



**dementia  
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# **Royal Commission into Aged Care Quality and Safety**

## **Workforce Submission**

**Dementia Australia**

**December 2019**

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## About Dementia Australia

Dementia Australia (formerly known as Alzheimer's Australia) is the peak, non-profit organisation for people with dementia and their families and carers. We represent the more than 447,000 Australians living with dementia and the estimated 1.5 million Australians involved in their care.

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

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

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

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



# Terms of Reference

**The Royal Commission seeks written submissions on policy issues relating to:**

- methods for determining and implementing the minimum staffing levels and appropriate skills mix for aged care services, including for nursing, personal care, allied health and others
- who should be covered by a registration scheme for non-clinical staff in aged care, and how such a scheme might be implemented, administered and funded
- options to resolve low remuneration and poor working conditions, including how the remuneration and working conditions of aged care workers can be aligned with their counterparts in the health and disability sectors
- how to raise the overall skill, knowledge and competencies of all care staff (existing and new entrants) in working with vulnerable people , especially those with age related conditions and illnesses
- how to ensure service providers develop a culture of strong governance and workforce leadership, and
- any institutional changes needed to ensure that the Commonwealth fills its role as the system steward and exercises leadership in workforce planning, development and remuneration.

# Introduction

Dementia Australia welcomes the opportunity to provide a workforce submission to the Royal Commission into Aged Care Quality and Safety. Our submission addresses a number of the issues identified by the Commission, with a particular focus on improving the ability and capacity of the aged care workforce to respond to the needs of people living with dementia, their families and carers.

## About dementia

Dementia is the term used to describe the symptoms of a large group of neurocognitive diseases which cause a progressive decline in a person's functioning. Symptoms can include memory loss as well as changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease.

Dementia is one of the largest health and social challenges facing Australia and the world. Dementia is a terminal condition and there is currently no cure. It is the leading cause of death of women in Australia, the second leading cause of death in this country and it is predicted to become the leading cause of death within the next five years.<sup>1</sup> Dementia is not a natural part of ageing. It is more common in older people but it can affect people in their 40s, 50s and even their 30s.<sup>2</sup>

It is estimated that there will be more than 452,000 Australians living with dementia in 2020 and around 1.5 million people involved in their care. Without a significant medical breakthrough, there will be almost 1.1 million people living with dementia by 2058.<sup>3</sup>

## Dementia in the aged care system

Aged care reforms over recent years have been increasingly based on the belief that supporting people impacted by dementia should be part of core business for service providers. Combined with this approach has been an underpinning ideal of a consumer-focused and market-driven approach to service quality and innovation within aged care. Both elements are predicated on the idea that consumers who have the tools and comparable information to make informed choices will 'vote with their feet' on the services that are most able to support their needs and preferences as well as contribute to the cost of their care where they are able to do so, while those providers not able to meet consumer demand will either adapt or exit the aged care market. In the case of dementia care, these mechanisms are problematic at best and flawed and/or underdeveloped at worst.

The Royal Commission's Interim Report<sup>4</sup> as well as many of the experiences recounted by witnesses demonstrates overwhelmingly that dementia is not yet core business. There are still significant steps required for quality dementia care and support to become an intrinsic

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<sup>1</sup> Australian Bureau of Statistics (2018) *Causes of Death, Australia, 2017* (cat. no. 3303.0)

<sup>2</sup> There are also some rare forms of childhood dementia, including Sanfilippo Syndrome, Niemann Pick Type C Disease and others.

<sup>3</sup> Dementia Australia (2018) *Dementia Prevalence Data 2018-2058*, commissioned research undertaken by The National Centre for Social and Economic Modelling [NATSEM], University of Canberra

<sup>4</sup> Royal Commission into Aged Care Quality and Safety (2019) *Interim Report: Neglect*

part of aged care services, as well as health and disability services. This is especially so for marginalised or disadvantaged communities (for example, Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities) who often experience longer delays in diagnosis, limited access to treatment and lack of choice in home and residential care.

There have been multiple failings in the aged care system for people living with dementia, their families and carers – both at the individual provider and systemic level. The lack of a specific and consistent focus on dementia within legislative, regulatory, policy, funding and service delivery contexts means that the needs and preferences of people living with dementia, their families and carers are not now – and will not in the foreseeable future – be fully or adequately addressed. We need a strong and sustained focus on dementia in the aged care sector for the hundreds of thousands of Australians living with dementia and their families and carers.

A skilled workforce is a critical enabler to a successful aged care system. Dementia Australia is concerned, however, that the ability of the aged care workforce to meet the needs of people living with dementia, as well as its sustainability, is significantly limited.

