'Caring for Older Australians, Report No. 53, Final Inquiry Report, Vol. 1 & Vol. 2,' *Canberra*, 2011.

<sup>15</sup> Australian Law Reform Commission, 'Elder Abuse—A National Legal Response (ALRC Report 131),' *Canberra*, 2017, <https://www.alrc.gov.au/publications/elder-abuse-report>, (accessed 30 August 2018).

<sup>16</sup> D. Tune, *The Legislated Review of Aged Care 2017*.

<sup>17</sup> K. Carnell and R. Paterson, 'Review of National Aged Care Quality Regulatory Processes,' *Australia*, 2017, [https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/10\\_2017/review\\_report\\_final\\_23\\_october\\_2017.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/10_2017/review_report_final_23_october_2017.pdf), (accessed 30 August 2018).

<sup>18</sup> A. Groves, et al., 'The Oakden Report,' *South Australia*, 2017, <https://www.sahealth.sa.gov.au/wps/wcm/connect/4ae57e8040d7d0d58d52af3ee9bece4b/Oakden+Report+Final+Email+Version.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4ae57e8040d7d0d58d52af3ee9bece4b-mbuk16f>, (accessed 30 August 2018).

## MAINTAINING THE MOMENTUM

### Full implementation of the recommendations of the Tune, and the Carnell and Paterson Reviews, and implementation of an integrated Care at Home program.

As all readers will be aware the Morrison Government has recently announced a Royal Commission into the aged care sector. COTA Australia welcomed the announcement but did express concern that it may delay reforms currently underway and those still “in the wings”, following the recent major reviews. The Prime Minister has given an uncategorical undertaking that this will not be the case – that all current reforms in the More Choices for a Longer Life package, which he championed in the last Federal Budget and to which COTA made major contributions, will be implemented, as well as others that come forward from that process.

For example, the Tune Review into the first five years of recent aged care reforms was handed to Government more than a year ago. A number of its recommendations are being implemented or are on track as part of the Federal Budget’s More Choices for a Longer Life package; but others are still to be progressed. Much of the Carnell and Paterson Report on quality regulation has been endorsed and is in the process of implementation, but not yet complete. Momentum to address the major shift to home care and the consequent waiting list must be maintained. Government’s commitment to merge the Home Care Packages (HCP) program and Commonwealth Home Support Program (CHSP) into an integrated Care at Home program by mid-2020 appears to be stalled and needs to be urgently reactivated.

COTA Australia supports almost all the recommendations of recent reviews and believes it is a matter of high priority and urgency that the current reform process be progressed. This document sets out five **immediate** areas of action that are essential to that being achieved. This is not to discount the range of other work that is progressing (such as on creating a single assessment system and substantially rebuilding My Aged Care), but from COTA Australia’s view these five initiatives are essential to maintain the momentum of reform.





## Keep Fixing Australia's Aged Care System ...

### COTA AUSTRALIA'S VIEW IN SUMMARY

---

Australia's population is ageing and our aged care system isn't keeping up. Too many older Australians aren't getting the support they need, or they're fighting to be treated with dignity and respect.

The Federal Government has invested an additional \$5 billion in our aged care sector over five years. However, almost 12 months on from the landmark reports into aged care operations, quality and standards by David Tune, Kate Carnell and Professor Ron Paterson, we're still waiting for many of their recommendations to be implemented.

To build a world-leading aged care system that provides the amount of quality care older Australians and their families deserve we urgently need:

#### **1. More home care packages so older Australians never wait more than 3 months**

Despite the investment of tens of thousands of new home care packages, consumers are still waiting unacceptably long times to receive the level of care they have been assessed as needing.

An additional 30,000 high level home care packages are required to ensure older Australians never have to wait longer than three months for the care that matches their assessed needs.

**We need: Funding for 30,000 more high level home care packages so no one waits more than 3 months for care**

#### **2. More power to residents and their families by giving them control over residential care funding**

COTA Australia and the Government's own Aged Care Sector Committee's Aged Care Roadmap envisage a future where individually assessed aged care is available to all regardless of whether it's at home or in a nursing home.

Choosing residential aged care should be no different to choosing where people live at any other time of their lives, or to receiving care at home. However, right now the Government allocates "bed licences" to aged care providers, which means older Australians are forced to go where a funded bed is available – even if it isn't their first (or second) choice, or is far away from their loved ones. It also means there's less incentive for providers to deliver excellence because there's no reward.

If we're going to improve the quality of our residential aged care services we need to give residents and families the power to decide how and on what terms to spend their residential care funding, and which provider to spend it with.

**We need: Legislation by March 2019 to set a definite date to put residential aged care places in the hands of consumers, not providers.**



### **3. More information and increased transparency for consumers**

Accessing our aged care system is like navigating an obstacle course blindfolded – with no obligation for providers to publish any information about their pricing, or their performance. Consumers need clear and easily understood information so they can make informed decisions about which provider to choose.

This information should include published reviews from existing service users, clear information about client contributions and service costs, quality information about the service, including staffing levels, and accurate information about the specialised services and clients a provider can effectively support.

**We need: Compulsory publication of aged care services, prices and performance by mid-2019.**

### **4. More funding to secure the right quality and mix of aged care staff**

We need improved staffing levels, training, and better pay in the aged care sector – not mandated ratios, but more and better trained staff where gaps exist to ensure the highest quality care for all older Australians.

We need to make the aged care sector more attractive to work in – with real career paths, better on the job training and qualifications, and much better pay for the entire workforce, especially for personal carers and middle management, but also for nurses and general staff.

To achieve this, we need to ensure the right amount of funding is provided to deliver appropriate staffing levels and skills mix – including through adequate government funding and equitable, consistent and sustainable consumer contributions.

**We need: To build the capacity of the aged care workforce to deliver quality care.**

### **5. More random and targeted totally unannounced inspections**

The Government's current 'unannounced' inspection regime signals to residential aged care providers that they will receive a visit from the Quality Agency in the 90-day window before their accreditation expires.

While COTA Australia supports this as an interim step, the Government should move away as soon as possible from known windows to a truly unannounced scheme after the Quality and Safety Commission starts – with randomised visits occurring at least every year, and targeted visits more often for providers at risk so older Australians and their families can be assured of quality care every day of the week, every week of the year.

**We need: Random and targeted totally unannounced inspections by 1 January 2020.**

## OUR PROPOSALS IN MORE DETAIL

### 1. More home care packages so older Australians never wait more than three months

During 2015-16, an estimated 1.3 million Australians (comprising 5.4% of the Australian population) received Government-funded aged care, 71 per cent of these receiving some form of home-based help.<sup>19</sup> Similar to most developed nations around the world, Australia is experiencing a ‘long-term ageing’<sup>20</sup> of the population, and this trend will create an increased demand in aged care, amongst other needs of the ageing population. In 2018, the Australian population aged 65 years old or over is estimated at 14 per cent,<sup>21</sup> but by the year 2055, almost 23 per cent of the population will be aged 65 years or over.<sup>22</sup>

Over the next 40 years, the number of Australians receiving aged care services is estimated to increase by 150 per cent.<sup>23</sup> These changing demographics are likely to lead to an increasing demand for services such as caring for people living with dementia,<sup>24</sup> and of course, that will entail an associated demand for staff skilled in those domains.

COTA continually hears from consumers who tell us their preference is to remain living in their own home, and therefore demand for supports at home will increase accordingly. In order to plan for an increasing ageing population with an associated demand for home-based supports, we need to prepare for the following.

#### 1.1 Continue to ensure adequate levels of higher level home care packages

The data released indicates that 70 per cent of packages released in 2015-16 were for levels 1 and 2, yet feedback from the sector and consumers tells us that demand for these packages has either stalled or reduced.<sup>25</sup> By contrast, demand for higher funding packages, levels 3 and 4, has increased.<sup>26</sup> A review of projected demand for home care packages identifies an increasing unmet demand for package levels 3 and 4 and a rapidly decreasing need for packages level 1 and 2 over the next decade.<sup>27</sup> It is clear that in a market with a value of consumer choice at its core, we need to be driven by what consumers are calling for – and they are asking for less packages at levels 1 and 2 and more packages at levels 3 and 4.

---

<sup>19</sup> D. Tune, pp. 6-7.

<sup>20</sup> D. Tune, p. 38.

<sup>21</sup> Australian Institute of Health and Welfare, ‘Older Australia at a Glance,’ *Australia*, 2017, <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians/australia-s-changing-age-and-gender-profile>, (accessed 30 August 2018).

<sup>22</sup> Senate Committee, p. 3.

<sup>23</sup> Senate Committee, p. 3.

<sup>24</sup> D. Tune, p. 39.

<sup>25</sup> D. Tune, p. 58.

<sup>26</sup> D. Tune, p. 58.

<sup>27</sup> D. Tune, p. 60.

The Government recognised this increased demand for higher level packages when it rebalanced the mix of home care packages in the 2016 MYEFO<sup>28</sup> and continued the focus in its 2018-19 Budget when it allocated 111,500 home care packages for older Australians.<sup>29</sup> These changes acted upon the Tune Review recommendation five: “That the Government re-balance the distribution of home care packages, by increasing the proportion that are high care packages, without a change in the overall home care ratio.”<sup>30</sup>

As at 30 August 2018, the latest information available from a report published by the Government is that 77,918 older Australians had been placed into home care packages as at 31 December 2017.<sup>31</sup> However, 108,456 individuals were still in the national queue as at end of 31 March 2018.<sup>32</sup> Of this figure, 53,635 individuals were waiting to receive a package, and 54,821 individuals were waiting to receive the correct level of package they had been assessed as requiring while being assigned a lower level package as an interim measure.<sup>33</sup>

An individual who has been assessed at the highest clinical need recognised (a Level 4 package) is estimated to wait six to nine months from the day of assessment before being offered any level of care. More often this is at a lower level, such as a Level 2.<sup>34</sup> Older Australians will then wait an additional 12 months or more before receiving the Level 4 package of care they were originally assessed as needing. This is an 18 to 36 month timeframe from assessment until they receive the right level of care. COTA Australia finds this lengthy waiting period both unacceptable and troubling.

People assessed for a Level 4 home care package are often also assessed as eligible for residential care but increasingly choose to stay in their homes as long as they can. The fact they would be eligible for residential care signifies their acuity level and vulnerability. To leave an older Australian with no other choice than to go into residential care, often against their will, because there is a lack of high care packages to provide then with the support needed to care for them at home demonstrates the inadequacy of Australia’s current aged care system.

COTA Australia recognises that the national queue will grow and shrink with demand but believes priority should be given to ensuring funding for an adequate level of high level packages (levels 3 and 4) so that no individual will be left waiting more than 3 months for a package of care.

