HALL & PRIOR
Health & Aged Care Group

Compassionate people, dedicated to care

Our Position on the Aged Care Workforce

Submission to the Senate Inquiry on the future of Australia's Aged Care Workforce

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1. Executive Summary

The future of Australia's aged care sector workforce is the subject of an inquiry and report that is being executed by the Senate Community Affairs references Committee. As the Hall & Prior Health and Aged Care Organisation is committed to advocating for the benefit of our workforce, care recipients, and wider community, we are privileged to be able to provide our input on this matter.

The position of Hall & Prior Health and Aged Care Organisation is that Australian society needs to acknowledge the valuable and valued contribution that the aged care workforce makes to our community. They have an understanding of what it takes to care for the whole person and the personal moral versus ethical commitment that this must take to meet the expectations of broader community, and this context of this within the end of life journey.

To be able to appropriately compensate our workforce with pay, conditions and career pathways that reflect the investment that they are making every day, we make the following five recommendations on behalf of our 1,900 national workers. These five recommendations are informed by the work that we invested into detailing our position across all the Terms of Reference for the Inquiry and represent our collaborative response to the Senate, but we wish to table these as stand-alone recommendations.

1.1 Recommendation One: Sustainable Funding

We recommend that the Commonwealth commit to stable 3–4 year funding model for the aged care industry to enable providers to operate a sustainable care program. A commitment to funding will enable providers to have certainty, and will result in a direct investment into workforce to consolidate aged care as a career pathway.

A sustainable funding program that is **NOT** compromised by:

- changes in Commonwealth Government policy
- a change in Commonwealth Government.

A commitment to sustainable funding **WILL**:

- provide aged care providers with a funding commitment beyond the current one year COPE adjustments, ideally enabling revenue modelling over three years
- give providers greater confidence to engage in enterprise bargaining agreements that improve the pay and conditions for aged care staff.

Relates to Terms of Reference points: E and G

1.2 Recommendation Two: Fair Competition within the Sector

We recommend that the Commonwealth remove barriers to the labour market competition within the sector that ultimately result in:

- a disparity in terms and conditions offered to aged care workers
- inefficiency and poor innovation regarding workforce models

Relates to Terms of Reference points: B, C, D and E

1.3 Recommendation Three: Sector Coordination and Leadership

We recommend that the Commonwealth investigate leadership and coordination models that will enable greater efficiency within the sector. Aged care providers, and ultimately aged care consumers are reliant on so many interconnected government and private agencies to deliver a high quality and integrated services. These areas include:

- Education institutions that are responsible for providing high quality education programs to prospective and current aged care workers.
- The Department of Immigration and Border Protection, who implement the Commonwealth Governments immigration policies that the sector is reliant upon.
- The hospital sector, operated by state governments who have a large interdependency with aged care providers. In 2013-14, people over the age of 65 (13 per cent of the population) accounted for 48 per cent of bed days in public hospitals (AIHW, 2015).

Relates to Terms of Reference points: F, G, I and J

1.4 Recommendation Four: Diversity in Culture, Ethnicity, Religion and Language

Caring for vulnerable and ageing people is a universal characteristic of all cultures, and migrants provide us with a talent pool for vacancies, making significant contribution to the aged care workforce. At the same time, the aged care industry provides career opportunity for migrants. We need:

- ongoing migration programs – particularly incentives for re location to our regional areas
- a consistent message supporting inclusion and diversity from our Government
- health screening services for health care workers.

Relates to Terms of Reference points: A, B and J

1.5 Recommendation Five: Supporting Workforce Flexibility

Our workforce composition is predominantly female and permanent part-time. Our female staff are often the primary carer in their family, providing care to family members. To enable female staff to be engaged in the aged care workforce they need ongoing and improved:

- affordable access to child care
- flexible working arrangements
- shift times that can accommodate child care hours of operations
- carers support (e.g. financial and respite)
- streamlined social services access and support.

Recognising the older nature of the aged care workforce when compared to other sectors, to leverage this structure for mentoring and education programs to new entrants to the sector.

Relates to Terms of Reference points: A, D and E

2. Overview of Recommendations and the Terms of References

Our recommendations and how they relate to the Terms of Reference of the inquiry is outlined in the table below. This shows the interconnectedness of our approach.

TABLE 1 TERMS OF REFERENCE AND HOW THEY RELATE TO THE FIVE RECOMMENDATIONS

Terms of Reference	Recommendation
A. The current composition of the aged care workforce	Recommendation Four: Diversity in culture, ethnicity, religion and language Recommendation Five: Supporting workforce flexibility
B. Future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers	Recommendation Two: Fair competition within the sector Recommendation Four: Diversity in culture, ethnicity, religion and language
C. The interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out	Recommendation Two: Fair competition within the sector
D. Challenges in attracting and retaining aged care workers	Recommendation Two: Fair competition within the sector Recommendation Five: Supporting workforce flexibility
E. Factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths	Recommendation One: Sustainable funding Recommendation Two: Fair competition within the sector Recommendation Five: Supporting workforce flexibility
F. The role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded	Recommendation Three: Sector coordination and leadership Recommendation Five: Supporting workforce flexibility

Terms of Reference	Recommendation
G. Government policies at the state, territory and Commonwealth level which have a significant impact on the aged care workforce	Recommendation One: Sustainable funding Recommendation Three: Sector coordination and leadership
H. Relevant parallels or strategies in an international context	
I. The role of government in providing a coordinated strategic approach for the sector	Recommendation Three: Sector coordination and leadership
J. Challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and lesbian, gay, bisexual, transgender and intersex people	Recommendation Three: Sector coordination and leadership Recommendation Four: Diversity in culture, ethnicity, religion and language
K. The particular aged care workforce challenges in regional towns and remote communities	Recommendation Four: Diversity in culture, ethnicity, religion and language
L. Impact of the Government's cuts to the Aged Care Workforce Fund	
M. Any other related matters.	