We acknowledge that there are providers and staff who deliver quality dementia care, yet, as the Royal Commission thus far has demonstrated, the quality of dementia care is not consistent across the aged care system, with the scope of issues identified ranging from substandard quality to criminal negligence and abuse.

The limited capacity of the workforce to respond to dementia was also identified by consumers in our recent national consultation (detailed below), which highlighted that workforce is the foundation upon which the quality of aged care rests; and when this workforce lacks the necessary knowledge, skills and expertise, this can have a profound impact on people living with dementia, their families and carers. For example, as has been demonstrated through the work of the Royal Commission to date, people with dementia are more likely to experience unrecognised and untreated pain, they are often subjected to inappropriate physical and chemical restraint, and they may be subject to elder abuse within the aged care system.

## **Quality dementia care**

A key priority for Dementia Australia is focused on quality dementia care and what it looks like. We consulted with people with a lived experience of dementia to find out what quality dementia care meant to them, particularly in the context of the new Aged Care Quality Standards. We asked people:

- What does quality dementia look/feel like?
- What are the key points of difference between quality dementia care and aged care more generally?

The culmination of this consultation was a Consumer Summit to discuss findings and ratify a communique – *Our Solution: Quality Care for people living with dementia*.<sup>5</sup> The result was an unequivocal vision of holistic and person-centred care that is underpinned by an

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<sup>5</sup> Dementia Australia (2019) *Our Solution: Communique Care for people living with dementia* <https://www.dementia.org.au/files/documents/DA-Consumer-Summit-Communique.pdf>

appropriately educated and skilled workforce, which has strong leadership that promotes positive organisational cultures within and across the sector.

Although the principles in the Communique are framed within the context of the Aged Care Quality Standards, they speak to the need for sector-wide transformation – the seeds for which have in part been planted by other capacity-building work, including the strategic vision outlined in the Matter of Care report compiled by the Aged Care Workforce Taskforce in 2018<sup>6</sup>, key work by the Aged Care Quality and Safety Commission and, of course, by individual providers.

*“If you can get it right for dementia, you can get it right for everyone else” – Person living with dementia*

What became clear through consultations with people impacted by dementia was that there are two fundamental issues that need to be present to achieve quality dementia care:

- A clear understanding of the clinical aspects of dementia and the disease trajectory;
- Taking a holistic and person-centred approach, including high-quality communication, with every individual.

Quality dementia care, when it is embedded consistently across the sector, does not simply benefit those individuals living with dementia that access aged care services but all of those accessing aged care services. Improving the foundational level of dementia care (and the education, leadership structures and culture that underpin it) also delivers corollary benefits to governments, providers and staff working in the aged care sector in terms of their capacity and effectiveness to respond to the needs of people living with dementia, their families and carers.

The fundamental importance of the workforce is echoed in Matter of Care report as well as the Royal Commission’s Interim Report. We need a strong and sustained focus on leadership and culture as well as practical initiatives that improve the knowledge, skills and capacity of the workforce in issues relating to dementia.

With this in mind, Dementia Australia’s recommendations represent practical, implementable steps that focus on building sector capacity and knowledge of dementia in order that dementia can more consistently become core business.

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<sup>6</sup> Aged Care Workforce Strategy Taskforce (2018) *A Matter of Care. Australia’s Aged Care Workforce Strategy*, June 2018  
[https://agedcare.health.gov.au/sites/default/files/documents/09\\_2018/aged\\_care\\_workforce\\_strategy\\_report.pdf](https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf)

## Recommendations

1. Develop a national framework for dementia knowledge which clearly articulates the content and learning outcomes expected at each level in order to develop clear learning pathways.
2. Develop national standards to ensure the dementia education provided is of a consistent high quality.
3. Mandate dementia education in relevant vocational and tertiary education before people enter the sector.
4. Mandate minimum levels of dementia education which staff in aged care need to meet and ongoing professional development expectations to ensure this knowledge and skill is contemporary.
5. Government and the sector support knowledge translation activities, including:
  - Supporting organisations to adopt learning cultures;
  - Promoting programs which build coaching and mentoring capability in the aged care workforce;
  - Promoting the development of communities of practice.
6. Develop career pathways to enable staff to specialise in dementia.
7. Providers support the creation of dementia practice leaders in their organisations to provide assistance and mentoring to other staff in improving dementia practice.
8. Implement a registration system that priorities the direct care workforce and:
  - has national coverage with central registration
  - requires a level of ongoing continuing professional development to be undertaken by individuals to maintain annual registration
  - includes a requirement for providers to ensure they support staff through funding of ongoing professional development opportunities.
  - has a criminal record check undertaken at point of registration and regular intervals thereafter
  - has the capacity for employers to check at any time the status of an individual's registration
  - in the case of residential aged care registration, is extended to all staff, including catering and maintenance staff
9. Conduct a review of existing registration systems for other classifications of professionals to include the learnings from these systems in what is developed.
10. Implement appropriate staffing levels and skills mix based on a holistic model of care, including a minimum level of suitability qualified direct care staff.
11. Implement a requirement for all stand-alone residential aged care facilities to have a Registered Nurse on site at all times.
12. Identify key competencies in dementia for every staff position in aged care.
13. Develop clear selection processes for board members based upon relevant skills mix and firm understanding of their governance responsibilities.
14. Provide relevant comprehensive dementia education program for board members.
15. Develop initiatives at a provider and industry level to build leadership capability that help to create strong organisations.
16. Embed the principles of quality dementia care into the Aged Care Standards and Industry Voluntary Code of Practice.