Based on the March 2018 home care package waitlist data and compared with the total number of packages identified as being released in the current financial year, COTA estimates there are 20,000 additional packages of any level required but not yet funded in the current financial year. We

---

<sup>28</sup> Commonwealth of Australia, ‘Appendix A: Policy Decisions Taken Since the 2017-18 Budget,’ *Canberra*, 2017, [https://www.budget.gov.au/2017-18/content/myefo/download/09\\_Appendix\\_A.docx](https://www.budget.gov.au/2017-18/content/myefo/download/09_Appendix_A.docx), (accessed 12 September 2018).

<sup>29</sup> Department of Health, ‘Budget 2018-19 - Portfolio Budget Statements 2018-19, Budget Related Paper No. 1.9 – Health Portfolio,’ *Canberra*, 2018, [http://www.health.gov.au/internet/budget/publishing.nsf/Content/2018-2019\\_Health\\_PBS\\_sup1/\\$File/2018-19\\_Health\\_PBS\\_1.00\\_Complete.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2018-2019_Health_PBS_sup1/$File/2018-19_Health_PBS_1.00_Complete.pdf), (accessed 31 August 2018), p. 138.

<sup>30</sup> D. Tune, p. 60.

<sup>31</sup> Department of Health, ‘Home Care Packages Program - Data Report 3<sup>rd</sup> Quarter 2017-18,’ *Australia*, 2018, [https://www.gen-agedcaredata.gov.au/www\\_ahwgen/media/Home\\_care\\_report/HCP-Data-Report-2017%E2%80%933rd-Qtr.pdf](https://www.gen-agedcaredata.gov.au/www_ahwgen/media/Home_care_report/HCP-Data-Report-2017%E2%80%933rd-Qtr.pdf), (accessed 30 August 2018).

<sup>32</sup> Department of Health, ‘Home Care Packages Program - Data Report 3<sup>rd</sup> Quarter 2017-18.’

<sup>33</sup> Department of Health, ‘Home Care Packages Program - Data Report 3<sup>rd</sup> Quarter 2017-18.’

<sup>34</sup> Department of Health, ‘Home Care Packages Program - Data Report 3<sup>rd</sup> Quarter 2017-18.’

recognise the waitlist is continuing to grow and propose an additional 10,000 packages will be needed to buffer against that growth which we expect to be identified by the June 2018 data.

### ***A note about our calculation of 30,000 packages***

As at December 2017, 77,918 individuals have already been placed in home care packages, with an additional 41,993 packages released during the January – March 2018 quarter. An additional 53,635 people are waiting to receive any package of care as at March 2018 (around half of those not on a home care package are currently receiving support via the CHSP program – meaning around 26,817 people are receiving no support at all).

The March 2018 data indicated that the waitlist has grown around 13.5% per year (3,620 additional people). This would mean that 30,500 packages would be required to simply meet the current number of people on the wait list with annual growth of the waitlist included.

COTA Australia is concerned that, should the waitlist grow at a higher rate, then more than 30,000 packages will be required to ensure all Australians are receiving some level of support appropriate to their care needs.

COTA notes that there are a number of issues with the understanding of the home care packages queue, such as reports that some consumers are assessed at higher levels of care than their presenting needs and a lack of information about access to services from the Commonwealth Home Support Program. COTA supports work to create a more robust picture of the composition of the queue, but in the meantime it is the best measure we have of unmet need.

## **1.2 The Government needs to realign the aged care places ratio to increase the proportion of home care places over residential care**

COTA Australia agrees with the recommendation of the Tune Review to allow for flexibility in the allocation of home care packages and residential care places over the next decade to convert under-utilised residential places into high-demand home care packages, at no additional cost to the Government.<sup>35</sup> COTA Australia recognises that the 2018-19 budget merge of the previously separate funding for home care and residential care into one pool of funding for aged care is a step towards achieving this outcome.

The lack of availability of home care packages is proving harmful and counter-productive to the initiative of ageing-in-place, as consumers end up having no other choice but to enter residential care when their needs exceed those that can be safely supported through a **low-level** package,<sup>36</sup> *even if residential care is not necessarily the most appropriate or best option.*

---

<sup>35</sup> D. Tune, pp. 7-8.

<sup>36</sup> C. Irlam, *Project Report: Measuring Quality and Consumer Choice in Aged Care*, Australia, COTA Australia, 2018, p. 144.

### 1.3 More home care packages needed at higher levels and with more evenly spread funding intervals, to keep people at home appropriately

Currently, a level 4 home care package provides just over \$50,000 in funding,<sup>37</sup> 31.1% of which is paid on average to ‘administrative costs’<sup>38</sup>. With an ‘administrative cost’ of 30%, a consumer of a level 4 home care package would have \$35,000 available to spend on services, equating to almost \$673 per week. This level of funding would barely cover two hours of care per day, without any other services.

The current scale of package levels is uneven and appears not to be based on evidence of value points for consumers, resulting in some consumers receiving more funding than they need, and others not enough. A basic package (without supplements) at level 1 is funded at \$8,260, a level 2 at \$15,045, a level 3 at \$33,076 and a level 4 at \$50,286.<sup>39</sup>

COTA Australia notes the recommendation of the Tune review that calls for the introduction of a new level of package, the costs of which will not exceed the care costs associated with residential care.<sup>40</sup> COTA Australia would prefer the Government to consider a more nuanced and evenly spaced scale of funding packages which will result in up to 6-8 different package levels, ranging from the current Level 1 to a Level 6 or 8 (depending on spacing) equal to the maximum value of ACFI care funding.

## 2. More power to residents and their families by giving them control over residential funding

COTA Australia and the Government’s own Aged Care Sector Committee’s *Aged Care Roadmap* envisage a future where individually assessed aged care is available to all regardless of whether it’s at home, in a retirement village or other specialised seniors housing, in a supported living unit, or in a nursing home.

Choosing residential aged care should be no different to choosing where people live at any other time of their lives, or to receiving care at home. However, right now the Government allocates “bed licences” to aged care providers through an annual Aged Care Approval Round (ACAR) in which government decides where bed licences will go. This means older Australians are forced to go where a funded bed is available – even if it isn’t their first (or second) choice, or is far away from their loved ones, or not with a provider of a standard they feel comfortable about.

If we’re going to improve the quality of our residential aged care services we need to give residents and their families the power to decide how and on what terms to spend their residential care funding, and which provider to spend it with. While current vacancy rates allow a little more choice in some areas than used to be the case, real choice is still limited and constrained for most people.

---

<sup>37</sup> Department of Health, ‘Aged Care Subsidies and Supplements – New Rates of Payment from 1 July 2018,’ *Australia*, 2018, [https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06\\_2018/aged\\_care\\_subsidies\\_and\\_supplements\\_from\\_1\\_july\\_2018.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2018/aged_care_subsidies_and_supplements_from_1_july_2018.pdf), (accessed 30 August 2018).

<sup>38</sup> Aged Care Financing Authority, ‘Short Form Report on the Funding and Financing of the Aged Care Sector – 2018.’

<sup>39</sup> Department of Health, ‘Aged Care Subsidies and Supplements – New Rates of Payment from 1 July 2018.’

<sup>40</sup> D. Tune, pp. 8, 62.

Current arrangements also mean there's restricted incentive for providers to deliver excellence because there's limited reward. The ACAR system means that good providers with high occupancy or waiting lists cannot expand their services in response to demand. The ACAR system is a very real constraint of trade. The removal of the constraint of ACAR will mean that high quality providers who are in high demand will be able to expand current services and build new ones in response to that demand, including directly competing with poorer providers - placing more pressure on lower quality providers to either lift their game or get out of the industry.

COTA Australia has long made the call for Government to move towards a consumer directed market in residential care as it has with the Home Care Packages program. This was supported by the Productivity Commission in the landmark 2012 *Caring for Older Australians* report, by the National Aged Care Alliance in its two Blueprints, and in the Aged Care Roadmap - and indeed in earlier reviews before 2012. Similarly, the Tune *Legislative Review* recommends removing ACAR and introducing portability of residential places to place control directly in the hands of consumers.<sup>41</sup>

COTA welcomes the Federal Government's "in-principle" commitment to this reform announced in the 2018/19 Budget *More Choice for Older Australians* package, but is concerned that without a legislated timeframe the momentum and focus required for change will be lost. Rather than an "impact analysis" of this move the government needs to bite the bullet and commission an "Implementation Strategy – a clear and definitive roadmap to achieve this long overdue reform.

In residential aged care consumers already invest hundreds of thousands of dollars into refundable accommodation deposits (RADs) or pay \$50 to \$100 a day in a DAP, plus a services fee of 85% of their pension, plus often additional service fees - all of which are in the consumers' control – but the government contribution is not in their control and is handed to the provider. And the provider they want to go to is full and is not allowed to accept them because they have run out of "bed licences".

***"People who use human services can lose their autonomy, and with it their dignity, if they have too little control over decisions that affect them."***

***Productivity Commission, 2017<sup>42</sup>***

***This is the major and constant refrain COTA hears from so many aged older Australians about aged care, and especially residential aged care. Changing it requires changing the culture of aged care. It can be done - some good providers are doing so. To change the whole system, we need to change the balance of power in favour of consumers. That won't change culture overnight or next week, but it will over some years. Good providers support this – poorer quality providers are frightened by it. They should be.***

---

<sup>41</sup> D. Tune, p. 57.

<sup>42</sup> Australian Government Productivity Commission, 'Introducing Competition and Informed User Choice Into Human Services: Reforms to Human Services – Inquiry Report,' Melbourne, 2017, <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report/human-services-reforms.pdf>, (accessed 12 September 2018).

The Productivity Commission's recent inquiry into *Introducing Competition and Informed User Choice into Human Services*<sup>43</sup> considers the benefits of giving greater control to consumers in the delivery of human services like residential aged care. The Productivity Commission considered five attributes of effective service delivery to assess the potential costs or benefits of the reform, including Quality, Equity, Efficiency, Responsiveness and Accountability.<sup>44</sup>

COTA argues strongly that if implemented correctly this reform to residential aged care will deliver improved quality outcomes for consumers, while increasing accountability to the end-funder of the services (the taxpayer / Government, as well as the consumer) and create more responsiveness to the needs of service users.

COTA Australia acknowledges there are significant complexities in this change and careful planning needs to be undertaken, which has in fact already commenced. The funding needs in a residential care environment with large amounts of capital needed to develop built infrastructure is substantially different to freeing up home care packages. Decreased demand for some services would result in significant reduction in financial viability and potential collapse of providers that consumers desert, and similarly, increased demand for services requiring new investments that will take some time to build. So a robust and well-phased Structural Adjustment Strategy will be required, with the department being given full power to appoint Administrators.