3. Recommendations and evidence

3.1 Recommendation One: Sustainable funding

We recommend that the Commonwealth commit to stable 3–4 year funding model for the aged care industry to enable providers to operate a sustainable care program. A commitment to funding will enable providers to have certainty, and will result in a direct investment into workforce to consolidate aged care as a career pathway.

A sustainable funding program that is **NOT** compromised by:

- changes in Commonwealth Government policy
- a change in Commonwealth Government.

A commitment to sustainable funding **WILL**:

- provide aged care providers with a funding commitment beyond the current one year COPE adjustments, ideally enabling revenue modelling over three years
- give providers greater confidence to engage in enterprise bargaining agreements that improve the pay and conditions for aged care staff.

The provision of aged care services in Australia is dependent on two streams of funding:

- Government subsidies and supplements provided on a per care recipient basis
- From care recipients who provide, at minimum, a basic daily care fee.

A key mechanism of Government funding is the aged care funding instrument (ACFI), comprised of three domains that together allocate funds per resident on the basis of assessed care needs being low, medium or high in each of three domains. Our residential care homes have been staffed on the basis of our assessment of resident acuity and available funding. While the acuity profile of our residents has not changed in practice, as the result of the changes to ACFI, the change in acuity status indicates that we could lose up to the equivalent of $11,020 per care recipient each year with commensurate impact on staffing.

The change to the complex health care dimension of ACFI in effect from 1 July 2016 incurred two key impacts. The first saw a reduction in the funding given to the complex health care domain itself. Each year government subsidies and supplements are indexed to keep in line with inflation, but this year this dimension was 50 per cent of the standard rate. This means that it is not in keeping in alignment with increased staffing costs. The second sees an increased threshold to attain the “high” categorisation of funding in this domain, meaning that fewer residents will qualify for this level of funding in the new criteria. Taken together, this would mean that for the 84 per cent of care recipients that would have been assessed previously at the “high” categorisation, post-1 January 2016 just 14 per cent would remain eligible under the new criteria.

The full financial impact of the changes will phase-in over the next three to four years as care recipients enter our homes. For Hall & Prior, the impact has been forecast to be **$14.85 million** per year spread across our 24 nursing homes and is based on 1,348 care recipients.

This is an impact of **$11,020 fewer dollars** per care recipient each year.

For an 80-bed nursing home this translates to:

- one hour less direct care hours per day for every care recipient
- 14 fewer FTE care staff employed at the aged care home

- a total reduction in the home's funding base of $882,000 per year.

This example illustrates one significant funding change introduced with short notice and little to no consultation to facilitate our preparedness. Hall & Prior's Enterprise Bargaining Agreements typically span three years. During the lifetime of the current EBA there have been numerous significant government policy changes impacting workforce and funding. The EBA was negotiated at the time of the *Living Longer, Living Better* reforms with a commitment to a workforce fund. Over time, the workforce fund was withdrawn, the dementia supplement nullified, and payroll tax subsidies were removed for private providers.

Despite these challenges, we are a provider that is committed to caring for the most vulnerable people in the community – older people with highly complex care, social and medical needs. We have scrambled to make changes to the models of care to allow us to maintain the quality of our care program in the context of these cutbacks, but at the same time delivering increased wages and entitlements as agreed in the EBA at a rate of four per cent per annum for some of our key workforce roles. In a business where the purpose is to provide care to the aged, our workforce aims to develop meaningful relationships with our care recipients. Constant changes in the model of care and resourcing can impact these relationships. The influence and direction of Government funding has a tangible impact on our care recipients.

A reduction of funding from Government program has an immediate and profound impact upon the care hours that we are able to provide to care recipients, as the back-office processes and our overheads do not change and then with the funding available we maximise the opportunity for direct care staff hours as this is what is important to our care recipients. When our main funding base contracts, this immediately impacts our workforce is several key ways:

- **Decreased direct care hours with care recipients:** While the acuity of our care recipients has not changed, their ACFI status will under the new guidelines. This means that we have a smaller pool of funding for care hours and increased stress on our staff to implement all our care plans in less time than they previously had. While the hours available mean we can still maintain a safe and high quality care program, it comes at the cost more pressure on our workforce.
- **Reduced employment opportunities:** There will be less opportunity for employment overall of frontline care staff due to an overall reduction in the pool of hours required for the roster divided among existing staff. We are less likely to replace staff leaving through natural attrition until we are in a more stable economic situation, choosing to offer increased hours rather than recruit.
- **Underemployment:** We are committed to permanent staff secured on EBAs with better than industry average conditions. This means that there is a greater risk of under-employment with reduced hours applied evenly across multiple staff members rather than make positions redundant when cuts to hours are required, where there is no natural attrition to cover reduced hours.
- **Reduced job satisfaction:** With fewer staff on each roster there are the same number of care recipients to support but fewer people rostered to care for them. This will increase the pressure on our staff to manage their workloads and not allow them the time to genuinely connect and be present for our residents. Funding for complex health care had allowed us to deliver in partnership with the health sector care for persons with complex care needs. Instead, the acuity of care is increasing and resources reducing, possibly leading to pressure, burnout, and staff attrition.
- **Reduced certainty in engaging in Enterprise Bargaining Agreements:** Hall & Prior employ the majority of our 1,900 staff on Enterprise Bargaining Agreements. The Commonwealth Governments disruptive policy position on aged care funding requires Hall & Prior, and other providers to be risk adverse in negotiations with employees, resulting in minimal improvements to wage rates and other conditions.
- **Increased dependency on the public healthcare sector to provide medical management.**

3.2 Recommendation Two: Fair competition within the sector

We recommend that the Commonwealth remove barriers to the labour market competition within the sector that ultimately result in:

- a disparity in terms and conditions offered to aged care workers
- inefficiency and poor innovation regarding workforce models.

Churches, charities and other not-for-profit entities operate 70 per cent of the sector. These organisations have a significant competitive advantage in employment practices given that they are not liable for payroll or fringe benefits tax. Salary packaging concessions available to employees of not-for-profit aged care influence the market as well, as private providers must either pay more in real salary terms to attract top talent, or pay the industry standard rate and accept that the offer is not as competitive and likely to attract a lower tier of candidate. Workforce related costs equate to around 70 per cent of aged care provision, and this additional burden placed on private operators has direct impacts on pay rates, investment in education, and ultimately resident care.

By reinstating the payroll tax supplement, or working with state governments to abolish payroll tax for aged care employers, competitive forces within the industry will be improved, and as such enable increased rates of pay and other conditions, as well as innovation of workforce models as providers compete for labour. Innovation and competition will ultimately lead to industry wide efficiencies and improved outcomes for all stakeholders. This is necessary, as in the short to medium term the aged care sector will come under increasing competition for workers that may instead choose the disability sector if it can offer better resourcing and conditions.

We need to address intra-industry inequity now to improve the attractiveness of the industry as a whole for later. As Hall & Prior has a commitment to caring for Government-supported care recipients in our residential care program, when Government funding is reduced, we do not have the capacity to recoup this through other means to maintain our care program.

3.3 Recommendation Three: Sector coordination and leadership

We recommend that the Commonwealth investigate leadership and coordination models that will enable greater efficiency within the sector. Aged care providers, and ultimately aged care consumers are reliant on so many interconnected government and private agencies to deliver a high quality and integrated services.

These areas include:

- Education institutions that are responsible for providing high quality education programs to prospective and current aged care workers.
- The Department of Immigration and Border Protection, who implement the Commonwealth Governments immigration policies that the sector is reliant upon to have access to international labour.
- The hospital sector, operated by state governments who have a large interdependency with aged care providers. In 2013-14, people over the age of 65 (13 per cent of the population) accounted for 48 per cent of bed days in public hospitals (AIHW, 2015). Greater coordination between these two interconnected sectors will promote better outcomes for consumers, and efficiencies for all other parties.

These interdependent agencies that are required to deliver care to the aged consumer requires greater level of coordination and leadership from the Commonwealth. Hall & Prior are a long term operator of Residential and Home Care, having first joined the industry in 1992.

We have since grown to a large provider of aged care, employing 1,900 people from a diverse range of professions including registered nurses, enrolled nurses, personal carers, hospitality staff, allied health staff, chefs, nurse practitioners, and administrative staff. These staff are overseen by 120 managers across Australia.

Another important component is the development of career pathways. With so much of the aged care sector leveraged to employ personal carers, more investment is required to upskill these workers to have options for leadership programs and development pathways. We have worked with excellent partners, such as Central TAFE, traineeship providers, as well as Government and non-for profit training partners. We recommend ongoing support for these programs.

We would like to see leadership in the dementia education space as there are a number of Government-supported initiatives, however, they do not provide a consistent message or model, and this makes the skills less transferable within the sector and difficult to assess which is the 'best' fit for our staff learning needs.

TABLE 2. STAFF ROLES

Role	Total	Percentage
Personal Carer	1530	81%
Personal Carer Advanced Practice	100	5%
Enrolled Nurse	20	1%
Allied Health	50	3%
Hospitality	80	4%
Management	120	6%

As table one indicates, management within our organisation is just six per cent of our overall workforce. This indicates the challenges posed to frontline staff in making the transition to leadership positions and the need for education and development programs required to enrich the sector and make it an attractive prospect for those looking for a career. With an agenda to increase overall participation in aged care by young people and people newly arrived to Australia, the involvement of education institutes and providers is of particular importance.

3.4 Recommendation Four: Diversity in culture, ethnicity, religion and language

Caring for vulnerable and ageing people is a universal characteristic of all cultures, and migrants provide us with a talent pool for vacancies, making significant contribution to the aged care workforce. At the same time, the aged care industry provides career opportunity for migrants.