## The challenge: attracting a skilled workforce

Underpinning the attraction and retention of suitably qualified staff to aged care relate are a number of determinants, including that caring for older people is not highly valued work.<sup>7</sup> Although clinical care is only one component of delivering holistic quality care, the low number of registered nurses for a residential aged care population with increasingly high levels of acuity and complex care needs is problematic.

The National Aged Care Workforce Census also found that there are issues around ageism, poor rates of pay; limited or unclear career pathways; and a lack of focus on aged and dementia care in education, at both a vocational and tertiary level. This can lead to low levels of job satisfaction, high turnover and disruption to continuity of care (which is especially important to people with dementia).

In the most recent Aged Care Workforce Survey, 70% of the residential aged care workforce were personal care assistants (PCAs), followed by registered nurses at only 15% and, of all of the nurses in the sample, most did not report holding any aged care specific qualifications that went beyond training received as part of their primary nursing qualification. Only a small number indicated they had done further post-qualifying training, including courses in dementia, mental health, gerontology, and aspects of aged care (continence and wound care). A staggering 71% of RNs, 79% of Care Leaders and 63% of Care Managers in residential care do not have specialised qualifications in ageing or aged care.<sup>8</sup>

A similar paucity of aged care skills – and dementia specific education – is evident in home care, despite the fact that around 70% of people with dementia live in the community (though the data is inadequate to determine the exact numbers of people with dementia receiving services through the Commonwealth Home Support Programme or Home Care Programme).

It is therefore critical that all aged care services have an appropriately skilled workforce that is qualified to provide safe, high quality care for people with dementia. Over the past decade and more, there has been a trend towards employing less skilled (and lower cost) staff in the delivery of direct care services. This is impacting the quality of care for people with dementia, and has the potential to worsen in future if a comprehensive workforce strategy, as detailed in the Matter of Care report, is not implemented as a matter of urgency.

## Educating and training the workforce

### **Build dementia knowledge**

Despite the rising prevalence of dementia, current qualifications held by Personal Care Attendants and Community Care Workers do not include mandatory dementia education. Given the current packaging rules relating to the Cert. III in Individual Support it is only when the Aging specialisation is selected that dementia becomes a mandated unit. With the packaging of the Cert. III qualification, then, dementia is only ever offered as an elective.

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<sup>7</sup> Mavromaras, K., Knight, G., Isherwood, L., Crettenden, A., Flavel, J., Karmel, T., Moskos, M., Smith, L., Walton, H. and Wei, Z. (2017) *2016 National Aged Care Workforce Census and Survey - The Aged Care Workforce 2016*  
<sup>8</sup> *Ibid.*



Aged care workers who participated in the 2019 Australian Nursing and Midwifery Federation National Aged Care Survey<sup>9</sup> rated ‘the level of experience and qualifications’ and ‘standards of care for dementia care’ as two key areas of concern across the aged care sector. Previous censuses of the aged care workforce have also consistently highlighted dementia as a priority to be addressed in education.

As we have seen above, registered and enrolled nurses may be employed in aged care services with no specific aged care or dementia experience or education.

Care for people with dementia must be a core responsibility of the entire aged care workforce.

A first step in ensuring all providers can deliver appropriate dementia care is to have clearly defined criteria and expectations of staff, and a program of training that supports the delivery of that criteria.

To support the needs of people with dementia, training must therefore include:

- knowledge of dementia including developing a real empathy for the person living with dementia;
- the delivery of person-centred care;
- strategies for communication and engagement;
- psychosocial approaches to addressing unmet needs (including alternative methods to physical and chemical restraint use);
- pain assessment and management (particularly as people with dementia may be unable to verbalise their needs);
- appropriate end-of-life and palliative care; and
- emotional intelligence and mindfulness.