The Tune review calls for a transition to a consumer directed model of residential care with two years notice from the date government announces its intention to do so.<sup>45</sup> The Carnell-Paterson review notes that "the [aged care] market needs to mature considerably before a truly consumer-driven model can be achieved", and specifically notes that "Currently, the government caps supply of beds in residential aged care facilities, with average occupancy rates across the sector of approximately 92 per cent. This operates as a significant constraint on competition and choice as drivers for quality."<sup>46</sup>

COTA agrees with this assessment particularly given that the parameter of choice is not that well exercised in the space of residential care today. For example, an individual stays an average of three years in an aged care facility and about 3 per cent of residents normally change facilities over the course of a year, with only a portion of those doing so as a matter of choosing between providers.<sup>47</sup> The reality is that it remains much easier to opt in and out of home care providers than to do so out of the residential care setting.

The environment of residential aged care contains implicit and explicit forms of imbalances of power, and it is not as easy to change these dynamics as one may be able to do within the boundaries of one's own home environment. Traditionally within an aged care facility, there are set times for showering, eating, recreation, there are rules for the upkeep of the facility, and importantly, residents do not get to choose the specific staff who will care for them. A facility not only cares for its residents but also the

---

<sup>43</sup> Australian Government Productivity Commission.

<sup>44</sup> Australian Government Productivity Commission.

<sup>45</sup> D. Tune, p. 57.

<sup>46</sup> K. Carnell and R. Paterson. p127

<sup>47</sup> K. Carnell and R. Paterson. p127



staff who work within the facility and their rights as well. The environment becomes a rich system of competing dynamics for attention and control, and it becomes much more difficult for an individual resident to retain control over the scope and form of care they receive. However it is important to note that this is now changing among more progressive providers, with significant degrees of flexibility and innovation being introduced, still by a small minority; but demonstrating that it can be done.

COTA Australia argues for the portability of bed licenses and simultaneously calls for a concerted effort to consider the roll-on effects of liberalising an environment that has hitherto not had its power relations under the microscope. How, in the most tangible sense, are we providing a resident with choice? Choice to do what, other than moving providers? Are we facilitating choice to choose the time they eat? Are we facilitating choice to help select the staff that will care for them? All these questions will have significant legal and policy ramifications, but we owe it to older Australians to explore these in detail and identify to what extent we can truly say that we are empowering consumers within the residential market in order for them to be able to choose between and within providers.

### 3. More information and increased transparency for consumers

In order for the aged care system to encourage choice by and participation of consumers, the system needs to play a key role in monitoring and enforcing a culture of transparency and accountability. The dictum of consumer directed care does not lessen the responsibility of Government to provide oversight and protection to consumers. Within the context of aged care, the consumer directed approach is still new and the market is still considered 'imperfect'.<sup>48</sup> The Government should play an active role as 'market steward' to ensure that people have the necessary information to be an informed, motivated and engaged consumer.<sup>49</sup>

#### Fees and charges information

There is still an absence of data published for consumers in respect of fees and charges and the composition of those fees and charges. In fact, the number one complaint received by the Aged Care Complaints Commissioner from the home care packages program was regarding fees and charges, followed by lack of communication, and lack of communication about fees and charges.<sup>50</sup>

COTA Australia calls for the immediate enforcement of publication of all fees and charges applicable to home care and in the future in residential care in a comparable format across all providers with the same terminology and a glossary for consumers. This information needs to be made accessible via *My Aged Care* and should include:

- All consumer contributions (or 'fees') to be paid by the consumer

---

<sup>48</sup> A. Beer, et al., *Consumer Directed Care: The Expectations and Experiences of People Aged 50 Years and Over in Australia - Final Report*, ARC Linkage Project, South Australia, [www.cdcengagement.com/publications](http://www.cdcengagement.com/publications), 2018, p. 74.

<sup>49</sup> Institute for Government, 'The Market Stewardship Framework,' Institute for Government, [website], 2018, Publications, <https://www.instituteforgovernment.org.uk/publication/market-stewardship-framework>, (accessed 12 September 2018).

<sup>50</sup> Aged Care Complaints Commissioner, 'Aged Care Complaints Commissioner Annual Report 2016-17,' *Canberra*, 2017, <https://www.agedcarecomplaints.gov.au/internet/accc/publishing.nsf/Content/annual-report>, (accessed 30 August 2018), pp. 16-7.

- Clear information about the service charges that the home care package will pay for
- A consistent definition of key terms used – e.g. ‘administration,’ ‘case management’

Importantly, consumers need consistency between providers of the key difference between terms that sometimes are used interchangeably but which may incur separate charges, such as ‘administration,’ and ‘care coordination.’ Consumers of all products and services deserve transparency and the ability to compare two providers equitably, and aged care is no exception.

### Service information

COTA Australia also calls on the Government to focus on imposing stricter guidelines on the information that providers disclose on the *My Aged Care* portal. Currently, the portal encourages providers to self-disclose their specialisations and allows them to tick ‘as many boxes’ as they wish in relation to the scope of the care and services they deliver. There are no rules or conditions listed on *My Aged Care* for providers to help them ascertain whether they meet those services outlined, therefore there is little disincentive *not* to tick a box, leading to a skewed specialisation of services within the aged care market. This makes meaningful comparison impossible today on *My Aged Care*. COTA Australia calls for the Government to introduce a reminder for providers in the *My Aged Care* portal that while they are required to meet the needs of all consumers, the multiple options listed on *My Aged Care* should specify only those services where a provider identifies they specialise in that service. That is, that they go over and above the generic minimum expectations by the Government and the general public.

A proposed wording to assist providers to consider whether they meet the extra options would be: *‘Is this service specifically designed to cater to the diverse characteristics and life experiences of one or more of the special needs groups listed below? Select only those where you would be able to demonstrate specific measures you have in place for this service.’*

In addition to requiring higher quality controls on providers, COTA Australia also calls for the Government to limit the number of repeated entries of the same provider in *My Aged Care*. Researchers from the marketing and psychology fields have considered how many choices an individual can manage before becoming paralysed by too much information, and some suggest that five choices are the maximum that should be presented in any given field.<sup>51</sup> COTA Australia continues to suggest between 3 and 5 provider choices is optimal.<sup>52</sup>

### Transparency about complaints and quality lapses

COTA Australia has long argued for providers to be transparent about their complaints resolution and failing that for the Complaints Commission to be able to publish complaints numbers and complaints management information for individual providers. Such information is available in other industries, such as telecommunications, and shines a light on major issues and the processes for dealing with them. Complaints are not something to be reticent about, or to hide. Encouraging complaints and dealing with them upfront, promptly and effectively is a good quality control measure that reflects a

---

<sup>51</sup> C. Irlam, p. 13.

<sup>52</sup> C. Irlam, p. 13.

mature and confident organisation. Too many aged care providers are still to make this transition. Access to such information should be mandated by government if providers are not doing it.

Similarly, current and potential consumers should have the right to know about quality issues and how they are managed. While reports of the Quality Commission on standards failures are eventually public they are not obvious and accessible to most people and need to be so. Providers themselves should be open and transparent about quality failings and the steps they take to address them.

### Transparency of staffing information

While COTA Australia does not at present support mandatory staffing ratios (see next section) we very strongly support the transparent publication by providers of their staffing numbers and ratios. Under the Aged Care Standards it is up to providers to justify their staffing arrangements as being adequate and appropriate for the care needs of their residents.

While COTA does not agree with the detail of the Sharkie/McGowan Bill on transparency of staffing ratios we agree with the intent and urge the government to do likewise and incorporate it into a broader transparency measure covering all matters in this section.

## 4. More funding to secure the right quality and mix of aged care staff

The need to invest in the aged care workforce has been highlighted extensively in the Tune review (where 112 out of 145 submissions mentioned workforce issues),<sup>53</sup> and it is important to recognise that the Australian Government has also committed to invest in the required changes by sponsoring the *Future of Australia's Aged Care Sector Workforce* Australian Senate committee.<sup>54</sup> Nevertheless, COTA Australia believes that there are major reforms that need to be urgently implemented in order for the future of present and older Australians to be secured. We note that as we were concluding the development of this paper the Government released its Aged Care Workforce Strategy which we believe has significant alignment to COTA Australia's identified aged care workforce initiatives.

### 4.1 Increased pay conditions for aged care workers

Research shows that aged care workers are not only paid significantly less than other similarly qualified workers,<sup>55</sup> but that wage increases for aged care workers have been the lowest amongst all sectors.<sup>56</sup> The Aged Care Workforce Strategy also recognises the issue of staff remuneration as one of 14 strategic action areas, identifying the need to address 'pay deficiencies' currently experienced by personal care workers and nurses as a key recommended action.<sup>57</sup>

---

<sup>53</sup> D. Tune, p. 172.

<sup>54</sup> Senate Committee.

<sup>55</sup> Senate Committee, p. 52.

<sup>56</sup> D. Tune, p. 180.

<sup>57</sup> Aged Care Workforce Strategy Taskforce, 'A Matter of Care Australia's Aged Care Workforce Strategy', Department of Health, Canberra, June 2018, <https://agedcare.health.gov.au/aged-care-workforce-taskforce-strategy-report>, (accessed 13 September 2018).

Personal care workers comprise 75 per cent of the direct care workforce,<sup>58</sup> and the number of workers in aged care will need to grow substantially to support the increasing number of older Australians seeking services. The low pay of aged care workers has been raised as an urgent item in the Legislative Review of Aged Care and recent Senate inquiries.<sup>59</sup> The Aged Care Workforce Strategy notes in particular the challenges of retaining personal care workers and nurses in the aged care sector given the comparative undervaluing of these positions within aged care.<sup>60</sup> COTA believes that the issue of low wages is a critical concern that must be addressed in the short term, along with the development of new career paths, and better and more training and credentialing.

Low wages represent both a current and a future problem. At present, they prevent providers from being able to retain staff who, due to the low wages, choose to move to other better paying industries. In terms of planning to support the future generations of older Australians, low wages present a substantial challenge to attract new workforce participants and provide them secure well-paid jobs into the future. Unfortunately, despite a raft of major policy changes over the past decade none have led to a narrowing of the wage gap between aged care and other sectors.<sup>61</sup>

This will be a key challenge for the implementation process of the Aged Care Workforce Strategy and for the newly announced Royal Commission.

## 4.2 Nurture and develop the workforce

Consumers of home care and residential care report to COTA that they want to be assured aged care staff have undergone specific training that addresses their own needs and have regard to their individual circumstances.<sup>62</sup> But there is evidence that training and professional development of aged care staff may in fact be decreasing, at least in relation to entry-level roles. For example, the National Aged Care Workforce Census and Survey identified that less training took place in 2016 compared to 2012.<sup>63</sup> In addition, the Tune Review cites in the same survey that nearly a quarter of personal care staff in residential care reported receiving no training in the last 12 months, and home care shows a similar trend.<sup>64</sup>

In addition to lack of training, providers themselves are reporting that the quality of the initial training that potential aged care recruits undertake is inconsistent and inadequate, calling for greater regulatory review of all registered training organisations currently delivering aged care qualifications.<sup>65</sup> The Senate Committee concluded that such regulatory oversight is “urgently required.”<sup>66</sup>

---

<sup>58</sup> D. Tune, p. 180.