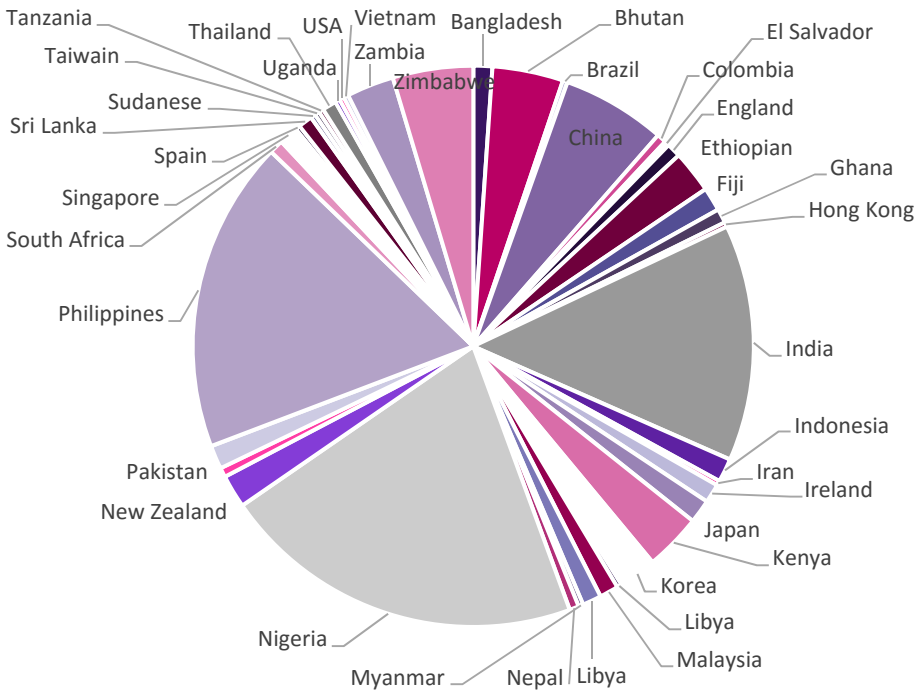
We need:

- ongoing migration programs
- a consistent message supporting inclusion and diversity from our Government
- health screening services for health care workers.

The immigration and emigration programs are particularly important to the growth of the sector, as the richness of talent offered by these new-entrants and their willingness to be engaged in the aged care field is too important to constrain. The vitality of these programs and their ongoing support by the Government is a critical means by which we continue to be able to staff our programs. We are a diverse organisation that celebrates and supports our differences, both within our care recipient cohort and our workforce. We have received good support from external agencies to enable us to continually improve our workplace culture, and recommend ongoing support in these areas.

For workers using their passport as a means of identification on commencement of employment, there were 50 different countries cited. The largest groupings of staff with an overseas passport were from the Philippines, Nigeria, India, and China.

FIGURE 1 AGED CARE WORKERS IN HALL & PRIOR BY COUNTRY OF ORIGIN



For workers that are here on a visa, the top five countries became Nigeria, Philippines and India. The most common visa programs were student or graduate visas, and our worker in most cases was the primary visa-holder (67%).

We have a reconciliation action plan and have implemented strategies to attract and retain an Aboriginal workforce, however, to date we have not found a model that has been successful in achieving our objectives.

One restriction to access for Government-supported Aboriginal employment initiatives is due to the fact that the majority of our employment is part time, and this excludes access to some of the funded traineeship initiatives.

3.5 Recommendation Five: Supporting workforce flexibility

Our workforce composition is predominantly female and permanent part-time. Our female staff are often the primary carer in their family, providing care to family members.

To enable female staff to be engaged in the aged care workforce they need ongoing and improved:

- affordable access to child care
- flexible working arrangements
- shift times that can accommodate child care hours of operations
- carers support (e.g. financial and respite)
- streamlined social services access and support.

Hall & Prior operate a preferred model of staffing using permanent part-time staff. This model provides for work arrangements that are beneficial for staff seeking flexibility, while at the same time enables the opportunity for the service to expand and contract based on demands. Our experience has been that this provides the capacity needed for our staff to meet commitments relating to their family roles and commitments outside of work.

Their jobs are secure and they have the protections of Enterprise Bargaining Agreement to have above-industry standard conditions, however, many do not have access to affordable child care arrangements. This is a barrier to working as many hours as may be ideal to support their families.

FIGURE 2. COMPOSITION OF OUR WORKFORCE

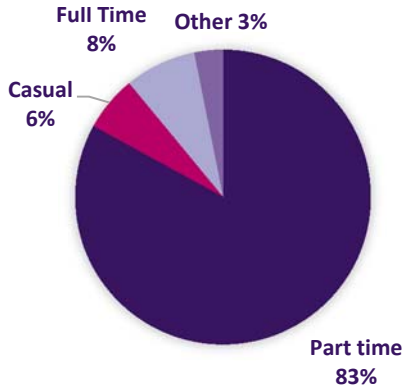


TABLE 2. HALL & PRIOR WORKFORCE DEMOGRAPHIC INFORMATION

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Average Age	44	44	43	43	43	43	43	42	42	42	42
Male	161	169	205	241	245	270	269	297	300	304	311
Female	1142	1165	1125	1177	1238	1275	1305	1334	1402	1417	1418
Total	1303	1334	1330	1418	1483	1545	1574	1631	1702	1721	1729*
% male	12%	13%	15%	17%	17%	17%	17%	18%	18%	18%	18%
% female	88%	87%	85%	83%	83%	83%	83%	82%	82%	82%	82%

**This table excludes some staff from recent acquisitions where data was not available for the full period*

In 2016, 82 per cent of our workforce was female and the average age was 42 years old. The ten-year trend is that the average age of staff is reducing, indicating a flow of younger people into the sector to offset the ageing of the existing workforce, as well as the percentage of men involved has increased from 12 per cent in 2006 to 18 per cent ten years later.