*“Home and aged care facility staff would have skills in empathetic communication and validation of a person’s needs; know what activities are meaningful to a person with dementia based on their life history; know how to deal with behavioural symptoms of dementia that arise from unmet needs.” – Carer*

*“Consistent and knowledgeable staff improves my wellbeing and makes me feel safe.” – Person living with dementia*

Provision of staff education in relation to dementia care has been proven to have positive impacts to both the workforce and the individual living with dementia. For example, comprehensive training has been shown to reduce behavioural and psychological symptoms of dementia, in addition to having a positive impact on the way staff behave towards individuals.<sup>10</sup> Research has also demonstrated that staff behaviour impacts the quality of life of people with dementia living in residential aged facilities.<sup>11</sup>

*“I have found the aged care home is displaying a ‘quiet contentment’ feeling (hopefully you understand my meaning) every time I have visited since the*

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<sup>9</sup> Australian Nursing and Midwifery Federation (2019) *National Aged Care Survey 2019 – Final Report* [http://anmf.org.au/documents/reports/ANMF\\_Aged\\_Care\\_Survey\\_Report\\_2019.pdf](http://anmf.org.au/documents/reports/ANMF_Aged_Care_Survey_Report_2019.pdf)

<sup>10</sup> Spector, A., Orrell, M. and Goyder, J. (2019) A systematic review of staff training interventions to reduce the behavioural and psychological symptoms of dementia, *Ageing Research Reviews*, 12: 354– 364

<sup>11</sup> Anderson, K., Bird, M., MacPherson, S and Blair, A. (2016) How do staff influence the quality of long-term dementia care and the lives of residents? A systematic review of the evidence, *International Psychogeriatrics*

*completion of the course, not just feeling 'settled'. I have seen positive interactions between staff and residents and families along with less anxiousness or stressed persons wandering with agitation. I have observed real listening and gently problem solving occurring to really find a solution to each person's concern. Today, just prior to lunch, residents were sitting comfortably together, either talking quietly between themselves or resting. The whole room was relaxed and made you want to join them. (In the past, I had found this time period would show the beginning signs of unsettled behaviours, anxiety, restlessness)." – Aged care services director*

Consequently, when staff are adequately educated and understand how to communicate and act empathetically, there are marked improvements to staff-resident relationships, residents' moods, resident food intake and use of psychotropics. This also has benefits for staff around better levels of staff job satisfaction and retention.

*"One of the RNs said that over the last 6 months [since the completion of dementia education] he has not only seen a decline in prescription of medication, but also a decline in staff requesting it from him." – Dementia educator*

Internationally, to encourage uptake of dementia training, several countries are beginning to adopt workforce programs that incentivise people to receive further and ongoing dementia training. Such initiatives include financial incentives given to those who undertake dementia training and implementation of dementia competency frameworks – which have been adopted in the UK and New Zealand. The competency frameworks are built to give clear education pathways for all health and care staff, and ensure dementia training is robust, evidence-based and continuous.

People with dementia, families and carers have identified the features of a successful workforce, which include:

- Education to communicate effectively with the person living with dementia, their families and carers, with a consistent focus on respect and empathy;
- Gaining an understanding of the person's life to appropriately assess and respond to their personalised care needs;
- Education to recognise triggers, verbal and non-verbal signs of pain/discomfort in the person living with dementia;
- Providing holistic care involving families, carers, advocates and relevant health and clinical care professionals to assess and respond to ongoing care needs; and
- Receiving and positively responding to feedback and complaints raised by the person living with dementia do not discount it because of their dementia.<sup>12</sup>

*"The most important thing is that the care worker has empathy and recognises that individual person not just as another person they need to shower and feed" – Carer*

*"By doing this course it has helped me to have an insight in to the world that people with dementia live with every day. It has made me a lot more patient and more compassionate to their daily needs and cares." – Aged care worker*

To enable the expectations of people with dementia, their families and carers to be met, the dementia knowledge of the aged care workforce must be significantly increased. Dementia

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<sup>12</sup> Dementia Australia (2019) *Our Solution: Communique Care for people living with dementia* <https://www.dementia.org.au/files/documents/DA-Consumer-Summit-Communique.pdf>

Australia strongly recommends that all staff working in aged care receive a minimum level of mandated dementia education. This needs to form part of any vocational or tertiary education before being able to work in aged care.

Knowledge of dementia must be a core requirement of a revised Cert. III in individual support and the packaging requirements need to be changed in the short term to require the dementia unit of competency to be included regardless of the specialisation selected. A Cert. III in Individual Support (ageing) specialisation should be the minimum level as it is the only one which requires the dementia unit of competency.

The government workforce, including aged care assessors and My Aged Care staff should also be required to have minimum levels of dementia education.

Dementia education should include experiential learning (for example, Dementia Australia's EDIE) to enable aged care staff to develop empathy for people living with dementia. Immersive and experiential educational experiences have proven to be impactful and greatly contribute towards developing deeper insights into the world of living with dementia. Dementia Australia aims to incorporate immersive experiences into all of its education and inspire participants to alter their current practice and influence the practice of others.