<sup>59</sup> Senate Committee, pp. 46, 52.

<sup>60</sup> Aged Care Workforce Strategy Taskforce, ‘A Matter of Care Australia’s Aged Care Workforce Strategy.’

<sup>61</sup> D. Tune, p. 180.

<sup>62</sup> K. Rawlings and S. Toor ‘Quality in Aged Care through the eyes of consumers: A report for COTA Australia’ The Plug-In, COTA South Australia, Adelaide, p.114. <https://www.cota.org.au/wp-content/uploads/2018/09/Quality-and-Choice-in-Aged-Care-Project-Report-FINAL-Feb-2018.pdf> (Accessed 10 September)

<sup>63</sup> D. Tune, p. 182.

<sup>64</sup> D. Tune, p. 182.

<sup>65</sup> Senate Committee, p. 64.

<sup>66</sup> Senate Committee, p. 64.

It is clear that training of staff is of critical importance to consumers, who may perceive quality of care on the basis of qualifications attained, but, more importantly, actual training attained and delivered is not meeting the mark for either providers or staff. We owe it to staff and consumers to ensure that the right skills are being developed in order for the care to be excellent, and we also owe our workforce an opportunity to be developed, nurtured and have clear career pathways to other roles within the industry. COTA notes a range of actions identified in the Aged Care Workforce Strategy to support this objective.

### 4.3 Expanding the aged care workforce

Research estimates that the aged care workforce needs to grow by two per cent each year in order to meet demand but that it is already struggling to retain its existing workforce.<sup>67</sup> The aged care sector faces a challenge but also a great opportunity. Certainly, it has the upper hand to lead negotiations with the sector in relation to improving better working conditions and increasing the opportunities for more staff to enter the workforce. A potential opportunity also exists to partner with other sectors, such as NDIS, in order to invest in shared innovations and share skills and promote cross learning opportunities.<sup>68</sup> COTA firmly believes that a growing aged care workforce can only be achieved if increased pay and improved job opportunities are developed.

The Aged Care Workforce Strategy Taskforce is a collaboration between industry, community and Government with a mission to achieve lasting and powerful changes in a sector the Australian Government considers to be the “largest and fastest growing.”<sup>69</sup> Its recently released report ‘*A Matter of Care –Australia’s Aged Care Workforce Strategy*’<sup>70</sup> identified 14 strategic action areas:

1. Creation of a social change campaign to reframe caring and promote the aged care workforce
2. Voluntary industry code of practice
3. Reframing the qualification and skills framework—addressing current and future competencies
4. Defining new career pathways, including how the workforce is accredited
5. Developing cultures of feedback and continuous improvement
6. Establishing a new industry approach to workforce planning, including skills mix modelling
7. Implementing new attraction and retention strategies for the workforce
8. Developing a revised workforce relations framework to better reflect the changing nature of work
9. Strengthening the interface between aged care and primary/acute care
10. Improved training and recruitment practices for the Australian Government aged care workforce
11. Establishing a remote accord

---

<sup>67</sup> Senate Committee, p. 43.

<sup>68</sup> Senate Committee, p. 41.

<sup>69</sup> Department of Jobs and Small Business, ‘Job Profiles - Health Care and Social Assistance,’ *Australia*, 2018, <https://joboutlook.gov.au/IndustrySpecific.aspx?search=Industry&Industry=Q>, (accessed 21 August 2018).

<sup>70</sup> Aged Care Workforce Strategy Taskforce.

12. Establishing an Aged Care Centre for Growth and Translational Research
13. Current and future funding, including staff remuneration
14. Transitioning the industry and workforce to new standards

COTA supports in-principle the identified strategic action areas, although we have some varied views about some of the details; and we will continue to engage with stakeholders about the most important identified actions to be prioritised.

#### 4.4 Employing a whole-of-sector approach

COTA Australia believes any and all successful workforce changes require a whole-of-sector approach and commitment. We made this clear in our submission to the Senate Committee, where we noted that *“[i]t is not sufficient, as some in the sector have tended to do, to lay the primary responsibility on the federal Government.”*<sup>71</sup> The fact that most aged care policy changes introduced have not resulted in pay increases for the aged care sector suggest that funding itself “is not the only issue,” and that it cannot be solely addressed through the lens of funding or award changes.<sup>72</sup> Indeed COTA Australia recognises for example the challenges the introduction of consumer directed care has placed on providers in terms of scheduling staff. The increased demand for services during a particular time window has led to increased reports of split shifts in the mornings and evenings resulting in staff dissatisfaction. Additionally, consumers’ desire to have one person fulfil all their needs may not be permitted under existing awards with specific grades and responsibilities assigned to different categories of staff.

It is only by working together as Government, industry and service providers, staff and consumers, that we will be able to secure the long-lasting changes in the aged care sector that older Australians deserve. COTA would welcome a sector-wide discussion about how to balance the needs of consumers, employees and providers in this regard.

#### 4.5 Fixed, mandated ratios are not the answer

Whenever concerns about quality of care within the aged care industry are raised, they are often immediately followed by calls to increase staff levels. It is often assumed and taken for granted that an increase of staff will alleviate and resolve whichever quality and safety concerns and gaps a facility is experiencing. And in the case of consumers and their families, it is often assumed that fixed mandated ratios will deliver specific levels of care for their loved one each and every day. Providing fixed mandated staff ratios does not, on its own, solve these issues. It will not address issues that may be brewing inside the culture of an organisation, nor ensure staff being employed are appropriately skilled and qualified to provide the care needed, nor ensure a particular consumer will on any day receive a guaranteed number of hours of care.

---

<sup>71</sup> COTA Australia submission, in Senate Committee, p. 21.

<sup>72</sup> D. Tune, p. 181.

Evidence is inconclusive as to whether mandated ratios directly improve quality and safety outcomes for residents.<sup>73</sup> If mandated staff ratios cannot be guaranteed to lead to improvements in quality and safety then serious questions need to be asked as to whether it is appropriate to impose them. In addition, there is evidence that a mandated staff ratio can lead to facilities who have staffing above minimum ratio levels will decide to reduce their staff, thus impacting on residents negatively in other ways.<sup>74</sup>

The Aged Care Workforce Strategy Taskforce also identifies the issue of costs involved to reach the proposed staffing ratio level. In its report the Strategy states “Stewart Brown estimate that the effect of legislating direct care staffing hours to 4.3 hours per resident per day would increase care staffing costs by an overall average of \$53.09 per bed per day (\$19,379 per bed per annum, currently estimated to be a 20 to 25 per cent increase in total costs for organisations).”<sup>75</sup> COTA presumes that such a significant increase to funding could only occur through a mix of Government subsidies and consumer contributions. Further consideration would need to be given as to capacity of consumers to contribute more and the increase in quality that would be achieved from this measure.

While COTA is unconvinced that mandated, fixed staffing ratios are the answer, based on the limited review of the literature outlined in Appendix 1, COTA does believe there are a number of things that can be done to improve consumer outcomes in the broader area of staffing levels.

### **1) Ensure the right staffing levels and skills mix of a particular facility**

A report commissioned by the ANMF and researched by Flinders University supports a skill mix of 30 per cent registered nurses, 20 per cent endorsed nurses and 50 per cent personal care workers.<sup>76</sup> The Department of Health has acknowledged that use of RNs for the provision of direct resident care in cases where needs are not complex may not be the most appropriate use of their time, especially within the context of staff shortages.<sup>77</sup> Creating guidance on what is the right workforce mix of skillsets, attributes, and staffing levels will help ensure greater consistency and clarity around what is required under the Aged Care Act’s “appropriate” levels of care.

### **2) Publishing staffing levels**

COTA Australia believes consumers are entitled to know information about the services they receive and are about to receive. Staffing skills, levels and qualifications are amongst the most frequently requested information from consumers about residential aged care facilities. COTA therefore calls on Government to make it a requirement for residential facilities to make publicly available the information on their staff including qualifications, quantity of staff and the ratio of staff to residents. In order for this to be meaningful for consumers we believe it

---

<sup>73</sup> Refer to Appendix 1, Studies that Conclude ‘The Jury is Out’ on Mandated Staff Ratios

<sup>74</sup> Refer to Appendix 1, Mandated Staff Ratio: A Perverse Incentive?

<sup>75</sup> Aged Care Workforce Strategy Taskforce.

<sup>76</sup> E. Willis et al., ‘National Aged Care Staffing and Skills Mix Project Report 2016 - Meeting residents’ Care Needs: A Study of the Requirement for Nursing and Personal Care Staff.’

<sup>77</sup> Department of Health, ‘Innovative Workforce Responses to a Changing Aged Care Environment,’ *Melbourne*, 2010, (accessed 5 September 2018).



must be published in a manner that identifies a facility as comparable with other similar facilities.

### 3) **Registered Nurses at all times**

COTA Australia's position is that safety must never be compromised. While residents in nursing homes do have the right to go to hospital, and we strongly support that right, we are concerned by the growing number of anecdotal reports of an increase in the number of transfers from residential care to hospital during the night shift, when often registered nurses are not rostered. COTA believes that an appropriately qualified staff member should be onsite at all times to guarantee constant quality outcomes 24/7, not just during the day.

We recognise the challenge this may present in remote and rural areas where finding suitably qualified staff can be challenging and support innovative workforce models such as onsite sleep-over or in country areas nearby based shifts, in which staff can be woken only if needed. We note this is consistent with the NSW Legislative Council's inquiry recommendation for RNs at all times balanced with exemptions if facilities can demonstrate how they are able to maintain provisions of quality care.<sup>78</sup>

However, COTA recognises that 'just add nurses' is not and cannot be the 'silver bullet' solution to all of aged care's safety and quality care issues. The suggestion that somehow fixed nurse ratios will solve the problems is inaccurate. In situations like Oakden we have seen some of the highest ratios of nurses found in any residential aged care facility and yet we are now aware those issues remained unchecked and unresolved for far too long. We do believe, however, that with guidance to providers about the appropriate levels and mix of staffing and skills, a guaranteed RN available at all times, and a requirement to publish and therefore justify publicly why staffing levels are at the level determined by the provider – on top of the aged care standard requirement for appropriate staffing to meet resident needs - improved quality outcomes will occur.



---

<sup>78</sup> Legislative Council, p. xii.

## 5. More random and targeted totally unannounced inspections

In October 2017, the Government adopted the Carnell/Paterson recommendation 8 and announced that from 1 July 2018 all previously announced “accreditation visits will be replaced with unannounced audits.”<sup>79</sup> COTA strongly supported this change as COTA often heard of new management being brought into a facility to prepare for an accreditation visit, with higher than average staff being rostered on for visit periods and key staff being brought into the facility who ‘knew how to speak with the auditors’.