These trends indicate that there are more men and increased younger people being engaged by our organisation, but that overall we are still dealing with a predominantly older and female workforce and thus Commonwealth policies and directions should reflect that reality.

4. Response to the Terms of Reference

The future of Australia's aged care sector workforce is the subject of an inquiry and report that is being executed by the Senate Community Affairs references Committee. Our response to each item of the Terms of Reference is detailed below, along with commentary where relevant on how each relates to the recommendations made by our Organisation.

Our recommendations and evidence for these stem from our analysis and response to the Inquiry's Terms of Reference, but we have agreed to have them stand alone as they form our position on the aged care workforce. We acknowledge that the Senate is also looking for clear information on each item, and so also provide a response to the terms of reference in addition to our recommendations to ensure that we have contributed in a substantial way.

It is a privilege to be able to give our views and inputs on these terms, and to provide recommendations on vital changes that we think are necessary to support the aged care workforce to be robust enough to handle the future.

A. The current composition of the aged care workforce

The profile of an average aged care worker employed by Hall & Prior is a 42-year-old female worker engaged on a permanent part time basis as a personal carer for over six years and holds a Certificate III in aged care.

Key workforce composition statistics:

- 81 per cent of our workforce is engaged as a personal carer
- 82 per cent of our workforce identifies as female*, although this figure was 88 per cent ten years ago in 2006, indicating a shift towards increased male participation
- 83 per cent of our workforce is engaged on a permanent part-time basis
- Our workforce has citizenship to over 50 different countries
- The average age of our workforce is 42
- 51 per cent of our workforce is aged 40 or older
- 13 per cent of our workforce is aged 65 or older
- The average age of workers that joined us in 2016 was 34 years old, compared to an average of 43 years old for those that joined us in 2000
- The average length of service of employees that we have currently employed is six years
- Our two longest serving members of staff celebrated their 40th and 39th year working for St Luke's Nursing Home in August.

**As of 2016 we now have the ability to record people that identify as female, male or other as part of our commitment to inclusion.*

B. Future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers

Impacts of sector growth and how care is delivered

The growing nature of the demand for aged care services is well-established by the ageing population. In addition to this key fact, the increase acuity in residential care facilities by the length of time that we aim to keep a person living well and healthy in their own home through existing policy directions in the community care space and also in the State Government programs aiming to keep people out of hospital and supported in the community for as long as possible.

These shifts will impact how the future workforce will need to be structured, as more workers will be needed to deal with both an increased number of care recipients with increased and complex care needs.

Furthermore, as the consumer directed care culture transforms the entire aged care space, this will means a greater need for a delivery model that is highly individualised, flexible, and responsive. These gains for consumers will require a cultural shift in the workforce that will only be able to be achieved through time, education and experience in dealing with a retail-mindset. Different types of skills will become more important, and one-size-fits-all models will no longer be effective. This will make care programs more expensive and complex to manage, but acknowledging the benefits for this mode to consumers.

Increased competition for workers

The impact on the growth of the sector means that both the residential and home care aged care workforces will need to grow and there will be increased competitions across sectors for people with the same qualifications. It is acknowledged that there is transferable skills between the sectors and that each are competing for the same pool of workers. There are different industry awards that remunerate at different rates, with aged care typically not being as competitive for either clinical or support care staff.

As an example, a Level 1.8 Registered Nurse earns $26.97 per hour under the Nurse's Award for the industry, where the same Level 1.8 Registered Nurse employed under the WA Health Nurse's agreement earns $42.46.

There must be parity in the wages earned by registered nurses and care staff working in either the acute health, aged care and disability sectors so that the workforce may choose their area of passion and not the area of best remuneration. This is an influence particularly notable for early career choices where entry-level positions and their pay may be a key determining factor, where later in career experience and choice rise to prominence for the decision.

Key facts:

- More people will be needing a more acute level of care in the future, and more people are needed in the aged care workforce to meet this unprecedented and unrelenting demand for care.
- There must be parity in salaries for similar roles employed across acute, aged and disability services to ensure that workers are able to choose the sector that best suits their passions and is not driven by market-based considerations.

C. The interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out

In a post-*Living Longer, Living Better* reform program world, the aged care industry took several key developments and achievements on to the benefit of the industry and as a model for other sectors.

Achievements to date in the *Living Longer, Living Better* reform program:

- Greater choice and flexibility with paying for accommodation in residential care facilities.
- Increased transparency with advertised pricing for accommodation and extra services.
- Means testing and capping arrangements to ensure equity and affordability.
- The roll-out of consumer directed care in the home care setting.
- Improvements in governance and oversight of the sector.