*"I now have greater confidence in my caring role. I can cope with aggressive behaviours and differentiate between the person and the behaviour caused by the dementia. I have much more empathy for my residents." – Aged care worker*

Equally, national standards need to be developed by a body like Dementia Training Australia to ensure a consistent quality of dementia education is delivered, recognising that previous investigations dating back to the Productivity Commission Inquiry into Caring for Older Australians<sup>13</sup> have consistently raised concerns about the consistency in the quality of dementia education delivered.

In addition to mandatory education, a national framework for dementia knowledge which maps out key content requirements at the different levels must be developed. This should form clear learning pathways to assist staff to continue to build their dementia knowledge.

*"(Dementia education has) reaffirmed and enhanced my passion at work, and to continue to find alternative ways to provide the quality of care expected." – Aged care worker*

### **Case study: The power of dementia education**

Dementia Australia sees firsthand the impact dementia education can have on the aged care workforce, through the training programs delivered by our Centre for Dementia Learning (CDL). CDL is the leading national provider of dementia education. Our highly skilled team has extensive experience in a wide range of areas, facilitating learning experiences which touch, move and inspire participants to transform their practice. Informed by current research and contemporary practice, a comprehensive suite of education forms part of an integrated learning pathway which incorporates accredited and non-accredited courses, delivered both face to face and online.

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<sup>13</sup> Productivity Commission (2011) *Caring for Older Australians*, Report No. 53, Final Inquiry Report, Canberra

Dementia Essentials (DE) is a Dementia Training Australia (DTA) vocational education training course, funded by the Australian Government under the Dementia and Aged Care Services Fund. Dementia Essentials is delivered by Dementia Australia (DA) for DTA<sup>14</sup>.

*“This beautiful training should be compulsory to all carers.” – Aged care worker*

DE aims to improve participants’ knowledge, attitudes and practice in working with individuals living with dementia. It provides training in adopting a person-centred approach and effective communication strategies. It provides information about the nature of dementia and about activities to promote well-being in individuals with dementia, and canvases resources and barriers to care, including workplace issues, community support and services available. The course is delivered at central community locations or at aged care facilities. The course is provided over three full days – either as three consecutive days, or as three days over three weeks. Typical class sizes are 15-22 participants. Participants are required to attend all 3 days.

An evaluation<sup>15</sup> of the DE course outcomes is currently occurring. The evaluation is examining the extent to which DE improves participants’ knowledge of dementia, attitudes towards people with dementia, perceived competencies in applying dementia care principles and applied practice in the workplace. It is also investigating the extent to which outcomes vary across demographic variables (age, gender, ethnic background, education), occupational variables (residential versus community, metro versus regional, full time versus part time and casual load, role, years working in aged care), and perceived organisational culture. Specifically, in relation to organisational culture, the evaluation is examining the extent to which the culture of the participant’s work setting influences the extent to which the education received is applied.

Interim evaluation results demonstrate that DE has a positive impact on participants’ knowledge, attitudes and practice. For example, evaluation participants indicate that the DE training has helped them to improve the quality of care and support they give to people with dementia, and that DE has given them new knowledge or ideas about how to care for people with dementia.

*“The way it was explained in class it made things so much clearer for me on how to look after my residents.”*

*“DE showed me new ways of understanding different types of dementia and how people behave so you can change my approach accordingly.”*

Further, many evaluation participants have changed an aspect of their professional dementia care practice as a result of DE, and supported another staff member to change their dementia care practice and educated others about dementia care.

*“There’s lot of carers who have not enough knowledge about dementia and sometimes they struggle with the behaviours of concern of the residents, and it is a*

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<sup>14</sup> DTA is a consortium funded by the Australian Government to provide nationwide education on the support and care of people living with dementia. The consortium is made up of Dementia Australia and five universities – the University of Wollongong, La Trobe University, Queensland University of Technology, Wicking Dementia Research and Education Centre (University of Tasmania) and the University of Western Australia.

<sup>15</sup> Bhar, S. and Stargatt, J. (2019) *Dementia Essentials: Evaluation of knowledge, attitudes and practice outcomes Interim Report – Oct 2019*, Swinburne University

*pleasure to me to suggest and share things (techniques) I learned in my DE Training.”*

*“The staff who participated in the dementia course are more aware of dementia behaviour and we work together for a better outcome overall.”*

The final evaluation report will be delivered to Dementia Australia in April 2020.<sup>16</sup>

## **RECOMMENDATIONS**

1. Develop a national framework for dementia knowledge which clearly articulates the content and learning outcomes expected at each level in order to develop clear learning pathways.
2. Develop national standards to ensure the dementia education provided is of a consistent high quality.
3. Mandate dementia education in relevant vocational and tertiary education before people enter the sector.
4. Mandate minimum levels of dementia education which staff in aged care need to meet and ongoing professional development expectations to ensure this knowledge and skill is contemporary.