However, in the initial phase of this new policy, providers will have a window of about three months in which they will know they will have a reaccreditation visit before their accreditation expires. While COTA understands the reasons for this interim step (complex changes are required to the Aged Care Act), we are concerned that this may be accepted as the norm due to bureaucratic and provider inertia, as we have seen before. A shift of focus from a known day of an accreditation visit to a known window in which an unannounced audit will occur is not a sufficient change.

There is a significant degree of consumer and wider community scepticism about our existing accreditation measures which are often seen as “unreliable indicators”<sup>80</sup> of what consumers see as quality care. While there is general agreement in the aged care industry that aged care accreditation has been a positive, current standards have been criticised for failing to incentivise improvements in quality and outcomes for consumers.<sup>81</sup> COTA believes the new Aged Care Quality Standards to commence from 1 July 2019 will significantly address these concerns as they are far more consumer focused than the current standards. In addition, the proposed Aged Care Quality and Safety Commission will be empowered to schedule unannounced visits with the frequency they believe necessary based on an analysis of the risk profile of the particular aged care service.

Ensuring that the unannounced visit regime is completely random – plus, where risks are identified, targeted at potentially non-compliant facilities – will ensure that there is no alternative to facilities operating consistently at a level of quality that meets the standards.

COTA also notes the Carnell/Paterson Review point that removing scheduled audits will remove the distraction from facilities of preparing for audits which, whether consciously or unconsciously, encourages services to become prepared for meeting the process of accreditation, rather than focusing on the outcomes of delivering quality care throughout each day.<sup>82</sup>

COTA Australia believes that this new process will be facilitated by separating the organisational and system-based components of any reaccreditation process by the Aged Care Quality and Safety Commission from onsite audit visits. These more document-based processes do not need to be the subject of unannounced visits but can be done by arrangement, while site visits are fully unannounced.

---

<sup>79</sup> K. Wyatt ‘Quality review released: Aged care assessment visits to be unannounced’, Australian Government, Canberra. <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2017-wyatt107.htm> (Accessed 13 September 2018)

<sup>80</sup> K. Rawlings and S. Toor, p. 134.

<sup>81</sup> K. Carnell and R. Paterson.

<sup>82</sup> K. Carnell and R. Paterson.

## IN CONCLUSION

---

Reforming aged care is a fluid, ongoing and dynamic process which involves consumers, providers, representative groups, staff and Government. The reforms seen over the past decades have demonstrated that positive changes can emerge not only as a result of reforms enacted by law, but also through reviews and calls for action by industry groups.

COTA Australia believes that five reforms are required with urgency for all stakeholders engaged in the aged care system, and must proceed in tandem with the Royal Commission:

- **one**, we need 30,000 more high-level Home Care Packages so no consumer waits more than three months for their care;
- **two**, we must empower residents and families by giving them control over residential care places, just as we have done with Home Care Packages, by legislating a definite date this will occur by March 2019;
- **three**, we must have compulsory publication of aged care services (including staffing levels), prices and performance by mid-2019 so consumers have information and transparency about which service is right for them;
- **four**, we need better staffing – not mandated ratios, but more positions where staffing level gaps exist, real career pathways, training and much better pay for the bulk of the workforce – personal care workers and others;
- **five**, we need an inspection regime by 1 January 2020 where all inspections are totally unannounced to provide assurance to all consumers and their families, and the community, that the highest quality is being provided every day of the week, every week of the year – not just when accreditation visits are expected to take place.



## Appendix 1: Summary of Staff Ratio Research

This appendix summarises the literature found in relation to the application of mandated staff ratios within nursing homes (and hospital settings). The arguments presented below include positions put forward in favour of and against the introduction of mandated staff ratios. COTA Australia's position in respect of the introduction of a mandated staff ratio within residential care is outlined under section 4.5.

The call for implementation of a mandated minimum staff ratio on the surface seems sensible as it suggests a magical formula that would address any perceived imbalances in care and reassure families and residents that adequate levels of care are being provided. Research into staff ratios poses the question “[w]ill you heal faster if your nurse is caring for you and only two other patients rather than three times that number?”<sup>83</sup> The answers to this question will vary because it is clear that the number of staff involved in care is not the only determinant of the quality and safety of the service consumers receive.

Consumers tend to strongly associate quality of care with the number of staff deployed to provide them with care. In a consultation conducted by COTA South Australia, almost all participants wanted to know the staff to resident ratios before considering a facility and they perceived these ratios as an indicator related to level of care.<sup>84</sup>

### ***Building the Justification for a Mandated Staff Ratio***

There are important questions that need to be successfully addressed before a ratio is considered to be the most viable option to address matters of resident safety and increased quality of care. Firstly, we need to understand what exactly the goal of the ratio is.<sup>85</sup> Next, we should find out whether there are any viable alternatives<sup>86</sup> to a mandated staff ratio and if so what these are. Finally, we should consider whether we are overlooking other important resident considerations as a result of too much focus on a mandated staff ratio.<sup>87</sup>

The notion of more staff caring for us (as opposed to less) is intuitively appealing, but let us consider this question: “[w]ill you heal faster if your nurse is caring for you and only two other patients rather than three times that number?”<sup>88</sup> Alternatively, will we perceive the nurse is caring *more* for us if we are the only patient as opposed to being one of three patients being cared for?

---

<sup>83</sup> J. Coffman, S. A. Seago and J. Spetz, ‘Minimum Nurse-to-Patient Ratios in Acute Care Hospitals in California,’ *Health Affairs*, vol. 21, no. 5, 2002.

<sup>84</sup> K. Rawlings and S. Toor, p. 113.

<sup>85</sup> J. Buchan, ‘A Certain Ratio? The Policy Implications of Minimum Staffing Ratios in Nursing,’ *Journal of Health Services Research & Policy*, vol. 10, no. 4, October 2005, pp. 242-3.

<sup>86</sup> J. Buchan, ‘A Certain Ratio? The Policy Implications of Minimum Staffing Ratios in Nursing,’ pp. 242-3.

<sup>87</sup> P. Buerhaus, ‘What Is the Harm in Imposing Mandatory Hospital Nurse Staffing Regulations?,’ *Nursing Economics*, vol. 28, no. 2, March-April 2010, pp. 90-1.

The answers to these questions will vary because it is clear that the number of staff involved in our care is not the only determinant of the quality and safety of the service we receive.

The assumption that using a mandated ratio will lead to more staff which will in turn improve the quality of care that residents receive needs to be unpacked and questioned at all levels: what ratio, how many extra staff, what is the exact impact and the impact on other staff not mandated by the ratio.<sup>89</sup> In other words, the conclusion that mandated staff ratios will lead to more staff on the floor and better quality care needs to be established, not assumed. Mandating ratios of staff who provide poor quality service will not achieve our goals, and is actually likely to be counterproductive, as was the case at Oakden.

### ***Support for a Mandated Staff Ratio***

Calls for staff ratios to be mandated have been made at various levels and at various points in recent times. In 2015, the NSW Parliament Legislative Council's report on registered nurses in nursing homes made a recommendation for the NSW Government to urge the Commonwealth Government to introduce minimum staffing ratios in aged care facilities.<sup>90</sup> In early 2018, the ANMF commenced a national campaign calling for the Australian Government to make ratios for aged care mandatory,<sup>91</sup> and in August 2018, a Bill was introduced into the House of Representatives calling for aged care providers to share their staff ratios with the Department.<sup>92</sup> Proponents of mandated staff ratios argue that these provide assurance by a minimum staffing safety-net below which no facility can fall, and that a mandated ratio is needed to allow staff and families to recognise when a facility may be understaffed at dangerously low levels.<sup>93</sup>

One of the key roles of the nursing profession is that of 'surveillance,' or the prevention of adverse events, and research has demonstrated the efficacy of surveillance in the identification and prevention of complications and mortality.<sup>94</sup> In order for nurses to be able to observe, monitor and prevent adverse events from occurring, they need to have sufficient time allotted to them, and there are concerns that low staffing levels or lack of staffing hours may result in staff being forced to compromise surveillance.<sup>95</sup>

### ***Evidence and Studies Supporting Mandated Staff Ratios***

There are a number of studies which have established some linkages between staffing and positive resident outcomes. Extensive literary reviews carried out over the past 25 years across 150 staffing studies have established support between the presence of registered nurses and standards of care.<sup>96</sup>

---

<sup>89</sup> J. Buchan, p. 243.

<sup>90</sup> Legislative Council, General Purpose Standing Committee No. 3, *Registered Nurses in New South Wales Nursing Homes*, New South Wales Parliament, 2015, p. xi.

<sup>91</sup> Australian Nursing and Midwifery Federation, 'Ratios for Aged Care - Make Them Law Now,' *Australian Nursing and Midwifery Federation*, [website], <http://anmf.org.au/campaign/entry/ratios-for-aged-care>, (accessed 31 August 2018).

<sup>92</sup> Aged Care Amendment (Staffing Ratio Disclosure) Bill, 2018 (Cth)

<sup>93</sup> J. Coffman, S. A. Seago and J. Spetz, 'Minimum Nurse-to-Patient Ratios in Acute Care Hospitals in California.'

<sup>94</sup> J. Spetz et al., 'Using Minimum Nurse Staff Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care,' *Medical Care Research and Review*, vol. 70, no. 4, 2013, p. 383.

<sup>95</sup> J. Spetz et al., 'Using Minimum Nurse Staff Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care,' p. 383.

<sup>96</sup> S. Russell, 'Living Well in an Aged Care Home – Research Report,' *Melbourne*, 2017, <http://apo.org.au/system/files/115961/apo-nid115961-460276.pdf>, (accessed 31 August 2018), p. 1. ; R. T. Konetzka et al., 'The Staffing-Outcomes Relationship in Nursing Homes,' *HSR: Health Services Research*, vol. 43, no. 3, June 2008, p. 1039.