The challenge now is to keep pace with this and the reforms of other sectors, most notable in the disability space, as they all transform to meet the future requirements of our population.

Key fact:

- Aged care reform and innovation is core business to the sector and we must attract workers that are flexible, dynamic and keen to be part of this transformation.

D. Challenges in attracting and retaining aged care workers

One major barrier to attracting and retaining aged care workers is he unrealised potential of labour markets that are currently unable to be maximised. An example of this is the workforce participation of women that may have left the workforce temporarily to raise children and allowed their registration to lapse.

Literature covered in previous Government workforce studies has shown that nurse re-entry training is a key strategy that could be used to address workforce shortages in the sector. This was recommended in a 2002 report on the recruitment and retention of nurses in residential aged care sector and remains a way that greater participation in the overall labour market in Australia could be achieved while also meeting the goals within the sector for increased workers.

Another factor that makes it challenging to attract and build a sustainable workforce is the view of the industry as a place to work and more efforts could be spent nationwide to promote the sector to younger people wishing to work in a growing and dynamic sector.

In addition, we agree with the position of LASA in their submission that successful strategies seen to assist in this area should be sustained by the Government.

Key facts:

- There are acknowledged skills shortages in registered nurses and personal care staff in the residential and community care settings
- An outstanding issues to address as identified in the *Aged Care Roadmap* is for a well-led, well-trained workforce that is adept at adjusting care to meet the needs of older Australians – and the need to boost supply of workers.
- While the age of new hires has reduced from 42 years to 32 years in the last 16 years, there is still investment needed in programs to attract younger people to aged care as a career post-secondary education.
- Just eight per cent of new staff hired across the lifetime of our organisation began aged 20 years or younger and them 24 per cent were 25 or younger. This signals an opportunity to attract more young people to the sector post-secondary education in order to meet the future workforce demand in the industry, and the consideration for graduate programs and funding programs aimed at getting young people engaged in a career in aged care.
- Immigration and migration schemes are a vital component to meeting the aged care workforce demands and that these programs must continue to be funded and pursued.

E. Factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths

AND

F. The role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded

The acknowledged discrepancies in pay across the community services sectors for positions with the same qualifications undermines the supply of staff that would otherwise be engaged and invested in giving our older people the best possible care available. While job satisfaction can be high once they have joined the sector, the barriers created by reduced remuneration and limited perceived career pathways make it a challenge to present our industry as a dynamic one to join.

Increased access to education and training and diversity of new roles are strategies that could show the innovation of the sector and increase the appeal of it to prospective workers as an industry that will allow them to grow and develop their skills.

Government policies must consider the impact of reduced funding on the ability of aged care organisations to create stable and attractive workplaces to staff when the structures underpinning it are erratic and unpredictable.

G. Government policies at the state, territory and Commonwealth level which have a significant impact on the aged care workforce

The most significant impact on the aged care sector continues to be the destabilisation of the funding model with sweeping policy changes that are made on a 12-month basis with the budget each year. This unsustainable change model is the basis of our top recommendation for the Inquiry to consider. We argue that funding must be stable year to year and be predictable for cycles that last from three to four years in duration.

Key facts:

- The aged care industry has been constrained, undermined and destabilised by the following recent changes:
    - removal of the dementia supplement
    - removal of the payroll tax supplement
    - proposed changes to the fringe benefits tax
    - changes to the complex health care domain in effect in the latest budget.
- Combined, these funding decisions impact the ability of our industry to be competitive.

H. Relevant parallels or strategies in an international context

Like many western nations, the growing and ageing population in England has warned of similar demand for aged care services. There is extensive research detailing the increased community reality of living for more years with disabilities owing to a longer life expectancy and increase in complex health conditions. Modelling shows that ten per cent of their people aged 65 and older are frail, with 25 per cent deemed frail when aged 85 and older.

This report predicts that there will be less funding for fewer people should the current trend of Government funding cuts continue, and with the rising costs of delivering health care. This predicts that not only is reduced funding reducing access to care, but also inadequate to provide for the future. It also provided context for increased stress made on informal carers as well as financial demands for those requiring formal care arrangements.

Ultimately these factors impact the quality, wait times, avoidable hospital admissions, and show that it is those with the greatest acute needs that get priority and not those with preventable / long term conditions that would benefit from staged interventions.

In September, the UK Department of Health tabled a vision and strategy for dementia nursing as an update of one first published in 2013. This strategy celebrates the rise in awareness of dementia but then the further work required to meet the 2020 Dementia Challenge. They are aiming to be the best place in the world for dementia care and to undertake dementia research.

Like the UK, Australia could do more to make dementia care core business and committed to this in the *Aged Care Roadmap*.

I. The role of government in providing a coordinated strategic approach for the sector

A key issue facing the organisation of aged care services in Australia is that the programs delivered at the local, state and commonwealth government levels can act with competing goals and outcomes in mind as the impacts of funding of each effect each other, and themselves but downstream.

An example of these cross purposes is explained as followed. The State Governments around Australia aim to keep a wide population group well and at home, and out of the acute sector. They do this through discharge programs and outpatient clinics aimed at getting people back into the community. They are, however, constrained in funding primary health programs that would prevent unnecessary hospital admissions in the first place as there is limited funding and a challenge of meeting the existing acute demand. So while some State Governments do run preventative health programs to acknowledge the importance of this investment, the long-term nature of the payback is a deterrent to the competing demands of the day in acute activity.