### **Apply the dementia knowledge**

Improved and mandated minimum levels and quality of dementia education alone will not lift the quality of care provided. Not only does the workforce need to be educated on the key concepts of quality dementia care, they also need to confidently understand how to translate that knowledge into practice.

*“For any worker coming into my home they need an understanding of what dementia is, we need real education not just the book work. People need to UNDERSTAND IT (dementia).” – Person living with dementia*

Recognising that 90% of learning occurs in the workplace means that knowledge translation activities are critical for dementia education to improve practice which results in enhanced quality of life and care outcomes for people with dementia. Programs which assist staff to apply the newly acquired knowledge and skills is critical if staff are going to be supported to work in a different way to what they may have done previously.

Having organisational cultures which actively promote the ongoing learning of their staff are critical to this application of knowledge into practice. Introducing buddy programs for new staff with more experienced staff, developing the coaching and mentoring skills of key staff can also assist with this learning.

Establishing dementia communities of practice can also help share the learning around practice change and improvement more widely across the sector as well as providing important support for the leaders at the coal face driving these changes in practice.

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<sup>16</sup> Dementia Australia will provide a confidential copy of the evaluation final report to the Commissioners on request.

Embedding practice improvements in dementia care takes time however being a part supportive professional community can make a significant difference to helping workers translate insights and knowledge gained through education into practice. This can also be critical to the sustainability of these changes to practice.

Dementia Australia is working to establish Dementia Communities of Practice to provide access to ongoing learning, support and mentoring opportunities for workers supporting people living with dementia throughout Australia, but this initiative needs the support of both government and industry over an extended period if we are to see lasting changes to practice.

## **RECOMMENDATION**

5. Government and the sector support knowledge translation activities, including:
  - Supporting organisations to adopt learning cultures;
  - Promoting programs which build coaching and mentoring capability in the aged care workforce;
  - Promoting the development of communities of practice.

## **Develop dementia practice leaders**

In addition to the dementia knowledge translation activities outlined above, it is essential that dementia practice leaders are created through clearly articulated VET and tertiary education pathways. A core component of this is the development of a Cert. IV in Dementia Practice.<sup>17</sup>

The current state of limited career progression opportunities for aged care staff must be addressed. It is incumbent on aged care service providers to develop structures and opportunities to appoint staff as dementia practice leaders to assist with embedding good practice to ensure that people with dementia receive quality dementia care. Dementia Australia supports the processes outlined in the Matter of Care report for defining new career pathways.

## **RECOMMENDATIONS**

6. Develop career pathways to enable staff to specialise in dementia.
7. Providers support the creation of dementia practice leaders in their organisations to provide assistance and mentoring to other staff in improving dementia practice.

# **Ensuring a quality aged care workforce**

It is important that there are systems to ensure that mandated education and ongoing professional development requirements are met for the majority of the aged care workforce, which is currently unregulated. This also needs to be in place to protect some of the most vulnerable in our community from poor care, exploitation, abuse or neglect. A system of registration would offer a mechanism to ensure that the wrong people do not enter or

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<sup>17</sup> Dementia Australia is currently developing a Cert. IV in Dementia Practice and is currently awaiting approval by Australian Skills Quality Authority.



continue to work in the aged care sector, through registration of non-clinical staff. A system of registration would ensure that low performing or abusive staff could not simply move on to another aged care provider and place vulnerable older people at risk of poor care, neglect and abuse.

## RECOMMENDATIONS

8. Implement a registration system that priorities the direct care workforce and:
  - has national coverage with central registration
  - requires a level of ongoing continuing professional development to be undertaken by individuals to maintain annual registration
  - includes a requirement for providers to ensure they support staff through funding of ongoing professional development opportunities.
  - has a criminal record check undertaken at point of registration and regular intervals thereafter
  - has the capacity for employers to check at any time the status of an individual's registration
  - in the case of residential aged care registration, is extended to all staff, including catering and maintenance staff
9. Conduct a review of existing registration systems for other classifications of professionals to include the learnings from these systems in what is developed.

## Staffing levels and continuity

People with dementia and carers have told Dementia Australia that workforce shortages are impacting on the delivery of care, with some suggesting that the increasing pressure on the aged care workforce is manifesting in critical mistakes being made. A common example often raised is the overuse of physical and chemical restraints, where restraints are used inappropriately to keep residents 'in place' when a facility is short on staff. Inexperienced staff, staff turnover, frequent shift rotations and poor hand-over procedures are also cited as some of the main causes of avoidable failures, as well as a substantial barrier to achieving person-centred care.