Seblega argues that among other factors, “[b]etter nursing home care is often found in facilities that have high levels of nursing staff.”<sup>97</sup> Another study has identified that higher staffing levels are related to higher quality of care, and particularly, higher numbers of RNs and RN assistants are associated with improved quality indicators.<sup>98</sup> A separate study has observed that the association between the level of RN staffing and improved resident safety has extended more recently beyond hospitals into aged care facilities.<sup>99</sup> Mandated ratios have also been cited as a positive influence for staff working within the industry and helping reduce staff shortages, reliance on agency staff and improvements in staff working conditions.<sup>100</sup> One study within a *hospital* setting found a strong correlation between the number of people nurses were asked to care for and job satisfaction and burnout and identified that with each additional patient nurses were asked to care for, their odds of burnout increased by 23% and their job dissatisfaction increased by 15%.<sup>101</sup>

Studies that focus on the outcomes of *lack* of staffing in terms of resident safety and quality unsurprisingly return the most dramatic results. One of the strongest linkages cited between staffing and outcomes is in relation to regulations: those facilities with higher staffing have been found to have the least number of violation of regulations.<sup>102</sup> One study within a hospital setting identified that nurses with the highest patient-to-nurse ratio were twice as likely to report deteriorating or low levels of care.<sup>103</sup> An international study involving more than ten thousand nurses found that nurses were three times more likely to report concerns of low quality of care in hospitals with low levels of staffing and support.<sup>104</sup> A third study involving 43 nursing homes in 16 separate states in the USA identified that the lower the level of nursing assistants, the higher the odds of residents being ungroomed and losing weight.<sup>105</sup> More concerning, another study within a hospital setting also found that the chances of mortality also increased with each new patient a nurse was asked to care for: each additional patient a nurse was asked to care for had their mortality chances increased by 7% within 30 days of being admitted.<sup>106</sup>

### ***Studies that Conclude ‘The Jury is Out’ on Mandated Staff Ratios***

In spite of the above studies establishing linkages between staffing levels and quality outcomes, other researchers point out a lack of concrete evidence to demonstrate the linkages between staff ratios and

---

See also: J. F. Schnelle et al., ‘Relationship of Nursing Home Staffing to Quality of Care,’ *HSR: Health Services Research*, vol. 39, no. 2, April 2004, p. 248.

<sup>97</sup> B. P. Seblega et al., ‘Changes in Nursing Home Staffing Levels, 1997 to 2007,’ *Medical Care Research and Review*, vol. 67, no. 2, April 2010, p. 244.

<sup>98</sup> C. Harrington and T. S. Edelman, ‘Failure to Meet Nurse Staffing Standards: A Litigation Case Study of a Large US Nursing Home Chain,’ *INQUIRY: The Journal of Health Care, Organization, Provision, and Financing*, Vol. 55, 2018, p. 2.

<sup>99</sup> S. D. Horn, ‘The Business Case for Nursing in Long-Term Care,’ *Policy, Politics & Nursing Practice*, vol. 9, no. 2, 2008, p. 91.

<sup>100</sup> J. Buchan, pp. 243.; J. Coffman, S. A. Seago and J. Spetz.

<sup>101</sup> Aitken et al., cited in M. Lu et al., ‘Nurse Burnout in China: A Questionnaire Survey on Staffing, Job Satisfaction and Quality of Care,’ *Journal of Nursing Management*, vol. 23, 2015, p. 441.

<sup>102</sup> C. Harrington and T. S. Edelman, ‘Failure to Meet Nurse Staffing Standards: A Litigation Case Study of a Large US Nursing Home Chain,’ p. 2.

<sup>103</sup> Rafferty et al., cited in M. Lu et al., ‘Nurse Burnout in China: A Questionnaire Survey on Staffing, Job Satisfaction and Quality of Care,’ p. 441.

<sup>104</sup> Aitken et al., cited in M. Lu et al., p. 441.

<sup>105</sup> N. G. Castle and J. Enberg, ‘The Influence of Staffing Characteristics on Quality of Care in Nursing Homes,’ *HSR: Health Services Research*, vol. 42, no. 5, October 2007, p. 1825.

<sup>106</sup> Aitken et al. and Friese et al., cited in M. Lu et al., p. 441.

patient or resident outcomes.<sup>107</sup> Three studies conducted in the state of California since the introduction of mandated nursing staff ratios have found “no significant impact on quality of care, safety, or length of stay” since the mandated ratio law was enacted.<sup>108</sup> Specifically, while some studies make the claim that staffing is positively associated with better quality outcomes, they are unable to demonstrate this as causation, as opposed to correlation.<sup>109</sup> In other words, there has been no concrete study able to demonstrate that increased staffing, on its own independent of any other quality initiative, has been responsible for better quality outcomes for residents. There is evidence in some studies that other parallel quality initiatives were undertaken simultaneously while staffing levels were increased, thereby confounding the origin of the causation.<sup>110</sup> As Spetz et al. argue, most of the studies regarding mandated ratios have been at a specific point in time, which increases the possibility of misinterpreting the relationship between variables as causation when it may have been correlation.<sup>111</sup> Furthermore, Flynn posits that there is no particular staffing model that we can use as a guide in order to implement a successful model of staff to resident ratio, for none of these models have successfully established a causal relationship.<sup>112</sup> Other studies have highlighted the importance of skill mix within the context of quality of care, and that both the number of staff and their skills have implications for care outcomes.<sup>113</sup> Upenieks et al. argue that “much more” needs to be learned about staffing as a whole, including the intensity of workload, skill mix, availability of ancillary staff, use of agency staff, the physical environment and job satisfaction before any robust conclusions can be made regarding staffing and resident or patient outcomes.<sup>114</sup> In addition, quality of care is achieved not only through staffing but also through organisational improvements, including professional development initiatives, retention strategies and training standards.<sup>115</sup>

### ***Mandated Staff Ratios: A Perverse Incentive?***

Other concerns raised in relation to the implementation of a mandated ratio regard the likely behavioural impact of organisations once they adopt the mandate. One study has cited an observed reduction in the number of staff in facilities which had run at higher-than-mandated staff ratios.<sup>116</sup> One specific study within the state of Florida observed that the introduction of a mandated nursing ratio had resulted in a facility decreasing its indirect-care staff pool, which in turn had an unintended

<sup>107</sup> V. Upenieks et al., ‘Assessing Nursing Staffing Ratios: Variability in Workload Intensity,’ *Policy, Politics, & Nursing Practice*, vol. 8, no. 1, February 2007, pp. 10-1.; J. Spetz et al., p.381.

<sup>108</sup> K. Douglas, ‘Ratios – If It Were Only That Easy,’ *Nursing Economics*, vol. 28, no. 2, March-April 2010, p. 122.

<sup>109</sup> P. Tong, ‘The Effects of California Minimum Nurse Staffing Laws on Nurse Labor and Patient Mortality in Skilled Nursing Facilities,’ *Health Economics*, vol. 20, 2011, p. 802.

<sup>110</sup> J. Park and S.C. Stearns, ‘Effects of State Minimum Staffing Standards on Nursing Home Staffing and Quality of Care,’ *Health Services Research*, vol. 44, no. 1, February 2009, p. 74.

<sup>111</sup> J. Spetz et al., p.381.

<sup>112</sup> M. Flynn, ‘Nurse Staffing Levels Revisited: A Consideration of Key Issues in Nurse Staffing Levels and Skill Mix Research,’ *Journal of Nursing Management*, vol. 17, 2009, p. 760.

<sup>113</sup> J. Bowblis, ‘Staffing Ratios and Quality: An Analysis of Minimum Direct Care Staffing Requirements for Nursing Homes,’ *HSR: Health Services Research*, vol. 46, no. 5, October 2011, p. 1514.; E. Willis et al., ‘National Aged Care Staffing and Skills Mix Project Report 2016 - Meeting residents’ Care Needs: A Study of the Requirement for Nursing and Personal Care Staff,’ *Australia*, 2016,

[http://www.anmf.org.au/documents/reports/National\\_Aged\\_Care\\_Staffing\\_Skills\\_Mix\\_Project\\_Report\\_2016.pdf](http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf), (accessed 31 August 2018).

<sup>114</sup> V. Upenieks et al., ‘Assessing Nursing Staffing Ratios: Variability in Workload Intensity,’ p. 11.

<sup>115</sup> J. Park and S.C. Stearns, ‘Effects of State Minimum Staffing Standards on Nursing Home Staffing and Quality of Care,’ p. 75.

<sup>116</sup> J. Park and S.C. Stearns, p. 73.



negative effect on the quality of care for residents.<sup>117</sup> Along similar lines, another paper raised concerns regarding the potential effect from introducing a mandated ratio on nurses, saying that it may lead to a reduction in staffing levels in other areas if facilities need to engage in cost-cutting exercises in order to meet the new mandated staffing levels.<sup>118</sup> In addition, enacting a law enforcing staff ratios without facilitating the means to enable providers to achieve those ratios “may force [providers]... to make trade-offs in other services or investments with unintended negative consequences for [consumers].”<sup>119</sup> From the consumer perspective, there are serious concerns that mandated staff ratios would lead to higher costs which will invariably be passed on to the consumer.<sup>120</sup> And finally, from an innovation standpoint, staffing ratios are not consistent with introducing or investing in any form of technology that promises to reduce staff time or introduce staff efficiencies.

The results of some published studies carried out in the United States where mandated ratios have taken effect are that mandated ratios matter particularly for facilities that have had previously low levels of staff, but did not make a difference to facilities that were already employing staff at ratio levels or above ratio levels.<sup>121</sup> Some academics therefore call for incentive structures to be developed in order to encourage *all* facilities, not just those operating below mandated-ratio levels, in order to encourage them to also improve their staffing.<sup>122</sup> Coffman argues that mandated ratios may encourage a ‘perverse incentive’<sup>123</sup> for facilities to decrease their staffing if they identify they are operating at above mandated levels. COTA Australia is deeply concerned by this potential eventuality, particularly as it would result in precisely the outcome which a mandated ratio is seemingly intent on preventing: reduced staff. It is therefore critical to consider the effect that a minimum ratio would have on facilities that are operating at above this level and may therefore feel not obliged to maintain it, particularly if other facilities decrease their staffing levels.

### ***Mandated Staff Ratios Not Benefitting Staff***

One of the goals of the mandated staff ratio in California was purportedly to reduce the workload of individual staff and to thereby raise the attractiveness of the occupation.<sup>124</sup> However, an analysis of the labour effects following the introduction of the mandated nurse ratio within the hospital system in California observed no substantial wage increases for the existing nurses in the field or an increase in the number of new nurses entering the workforce.<sup>125</sup> Similarly, in terms of evaluating the effects of a mandated ratio across the workforce in terms of overtime hours worked per staff, one study found that a mandated staff ratio did not lead to a reduction in the number of overtime hours worked, and

---

<sup>117</sup> K. Thomas et al., ‘The Unintended Consequences of Staffing Mandates in Florida Nursing Homes: Impacts on Indirect-Care Staff,’ *Medical Care Research and Review*, vol. 67, no. 5., 2009, p. 570.

<sup>118</sup> J. Bowblis, ‘Staffing Ratios and Quality: An Analysis of Minimum Direct Care Staffing Requirements for Nursing Homes,’ p. 1496.

<sup>119</sup> P. Conway, et al., ‘Nurse Staffing Ratios: Trends and Policy Implications for Hospitalists and the Safety Net,’ *Journal of Hospital Medicine*, vol. 3, no. 3, May-Jun 2008, p. 193.

<sup>120</sup> P. Conway, et al., ‘Nurse Staffing Ratios: Trends and Policy Implications for Hospitalists and the Safety Net,’ p. 7.

<sup>121</sup> J. Park and S.C. Stearns, p. 73.

<sup>122</sup> J. Park and S.C. Stearns, p. 75.

<sup>123</sup> J. Coffman, S. A. Seago and J. Spetz.