The Commonwealth Government, on the other hand, has administrative control over the primary health care sector through Medicare, PBS and the health care card status of community members. They are not incentivised to increase the pool of funds or schemes available for claiming to meet preventative health demand, as the impacts of this system when out of balance hit the budgets of State Government-funded hospitals. This later hits them downstream when community members become acute and have no help at home or ability to remain, increasing the demand for aged care services that they fund.

If not enough aged care services are available in the community, then the Local and State Governments are forced to respond with community volunteer programs or avoidable hospital admissions to keep people safe while they wait for care and services that they need.

Key factors:

- The reduced coordination across the levels of government mean that the aged care industry as a whole is constrained by Government programs that reduce available pools of funding and limit the potential for viable alternate workplace models (e.g. claiming for nurse practitioners and alternates) as the sectors are not aligned in the one priority of keeping people safe and well at home.

J. Challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and lesbian, gay, bisexual, transgender and intersex people

In the last two years, Hall & Prior have been recognised for better practice awards in two programs. Most recently, for our Aboriginal cultural care program we administer at our Windsor Park Nursing Home. Last year, for our LGBTI program at our Tuohy Nursing Home. Both awards acknowledge our passion to meet the challenge to be both culturally competent and inclusive as a matter of doing business, and we have noticed the positive flow-on for these resident programs to our workforce that appreciates our investment in these service improvements.

Aboriginal cultural care program – 2016 Better Practice Award Winner

Hall and Prior first implemented a specialised Aboriginal cultural care program in 2006 that has strengthened over the past 10 years with deliberate investment, development and collaboration. It has culminated today in a respectful, culturally valid care model that has been implemented at the Windsor Park Nursing Home and is delivered on a strong foundation of partnerships and trust between academic, Aboriginal, and aged care communities.

A key component of this cultural care program has been a coordinated approach to assist Aboriginal care recipients to settle into residential aged care, in the context of an urban facility and their potential dislocation from their 'country'. Country is an important part of Aboriginal culture whereby land and their relationship to it as a being are vital for each to be sustained. Understanding the impact of this dislocation is a key first step to meaningful engagement with the resident.

To assist with this process, an Aboriginal Health Coordinator has been employed since 2014 to facilitate cultural and community needs and has led to increased involvement of Aboriginal people and staff in the care program. Staff have had the opportunity to grow and become specialists and have embraced the opportunity to learn, apply and consider an Aboriginal perspective to their work.

Windsor Park Nursing Home has embraced the challenges and has welcomed Aboriginal people from all over Western Australia and is now planning on the next stage of a purpose-built facility to cement these learnings into an environment designed specifically for the cultural care model.

Transitioning a culture to support gender diversity – 2015 Better Practice Award Winner

In April 2014 a male resident was admitted to Tuohy Nursing Home. Staff built a trusting and open relationship. By November, he expressed to staff that he would like to wear a dress, and then later came out to them as transgender. He feared he would not be accepted by other people, especially his new roommate, who had become his friend. His family were unaware of his identity.

The National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) – Ageing and Aged Care Strategy had already led to improvements in the aged care industry of the understanding of the unique issues faced by LGBTI people to access and live in aged care homes, making education opportunities available in the industry. With the help of this foundation, the home was quickly able to identify the best pathway to support their resident make the transition to her new gender identity in a fully integrated and considered way.

Utilising a multidisciplinary approach that involved education, training, and information, the home was able to operationalise an accepting and inclusive culture around gender and sexuality for all its residents, allowing the resident who now identified as a woman to feel that her transition was not only possible, but essential for her psycho-social health.

Led by the Facility Manager, the home identified quickly the need for a sound strategy to support the resident's psycho-social health. They needed to:

- enable her to be known and recognised as a woman
- assist her to be accepted by the rest of the nursing home community
- provide her with the support she needed to communicate her goals to her family
- And importantly, begin referring to her as a female

The home then implemented a targeted education program for all staff to explain LGBTI, transgender and recognising and appreciating diversity. The Facility Manager was passionate about the need to respect her rights and made this the foundation of their approach.

To help her to communicate her transgender identity to her family, the home arranged a care conference and invited her nearest relative. There was some initial resistance from the family, and members that were provocative to the resident when visiting were told that they could only visit if their behaviour was respectful and supportive. After an involved process led by the Facility Manager of mediation, communication, education and support the family are now more accepting – and when they visit it is a positive experience for both parties.

The home team supported her to discuss her preference to wear female clothing to her new friends. They were supportive and positive and gave her confidence that her life in the nursing home would continue as normal. These small wins were documented and celebrated by the home, and over time built her confidence.

The lifestyle co-ordinator assisted her to purchase female clothing. At first, she confined herself to her room when wearing the clothes, and then a care plan was developed and implemented to guide and direct staff to allow her to decide on suitable clothing each day. If 'he' chose to be 'her' that day, they would assist with grooming to ensure she was satisfied with her appearance.

For the first time in her life, she is now living as a woman. She moves confidently throughout the home in female clothing and within six months of the first conversation is now known and referred to by the home, family, and friends as female.

