

Dementia education and the residential aged care workforce



Summary



A number of indicators suggest the quality of dementia care in residential aged care is highly variable



Currently, there is no minimum compulsory dementia education requirement for the residential aged care workforce



Dementia education benefits people with dementia, families, carers, and the residential aged care workforce



Residential aged care workers value dementia education and welcome greater opportunities to upskill



Dementia Australia recommends a compulsory minimum dementia education standard for all health and aged care professionals working in residential aged care

Background

With an estimated two thirds of Australian aged care residents living with moderate to severe cognitive impairment ¹, the ability to deliver high quality dementia care should be fundamental to residential aged care operations.

“ Dementia care is a specialised area, so it is vital that all people are trained in basic dementia to allow for best practice and high-quality service outcomes to all people. ”

- Person living with dementia

Yet, the performance of Australian residential aged care providers is highly variable. The Royal Commission into Aged Care Quality and Safety found:

“Substandard dementia care was a persistent theme in our inquiry. We are deeply concerned that so many aged care providers do not seem to have the skills and capacity required to care adequately for people living with dementia.” ²

Multiple surveys of the aged care workforce demonstrate that aged care staff want ongoing, comprehensive dementia training ³. Health professionals who have recently completed dementia education are more likely to recognise the importance of understanding dementia and have a positive attitude towards people with the condition ⁴.

“ To have compulsory dementia education in Australian aged care would feel like we had won the fight! It is essential that all staff, including admin, cooks, etc, are trained, because cognitive impairment is so prevalent in our society. ”

- Person living with dementia

The residential aged care sector continues to seek out solutions to attract and retain its workforce. As dementia education increases staff confidence and satisfaction, a career pathway education model – supporting the worker with dementia qualifications, clinical placement, ongoing supervision, continuing professional development, and career advancement – has the potential to be an effective workforce strategy ⁵

Issue

The residential aged care sector has become increasingly reliant on workers with lower qualifications to deliver direct care. Personal care workers now make up 70 per cent of the direct care workforce.⁶ Currently, the minimum qualification for a personal care worker involves no compulsory units in dementia competency. Registered nurses - just 15 per cent of the residential aged care workforce - are more likely to be in leadership or management roles. Most have no specialisation or qualification in aged care or ageing related issues⁷.

Several barriers limit participation in dementia education, including costs, resource or time constraints, difficulty translating learning into practice, and limited choice. With no legal or professional requirement for dementia education, there is limited motivation for health and aged care professionals to undertake further study in dementia⁸.

“ A care worker where my mother lives undertook dementia education, and it became really obvious that she was thinking about unmet needs and stressors. Her demeanour changed to prevent those stressors from happening. ”

- Family carer

In Australia, there is no standard multidisciplinary dementia competency framework. However, a study by Traynor et al proposed ten key competencies and special needs groups⁹.

Evidence suggests people living with dementia experience fewer incidences of changed behaviour when they receive care from professionals that have completed dementia education. Positive staff attitudes are associated with better service delivery and quality of life for residents living with dementia¹⁰. Therefore, it is recommended that direct care, support, lifestyle, and management staff all complete dementia education appropriate to their role¹¹.

Dementia Australia's position



Dementia Australia recommends compulsory dementia education for the residential aged care workforce - including management and support staff - and all health care professionals involved in the care of residents.



At a minimum, personal care workers should complete the Certificate III in Individual Support (Ageing) with a compulsory unit of dementia competency.



A Certificate IV in Dementia Practice should be established to encourage dementia-specific career pathways.



Direct care workers who have not previously completed dementia education should undertake 'Dementia Essentials'. 'Dementia Essentials' is an accredited foundational dementia education package. The roll out of this education package could be initially targeted to areas with the greatest need.



Health professionals with no existing qualifications in dementia care should be required to complete the vocational education and training (VET) dementia unit of competency as a prerequisite to providing services in residential aged care. Continuing professional development on dementia care should be completed annually to ensure clinical skills remain current.



Education alone will not transform dementia care. As such, Dementia Australia recommends that direct care workers are supported with peer-to-peer mentorship, supervision and knowledge translation through a national Dementia Practice Leader program. Dementia Australia's award winning¹² 'Dementia Communities of Practice' supports aged care professionals to transform their organisation's approach to dementia care, through regular meetings, knowledge sharing, mentoring, and access to leading dementia experts.



Dementia education in Australia should be underpinned by a national competency framework developed in partnership with people living with dementia, their families and carers.

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