<sup>124</sup> E. Munnich, ‘The Labor Market Effects of California’s Minimum Nurse Staffing Law,’ *Health Economics*, vol. 23, 2014, p. 936.

<sup>125</sup> E. Munnich, ‘The Labor Market Effects of California’s Minimum Nurse Staffing Law,’ p. 936.

this may be due to the fact that whilst mandatory overtime hours are restricted, voluntary hours are not.<sup>126</sup>

### ***Conclusion: Industry Unable to Reach Consensus***

The International Council of Nurses acknowledges that “[t]here is no general consensus in the literature as to what safe staffing means and few definitions suit all international settings.”<sup>127</sup> What constitutes ‘appropriate staffing levels’ and ‘appropriate skill mix’ will need to be considered within a wider social, political and cultural setting.<sup>128</sup> Flynn cites the example of a director of finance whose definition of a minimum nurse staffing level is one which is sufficient to maintain patient safety, whereby this same ‘minimum staffing level’ may be what is at the root of causing stress for nurses who feel overworked.<sup>129</sup> In sum, determining exactly which number sits at the heart of the ratio is likely to be as controversial as the question of the ratio itself.

The Victoria Safe Patient Act<sup>130</sup> recognises that nurse to patient ratios ought to differ in different contexts, such as within palliative care units, emergency departments, and aged high care residential wards. For example, the nurse to patient ratio within a palliative care unit during night shift is one nurse for 8 patients,<sup>131</sup> in an emergency department, during night shift there must be a nurse for every 3 beds, plus a nurse in charge and a triage nurse,<sup>132</sup> while in an aged high care residential ward, the legislation states that during night shift the nurse ratio is one nurse for every 15 residents. However, there needs to be care in interpreting these ratios as implying that, for example in the case of the residential ward, one nurse necessarily cares for 15 residents. Rather, ratios are used to determine the totality of staff required over an entire shift, and individual responsibility for caring for individual residents would be allocated to nurses depending on the acuity of need of those residents and the skillset of the staff. Some staff may care for more residents with lower-level needs overall. Nevertheless, the legislation makes it evident that nurse ratios are not transferrable across all settings, either from hospitals to residential settings, or even within these settings themselves. Each particular unit or ward warrants its own ratio consideration having regard to the acuity of the population being supported.

### ***COTA Australia’s Conclusion: RN at all times, Better Staffing & Skill Mix and Publishing of Staff Information***

Having regard to the above reasons given, both in support of the introduction of a mandated staff ratio as well as those reasons raising concerns associated with a mandated staff ratio, COTA Australia’s conclusion is that there are stronger grounds to remain cautious in respect of introducing mandated staff ratios within residential aged care facilities. There is simply insufficient evidence to support the

---

<sup>126</sup> S-H. Bei, ‘Nurse Overtime, Working Conditions, and the Presence of Mandatory Nurse Overtime Regulations,’ *Workplace Health & Safety*, vol. 60, no. 5, 2012, pp. 206, 211, 213.

<sup>127</sup> International Council of Nurses, *Safe Staffing Saves Lives*, Geneva, International Council of Nurses, 2006, p. 6.

<sup>128</sup> M. Flynn, ‘Nurse Staffing Levels Revisited: A Consideration of Key Issues in Nurse Staffing Levels and Skill Mix Research,’ pp. 760-1.

<sup>129</sup> M. Flynn, pp. 760-1.

<sup>130</sup> *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* (VIC).

<sup>131</sup> *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* (VIC), part 2, div 2, p. 18.

<sup>132</sup> *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* (VIC), part 2, div 2, p. 13.

claim that a staff ratio has led to safety and quality outcomes which have otherwise not been introduced by any other measures.

It should also be pointed out that many of the studies carried out in relation to mandated nursing staff ratios were conducted within hospital settings, and these cannot be assumed to be transposed into a nursing home. A hospital setting has a minimal length of stay with a degree of urgency whereby numbers of staff can more readily make a positive impact. Calls for mandated staff ratios at hospital therefore have a different degree of urgency and perhaps should be evaluated differently than those from an aged care facility.

COTA Australia is also conscious that within a context of aged care ‘horror stories,’ the knee-jerk reaction at the public level appears to be the call for introduction of ‘more staff,’ or ‘more regulation.’ Whilst this call certainly has its merits in some individual cases, we need to question, rather than assume, what the answers might be. There may be valid alternatives to ratios that provide the same safeguards for residents while achieving higher quality outcomes, and we need to be prepared to be able to identify those.

At the same time, COTA Australia agrees with Spetz et al. who had argued above about the significance of the role of a registered nurse in relation to surveillance and the prevention of adverse effects. As a result, COTA Australia calls for the introduction of a registered nurse on duty at all times across all aged care facilities. This is a critical measure that would provide some confidence to those who are in favour of a mandated staff ratio. The call for a registered nurse on duty at all times is also consistent with the recommendation made by the NSW Legislative Council’s report cited earlier.<sup>133</sup> However, we support the report’s recommendation to allow for exemptions to this mandatory clause if specific aged care facilities can demonstrate how they are able to maintain provision of quality of care.<sup>134</sup> This is of particular relevance in regional and remote areas where registered nurses may not be available, therefore a case-by-case review of the application of this rule in certain cases may be warranted.<sup>135</sup>

Another measure required to improve resident safety and quality of care requires considering staff skill mix. A report commissioned by the ANMF and researched by Flinders University supports a skill mix of 30 per cent registered nurses, 20 per cent endorsed nurses and 50 per cent personal care workers.<sup>136</sup> To be sure, COTA Australia is not calling for a prescribed skill mix to be mandated, but calls for a review of staff skill drawing attention to the need to identify all the specific skills and qualifications that are involved in bringing about quality and safety improvements in the lives of residents. For example, the Department of Health has acknowledged that use of RNs for the provision of direct resident care in cases where needs are not complex may not be the most appropriate use of their time, especially within the context of staff shortages.<sup>137</sup>

Lastly, COTA Australia believes consumers are entitled to know information about the services they receive and are about to receive. Information about staffing levels and skills should be made accessible to them. COTA Australia therefore calls for all aged care facilities to be mandated to publish information about the

---

<sup>133</sup> Legislative Council, *Registered Nurses in New South Wales Nursing Homes*, p. xii.

<sup>134</sup> Legislative Council, p. xii.

<sup>135</sup> Legislative Council, p. ix.

<sup>136</sup> E. Willis et al., ‘National Aged Care Staffing and Skills Mix Project Report 2016 - Meeting residents’ Care Needs: A Study of the Requirement for Nursing and Personal Care Staff.’

<sup>137</sup> Department of Health, ‘Innovative Workforce Responses to a Changing Aged Care Environment,’ *Melbourne*, 2010, (accessed 5 September 2018).

number of staff they employ across each discipline on the *My Aged Care* portal and to keep this portal updated. This recommendation is in line with the NSW Legislative Council report, which similarly called for staff numbers and skill mix to be published on *My Aged Care*.<sup>138</sup>

In summary, COTA Australia:

1. Does not at this time support the call for a mandated staff ratio as there is no robust evidence to prove that a mandated staff ratio has a causal relationship with quality indicators, and the imposition of fixed staffing levels has little evidence that they are required or evidence regarding which number of staff is required is not justifiable.
2. Calls for the mandatory requirement that a registered nurse be available at all times across all aged care facilities in Australia
  - a. Acknowledges that exemptions will need to be explored for aged care facilities provided they can demonstrate how they can meet quality and safety provisions of care
3. Calls for a review of the skill mix required in order to facilitate the most optimal and comprehensive level of safe and quality care for residents
4. Calls for all aged care facilities to be required to publish information on staffing numbers and ratios on *My Aged Care* and to ensure the information remains up to date.



---

<sup>138</sup> Legislative Council, p. xii.

## Bibliography

---

A. Beer et al., *Consumer Directed Care: The Expectations and Experiences of People Aged 50 Years and Over in Australia - Final Report*, ARC Linkage Project, South Australia, [www.cdcengagement.com/publications](http://www.cdcengagement.com/publications), 2018.

Aged Care Amendment (Staffing Ratio Disclosure) Bill, 2018 (Cth).

Aged Care Complaints Commissioner, 'Aged Care Complaints Commissioner Annual Report 2016-17,' *Canberra*, 2017, <https://www.agedcarecomplaints.gov.au/internet/accc/publishing.nsf/Content/annual-report>, (accessed 30 August 2018).

Aged Care Financing Authority 'Short Form Report on the Funding and Financing of the Aged Care Sector – 2018', Department of Health, *Canberra*, 2018, <https://agedcare.health.gov.au/reform/aged-care-financing-authority/2018-acfa-annual-report-on-funding-and-financing-of-the-aged-care-sector>, (accessed 11 September 2018).

Aged Care Sector Committee, Department of Health, 'Aged Care Roadmap,' *Canberra*, April 2015, <https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap>, (accessed 30 August 2018).

Australian Government Productivity Commission, 'Introducing Competition and Informed User Choice Into Human Services: Reforms to Human Services – Inquiry Report,' *Melbourne*, 2017, <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report/human-services-reforms.pdf>, (accessed 12 September 2018).

Australian Institute of Health and Welfare, 'Older Australia at a Glance,' *Australia*, 2017, <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians/australia-s-changing-age-and-gender-profile>, (accessed 30 August 2018).

Australian Law Reform Commission, 'Elder Abuse—A National Legal Response (ALRC Report 131),' *Canberra*, 2017, <https://www.alrc.gov.au/publications/elder-abuse-report>, (accessed 30 August 2018).

Australian Nursing and Midwifery Federation, 'Ratios for Aged Care - Make Them Law Now,' *Australian Nursing and Midwifery Federation*, [website], <http://anmf.org.au/campaign/entry/ratios-for-aged-care>, (accessed 31 August 2018).

Bei, S-H., 'Nurse Overtime, Working Conditions, and the Presence of Mandatory Nurse Overtime Regulations,' *Workplace Health & Safety*, vol. 60, no. 5, 2012.

Bowblis, J., 'Staffing Ratios and Quality: An Analysis of Minimum Direct Care Staffing Requirements for Nursing Homes,' *HSR: Health Services Research*, vol. 46, no. 5, October 2011, pp. 1495-1516.

Buchan, J., 'A Certain Ratio? The Policy Implications of Minimum Staffing Ratios in Nursing,' *Journal of Health Services Research & Policy*, vol. 10, no. 4, October 2005, pp. 239-244.

Buerhaus, P., 'What Is the Harm in Imposing Mandatory Hospital Nurse Staffing Regulations?,' *Nursing Economics*, vol. 28, no. 2, March-April 2010, pp. 88-93.

C. Irlam, *Project Report: Measuring Quality and Consumer Choice in Aged Care*, Australia, COTA Australia, 2018.

Carnell, K. and R. Paterson, 'Review of National Aged Care Quality Regulatory Processes,' *Australia*, 2017, [https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/10\\_2017/review\\_report\\_final\\_23\\_october\\_2017.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/10_2017/review_report_final_23_october_2017.pdf), (accessed 30 August 2018).