Appropriate staffing levels are a critical component to delivering high quality and safe care, where staff have sufficient time to perform clinical and care tasks that meet the needs of an individual.

*“Staff call the person living with dementia aggressive, but they are scared, have unmet needs and don't have a voice.” – Carer*

Continuity of care is particularly important for people living with dementia. Multiple staff changes can be confusing and distressing, and exacerbate symptoms of dementia. It is important that people with dementia are able to develop rapport and relationships with those who care for them. The use of casual and agency staff is therefore problematic - people with dementia need consistency in staffing both in home and residential aged care services.

In addition to staff numbers, optimising the workforce skills mix is important in addressing the current workforce challenges. Broadly, evidence supports that incorporating a mix of skills is

a good strategy for improving the quality of care.<sup>18</sup> However, currently the aged care workforce lacks a sufficient skills mix, where high numbers of personal care workers and community care workers, and decreasing numbers of registered nurses is potentially creating a gap in clinical oversight. Equally with allied health professionals only accounting for six percent of the workforce, specialised supports are clearly limited – which creates a particular issue for people with dementia who have more complex care needs.<sup>19</sup> As dementia progresses, people often require care for almost every aspect of their life; this includes personal care, psychosocial supports, clinical supports and allied health – such as nutritional and oral health. Caring for people with dementia therefore requires a rich mix of skills, which cannot be achieved with the current imbalance of the aged care workforce.

To improve the capacity of the aged care workforce to respond to dementia, it is necessary for the industry to identify key competencies around dementia for every position/role in the aged care workforce and do capability modelling on client/resident profiles.

## RECOMMENDATIONS

10. Implement appropriate staffing levels and skills mix based on a holistic model of care including a minimum level of suitability qualified direct care staff.
11. Implement a requirement for all stand-alone residential aged care facilities to have a Registered Nurse on site at all times.
12. Identify key competencies in dementia for every staff position in aged care.

## The importance of leadership

To achieve any improvement in the workforce it is necessary to invest in improving the quality of leadership across the sector. Programs targeting the development of existing and emerging leaders are a critical part of this at both an organisational and industry level. The quality of leadership is central to reinforcing holistic approaches to care that are grounded in delivery of person-centred and not focused on the completion of specific tasks.

*“The (dementia) training is futile if upper management are not on board, they need to be trained in the requirements of Aged Care Standards before the training hits the floor staff, staff need more education in their role of Duty of Care and recognition of all forms of abuse: to reporting any form of abuse.” – Aged care worker*

The aged care sector, with support of the Australian Government, needs to make a concerted effort to improve leadership skills and knowledge, as well as organisational cultures.

*“At the end of the day – quality of care comes down to the personal relationship between the individual resident and the care worker. The super structures around it have to support the development of this core positive relationship.” – Carer*

Evidence demonstrates that strong management and leadership in aged care are integral to an effective workforce, staff turnover/attrition rates, and the delivery of quality care to

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<sup>18</sup> Koopmans, L., Damen, N., and Wagner C. (2018) Does diverse staff and skill mix of teams impact quality of care in long-term elderly health care? An exploratory case study, *BMC health services research*, 18(1):988

<sup>19</sup> Australian Institute of Health and Welfare (2017) *Australia's aged care workforce*



residents.<sup>20</sup> When looking specifically at staff retention in dementia care, evidence has concluded that a supportive working environment, where there are ongoing opportunities for education and supervision, is critical to staff motivation and retention.<sup>21</sup>

Overall, good leadership in dementia care must:

- Have competent and capable governance at a board level to ensure that the provider is managed in a professional way;
- Embed a clear organisational culture of delivering high quality care which respects and values recipients of care – putting the needs of each individual at the forefront of practice;
- Enable staff with the resources and skills to deliver a person-centred approach to care, for example by encouraging staff to build relationships with residents;
- Provide a supportive working environment where regular supervision and opportunities for professional development are offered and encouraged as part of a learning culture.;
- Develop a pipeline of leadership by supporting prospective leaders and managers to receive appropriate training and progress to managerial roles;
- Embed strong governance, risk and complaints reporting mechanisms which are adhered to by all staff. The ‘blame culture’ which exists in some facilities needs to be broken down so staff feel supported in reporting incidents and confident to act quickly to resolve issues when they occur.

There are already examples of aged care providers who successfully embed a positive culture in their services. For example, some providers consider the attitudes and values of candidates in the recruitment processes to ensure they are the right ‘fit’ to the organisational culture – underpinned by the notion that knowledge is teachable, whereas attitudes are hard to change. Other providers have offered staff access to education and training on a broader range of areas including mindfulness, communication and emotional intelligence – skills which assist someone to work with people with dementia. Some providers also include consumers in the process of selecting staff. However, this does not currently happen as standard practice across the sector.