The insights from her journey are now shared across other homes in the organisation to support residents who face a similar journey, providing a positive model for program partners GLBTI Rights in Ageing Inc (GRAI) to share as they help other nursing homes in their education and support programs for gender and sexuality in aged care homes.

K. The particular aged care workforce challenges in regional towns and remote communities

We have provided high quality residential and community aged care services to the regional Albany community over enough years to be aware of the specific issues and complexities faced in these areas. Not only are there the same issues that are faced in metropolitan region, but when coupled with a reduced labour pool and competing alternate industries it creates substantial challenges for us to manage.

Key facts:

- There are acknowledged skills shortages in registered nurses and personal care staff in the residential and community care settings.
- Geographical location is one of the three main causes to workforce shortages, exacerbating this in regional areas.

L. Impact of the Government's cuts to the Aged Care Workforce Fund

Hall & Prior supports the position of LASA in strongly opposing the cuts to the Aged Care Workforce Fund and agree that this will impact the availability of skilled staff to meet the demands of our workplace.

We additionally argue that a long-term commitment is needed to move projects to implementation stage beyond piloting and that real, long-term and sustainable solutions are needed where evidence has shown that there is an effective intervention known.

5. About Us

Hall & Prior was started in 1992 by Michael Hall and Graeme Prior with the acquisition of St Lukes Nursing Home in Subiaco, Western Australia. Since these small beginnings, Hall & Prior has grown to become one of Australia's leading providers of aged care services. The foundation of this growth has been the stability of the Executive. Graeme Prior has been the CEO and Michael Hall the Executive Director since inception, there has been a strong history of commitment from the care teams led by Jennifer Grieve and Kris Healy, and a strength in the quality programs spearheaded by Julie Beaton and Jennifer O'Connell.

5.1 Vision

To be a leader in the provision of aged care services in Australia.

5.2 Mission

We are committed to the pursuit of excellence in the provision of care and accommodation to the aged in our community.

5.3 Philosophy

We believe that our clients are entitled to the highest standards of care, a comfortable, secure and home-like environment and an optimal quality of life. We believe each resident is a unique individual deserving of respect, dignity, privacy and the opportunity to participate in decision-making. Our philosophy is based on a concept of continuous improvement in the quality of all processes, products and services, the role of the customer and the involvement of employees at all levels in the pursuit of such improvement.

5.4 Our values

- Integrity: we are open, honest and ethical.
- Professionalism: we are professional in our practice and comply with professional standards.
- Equity: all people are treated equally.
- Respect: all people are respected as individuals.
- Justice: all people are treated fairly.
- Empathy: we empathise with our residents, families and staff.
- Commitment: we are committed to the organisation, residents, families and staff.
- Loyalty: staff are required to be loyal to the organisation and to their colleagues.
- Hospitality: we welcome all those people who live in and visit our facilities.
- Merit: staff have equal opportunities and are recognised for their merits.

5.5 Our key organisational statistics

Staff	• 1,900 staff across Western Australia and New South Wales
Facilities	• 24 facilities across Australia: o 13 in Perth, Western Australia o 9 in Sydney, New South Wales o 1 in Albany, Western Australia o 1 in Point Clare (Gosford), New South Wales
Commonwealth Better Practice Awards	**2016** • Aboriginal cultural care program, Windsor Park Nursing Home **2015** • Special needs – transitioning to a culture to support gender diversity, Tuohy Nursing Home **2014** • Resident Lifestyle – New Beginnings, Mosman Park Nursing Home **2013** • Health + Personal Care – Palliative care, Rockingham Nursing Home • Staff Development + Retention – Workplace harmonisation, Windsor Park Nursing Home • Staff Development + Retention – Evac Eddie, Leighton Nursing Home **2012** • Health + Personal Care – Dementia management, Kensington Park Nursing Home
Industry representation	• Hall & Prior is a member of Leading Aged Services Australia • Graeme Prior, CEO of Hall & Prior holds the following positions o Director, International Federation of Ageing o Board Member, CRC for Mental Health o Independent Chair, Aged Care Industry Information Technology Company
Resident demographic summary	• Average length of stay: 955 days • Average age of residents: 81 years • ACFI: 68 per cent of Hall & Prior's residents receive the highest requirement of care in the aged care funding instrument assessment

Our award-winning Mosman Park Aged Care Home team who have won a Better Practice Award from the Australian Aged Care Quality Agency for their commitment to caring for and rehabilitating people with complex and challenging physical and mental health issues. In 2016, we won an additional Better Practice Award for our Tuohy Aged Care Home.

5.6 Our current operations

The Hall and Prior Aged Care Group is a private provider in Western Australia and New South Wales.

Hall & Prior provide care to 1,500 people in 24 residential aged care facilities and 800 people living in their own homes in the community. The majority of people in our residential facilities have very high care requirements and are typically pensioners with 64 per cent are supported by the federal government. Our services encompass the full spectrum of residential care including low (hostel) level care, high (nursing home) level care, palliative care, respite care, dementia-specific care, and extra services.

Hall & Prior also have a specialist homeless and indigenous care program.

In Western Australia, Hall & Prior operates Fresh Fields Hospitality, the Group's supply chain management, catering and linen arm. Fresh Fields provide significant efficiencies to group operations, washing around 2.3 million items of clothing and linen, as well as preparing 700,000 meals every year.