Castle, N. G. and J. Enberg, 'The Influence of Staffing Characteristics on Quality of Care in Nursing Homes,' *HSR: Health Services Research*, vol. 42, no. 5, October 2007.

Coffman, J., S. A. Seago and J. Spetz, 'Minimum Nurse-to-Patient Ratios in Acute Care Hospitals in California,' *Health Affairs*, vol. 21, no. 5, 2002.

Conway, P. et al., 'Nurse Staffing Ratios: Trends and Policy Implications for Hospitalists and the Safety Net,' *Journal of Hospital Medicine*, vol. 3, no. 3, May-Jun 2008, pp. 193-199.

Commonwealth of Australia, 'Appendix A: Policy Decisions Taken Since the 2017-18 Budget,' *Canberra*, 2017, [https://www.budget.gov.au/2017-18/content/myefo/download/09\\_Appendix\\_A.docx](https://www.budget.gov.au/2017-18/content/myefo/download/09_Appendix_A.docx), (accessed 12 September 2018).

D. Tune, *The Legislated Review of Aged Care 2017*, Australia, Department of Health, Commonwealth of Australia, 2017.

Department of Health, 'Aged Care Subsidies and Supplements – New Rates of Payment from 1 July 2018,' *Australia*, 2018, [https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06\\_2018/aged\\_care\\_subsidies\\_and\\_supplements\\_from\\_1\\_july\\_2018.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2018/aged_care_subsidies_and_supplements_from_1_july_2018.pdf), (accessed 30 August 2018).

Department of Health, 'Better Access to Care – Impact Analysis of Allocating Residential Aged Care Places to Consumers Instead of Providers,' Department of Health, Commonwealth of Australia, 08 May 2018, <http://health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet78.htm>, (accessed 30 August 2018).

Department of Health, 'Budget 2018-19 - Portfolio Budget Statements 2018-19, Budget Related Paper No. 1.9 – Health Portfolio,' *Canberra*, 2018, [http://www.health.gov.au/internet/budget/publishing.nsf/Content/2018-2019\\_Health\\_PBS\\_sup1/\\$File/2018-19\\_Health\\_PBS\\_1.00\\_Complete.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2018-2019_Health_PBS_sup1/$File/2018-19_Health_PBS_1.00_Complete.pdf), (accessed 31 August 2018).

Department of Health, 'Home Care Packages Program - Data Report 3<sup>rd</sup> Quarter 2017-18,' *Australia*, 2018, [https://www.gen-agedcaredata.gov.au/www\\_ahwgen/media/Home\\_care\\_report/HCP-Data-Report-2017%E2%80%933rd-Qtr.pdf](https://www.gen-agedcaredata.gov.au/www_ahwgen/media/Home_care_report/HCP-Data-Report-2017%E2%80%933rd-Qtr.pdf), (accessed 30 August 2018).

Department of Health, 'Innovative Workforce Responses to a Changing Aged Care Environment,' *Melbourne*, 2010, (accessed 5 September 2018).

Department of Jobs and Small Business, 'Job Profiles - Health Care and Social Assistance,' *Australia*, 2018, <https://joboutlook.gov.au/IndustrySpecific.aspx?search=Industry&Industry=Q>, (accessed 21 August 2018).

Douglas, K., 'Ratios – If It Were Only That Easy,' *Nursing Economics*, vol. 28, no. 2, March-April 2010, 119-125.

Flynn, M. 'Nurse Staffing Levels Revisited: A Consideration of Key Issues in Nurse Staffing Levels and Skill Mix Research,' *Journal of Nursing Management*, vol. 17, 2009.

Groves, A., et al., 'The Oakden Report,' *South Australia*, 2017, <https://www.sahealth.sa.gov.au/wps/wcm/connect/4ae57e8040d7d0d58d52af3ee9bece4b/Oakden+Report+Final+Email+Version.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4ae57e8040d7d0d58d52af3ee9bece4b-mbuk16f>, (accessed 30 August 2018).

Harrington, C. and T. S. Edelman, 'Failure to Meet Nurse Staffing Standards: A Litigation Case Study of a Large US Nursing Home Chain,' *INQUIRY: The Journal of Health Care, Organization, Provision, and Financing*, Vol. 55, 2018.

Horn, S. D., 'The Business Case for Nursing in Long-Term Care,' *Policy, Politics & Nursing Practice*, vol. 9, no. 2, 2008.

Institute for Government, 'The Market Stewardship Framework,' *Institute for Government*, [website], 2018, <https://www.instituteforgovernment.org.uk/publication/market-stewardship-framework>, (accessed 12 September 2018).

International Council of Nurses, *Safe Staffing Saves Lives*, Geneva, International Council of Nurses, 2006.

Legislative Council, General Purpose Standing Committee No. 3, *Registered Nurses in New South Wales Nursing Homes*, New South Wales Parliament, 2015.

Lu, M. et al., 'Nurse Burnout in China: A Questionnaire Survey on Staffing, Job Satisfaction and Quality of Care,' *Journal of Nursing Management*, vol. 23, 2015.



Konetzka et al., R. T., 'The Staffing–Outcomes Relationship in Nursing Homes,' *HSR: Health Services Research*, vol. 43, no. 3, June 2008.

Munnich, E., 'The Labor Market Effects of California's Minimum Nurse Staffing Law,' *Health Economics*, vol. 23, 2014, pp. 935-950.

National Aged Care Alliance, 'Blueprint for Aged Care Reform,' *Canberra*, 2012, [http://www.naca.asn.au/Publications/NACA\\_Blueprint\\_2015\\_Final.pdf](http://www.naca.asn.au/Publications/NACA_Blueprint_2015_Final.pdf), (accessed 30 August 2018).

National Aged Care Alliance, 'Blueprint Series 2: Enhancing the Quality of Life of Older People Through Better Support and Care,' *Canberra*, 2015, [http://www.naca.asn.au/Age\\_Well/Blueprint.pdf](http://www.naca.asn.au/Age_Well/Blueprint.pdf), (accessed 30 August 2018).

National Aged Care Alliance, 'Leading the Way: Our Vision for Support and Care of Older Australians,' *Canberra*, 2008, [http://www.naca.asn.au/Publications/NACA\\_Vision.pdf](http://www.naca.asn.au/Publications/NACA_Vision.pdf), (accessed 30 August 2018).

National Aged Care Alliance, 'Position Statement for the 2016 Federal Election,' *Canberra*, 2016, [http://www.naca.asn.au/Publications/NACA\\_Blueprint\\_Election\\_Campaign\\_2016.pdf](http://www.naca.asn.au/Publications/NACA_Blueprint_Election_Campaign_2016.pdf), (accessed 30 August 2018).

Park, J. and S.C. Stearns, 'Effects of State Minimum Staffing Standards on Nursing Home Staffing and Quality of Care,' *Health Services Research*, vol. 44, no. 1, February 2009, pp. 56-78.

Productivity Commission, 'Caring for Older Australians, Report No. 53, Final Inquiry Report, Vol. 1 & Vol. 2,' *Canberra*, 2011.

Russell, S., 'Living Well in an Aged Care Home – Research Report,' *Melbourne*, 2017, <http://apo.org.au/system/files/115961/apo-nid115961-460276.pdf>, (accessed 31 August 2018).

Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 (VIC).

Schnelle, J. F. et al., 'Relationship of Nursing Home Staffing to Quality of Care,' *HSR: Health Services Research*, vol. 39, no. 2, April 2004.

Seblega B. P. et al., 'Changes in Nursing Home Staffing Levels, 1997 to 2007,' *Medical Care Research and Review*, vol. 67, no. 2, April 2010.

Senate Committee, Community Affairs References Committee, *Future of Australia's Aged Care Sector Workforce*, Australia, Parliament of Australia, 2017.

Shin, J.H. et al., 'Current Status of Nursing Law in the United States and Implications,' *Health Systems and Policy Research*, vol. 5, no. 5, 2018, pp. 1-7.

Skatssoon, J. 'Change is Coming, Wyatt Reminds Providers.' *Community Care Review*, 12 July 2018, <https://www.australianageingagenda.com.au/2018/07/12/change-is-coming-wyatt-reminds-providers/>, (accessed 30 August 2018).

Spetz, J. et al., 'Assessing the Impact of California's Nurse Staffing Ratios on Hospitals and Patient Care,' *California HealthCare Foundation*, Center for California Health Workforce Studies, University of California, San Francisco, February 2009, pp. 1-10.

Spetz, J. et al., 'Using Minimum Nurse Staff Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care,' *Medical Care Research and Review*, vol. 70, no. 4, 2013.

Thomas, K. et al., 'The Unintended Consequences of Staffing Mandates in Florida Nursing Homes: Impacts on Indirect-Care Staff,' *Medical Care Research and Review*, vol. 67. no. 5., 2009, pp. 555-573.

Tong, P., 'The Effects of California Minimum Nurse Staffing Laws on Nurse Labor and Patient Mortality in Skilled Nursing Facilities,' *Health Economics*, vol. 20, 2011, pp. 802-816.

Upenieks, V., et al., 'Assessing Nursing Staffing Ratios: Variability in Workload Intensity,' *Policy, Politics, & Nursing Practice*, vol. 8, no. 1, February 2007.

Willis, E. et al., 'National Aged Care Staffing and Skills Mix Project Report 2016 - Meeting residents' Care Needs: A Study of the Requirement for Nursing and Personal Care Staff,' *Australia*, 2016, [http://www.anmf.org.au/documents/reports/National\\_Aged\\_Care\\_Staffing\\_Skills\\_Mix\\_Project\\_Report\\_2016.pdf](http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf), (accessed 31 August 2018).

Wyatt, K., 'Powerful New Reforms to Ensure Safe, Quality Aged Care,' *Department of Health*, Government of Australia, 18 April 2018, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-media-rel-yr2018-wyatt048.htm>, (accessed 30 August 2018).

# Fixing Australia's age care system

Australia's population is ageing.

By **2056**, there will be est. **8.7 mill** older Australians, comprising **22%** of our population.



However, our system is still not keeping up. **108,000** older Aussies are waiting for home care packages and our aged care workforce is under-resourced.

The Government has invested **\$5 bill** into the sector over **5yrs**

**BUT, to really fix Australia's aged care system we need:**

✓ More choice    ✓ More funding    ✓ More transparency

## In real terms we need:



1

Funding for 30,000 more high level home care packages



2

Legislation by March 2019 to put residential aged care packages back in the hands of consumers



3

Compulsory publication of aged care services, prices and performance by mid 2019



5

Random and unannounced visits by 1 January 2020



4

Funding to build the capacity of the aged care workforce



Together, we can build a world-class aged care system that provides the quality care older Australians and their families rightfully deserve.