Recognising the need for stronger organisational leadership, Leading Aged Care Services Australia (LASA) and Aged and Community Services Australia (ACSA) have developed programs designed to secure a pipeline of leaders and professionals and equip them with the skills, expertise and awareness of the complexities of the system required to successfully take a leadership role in aged care. Yet there also needs to be a greater focus on, and a systemic approach to, dementia care leaders in the aged care sector.

*“Although they did send me on the course the organisation which I worked for were did not actually want to make any changes to their practice which is a real shame. I did voice my suggestions after the course but they were not receptive to any of these changes.” – Aged care worker*

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<sup>20</sup> Jeon, Y., Merlyn, T. and Chenoweth, L. (2010) Leadership and management in the aged care sector: a narrative synthesis, *Australasian Journal on Ageing*, 29(2):54-60

<sup>21</sup> Chenoweth, L., Jeon, Y. H., Merlyn, T. and Brodaty, H. (2010) A systematic review of what factors attract and retain nurses in aged and dementia care, *Journal of Clinical Nursing*, 19(1-2):156-167

There is a gap in the sector in governance which includes better understanding of dementia. A code of practice with a commitment to quality dementia care together with greater emphasis in the Aged Care Quality Standards would also assist in improving leadership and governance cultures focus on dementia together. This may also act as a driver for continuous improvement in dementia care across the sector.

### ***Case study: Improving the model of care***

Through the Centre for Dementia Learning, Dementia Australia provides consultancy services to aged care providers to improve dementia care practice and outcomes. Our facilitators work with executive teams, management, staff, consumers and families to implement evidence based and sustainable practice improvements.

Recently, the facilitators worked with the leadership team, including staff drawn from the Board, CEO, senior clinical staff, care staff and hospitality staff over twelve months to research, plan, implement and evaluate three small, evidence based projects designed to enhance the lives of residents living with dementia, to develop the leadership skills of staff and to support the long term sustainability of the newly developed model of care in an aged care provider.

The three projects in the Memory Support Unit were: dementia friendly name badges for residents, staff and visitors; changes in the dining experience to facilitate increased choice and independence, and a project to introduce chickens into the unit – designed to provide opportunities for residents to take on meaningful roles and to experience the benefits of engaging with animals.

Through the use of Dementia Care Mapping the team were able to document some extraordinary improvements in the quality of life, reductions in responsive behaviours, and increases in general engagement with the life of the unit.

Dementia Care Mapping involves continuously observing the behaviour of people with dementia and the care they receive. Dementia Care Mappers record their observations to improve the way people are supported in formal care settings. The process aims to identify small things which lead to happiness or distress and use this information to work with aged care staff to enhance people's care plans and improve the environment of the aged care home. The Dementia Care Mapping cycle provides an ongoing evidence base for developing person-centred practice and achieving practice change.<sup>22</sup>

Through the Dementia Care Mapping process the residents were observed to experience considerable levels of wellbeing for 57% of the observation period compared to only 27% during the initial mapping session. The data also showed that residents were more engaged and participated for longer in the dining experience than previously, and that they were more engaged whilst they ate and drank. There were also more verbal interactions and participation in activities following the implementation of the consultation work with the provider.

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<sup>22</sup> NHS England (2018) *Dementia Care Mapping – Evidence Review* <https://www.england.nhs.uk/wp-content/uploads/2018/01/dg-dementai-care-mapping-evidence-review.pdf>

Anecdotal reports identified significant changes in the confidence and leadership skills of the staff who participated.

## **RECOMMENDATIONS**

13. Develop clear selection processes for board members based upon relevant skills mix and firm understanding of their governance responsibilities.
14. Provide relevant comprehensive dementia education program for board members.
15. Develop initiatives at a provider and industry level to build leadership capability that help to create strong organisations.
16. Embed the principles of quality dementia care into the Aged Care Standards and Industry Voluntary Code of Practice.

## **Conclusion**

A competent and confident aged care workforce that is well supported and led, is critical to ensuring the sector is well placed to develop and provide quality dementia care as an integral part of aged care.

Dementia Australia has identified three key factors to facilitate the provision of quality dementia care. With the support of the Australian Government, Dementia Australia, Dementia Training Australia and others, the aged care sector must:

- Build dementia knowledge
- Apply dementia knowledge; and
- Develop dementia practice leaders.

Dementia Australia also strongly recommends that the sector continues to implement the recommendations of the Matter of Care report to improve the capability and capacity of the aged care workforce to support people living with dementia, their families and carers.