



Decent Work Good Care International approaches to aged care

Issue Two: July 2019

Welcome to our second newsletter. We provide an update on the Decent Work Good Care (DWGC) case studies and a snapshot of research and trends in the four aged care systems we are studying: Australia, New Zealand, Scotland and Canada (Ontario). For anyone who has missed the aims of the study, you can find an overview [here](#).

Our progress

We are half way through the three-year study and on schedule with our case studies. This is due in no small part to our willing and organised case study organisations who have generously welcomed our team and provided widespread access to staff and multiple sites. We have visited several Australian sites, completed the New Zealand case studies last August, four of the team were in Canada in June at the Global Carework Summit and team members will undertake case studies in Scotland in September. With the recent release of a Scottish report about providers handing back contracts (see below), and one of UKs largest residential care providers falling into the hands of administrators in April this year, the Scottish case studies will be undertaken at an interesting time.

With most case studies and stakeholder consultations completed we have begun sharing our findings at conferences and have produced our first DWGC 'Promising Policy'. It details the New Zealand Government's 'Payment for Home Support Worker travel between clients' and is available on our [website](#). The aim of these promising policy snapshots is to showcase government policies that address issues common to the four aged care systems.

On the ground

Moving around aged care services and sites we are seeing the direct and tangential ways decent work and good care are connected and influenced by government priorities, legislation and policy, system architecture, and individual organisation service design and people management. Progressive thinking, innovative design and determined efforts by our case study organisations are evident, but so too are time pressures stemming from system wide policies, funding models and reforms.

The most innovative organisations have commonalities in their approaches despite catering for different client groups. They question how they do things, are willing to take risks, want feedback, are eager to share their practices and hear about practices in other organisations, including in other countries, and value their front-line staff. Notably, these organisations value transparency and open themselves to the outside world. They prioritise strong community links, through sharing their facilities - cafes, hydro pools, exercise rooms with their local communities – and proactively encouraging visitors to their residences.

Among the decent work good care practices we have seen are:

1. The creation of a senior home care worker role, whose role includes reviewing care plans with clients. This role recognises home care workers' skills and the considerable knowledge experienced staff often have about their clients' capabilities and preferences.
2. Residential facilities fostering of strong connections with local health services and hospitals to reduce transfers to emergency departments
3. A focus on personalising recreation around each individual resident's interests and supporting use of local community facilities, i.e. churches, pools and libraries, to complement in-house group activities, an approach that boosts residents' wellbeing and connection with the community.
4. Prioritising fresh and healthy meals, with meals cooked on site and kitchen staff interacting with residents to accommodate preferences, and a chef meeting regularly with residents to get feedback on the menu.

Decent Work Good Care: *Fresh Air, Freedom and Staff Safety*

At residential sites managers, nursing and care staff often describe how building design and residents' access to the outdoors affects residents' mood and behaviour, particularly those with dementia or a history of aggression. This access can have a direct impact on staff safety and influence workload. Here is a snapshot of some of the positive approaches we have seen.

In a secure dementia unit on the Australian coast the doors leading to a large, lush, flat and attractively landscaped garden are kept open during the day. The gardens provide plenty of space for the residents to walk, wheel, or sit with friends and family and staff hold many activities outdoors.

In a city residence in Australia, large decks surround residents' rooms and the multiple communal spaces, which have overhead heaters, encourage year-long use of outdoor spaces. The private verandas attached to each residents' room give them a private space to sit or talk with family and friends. Similarly, at an aged care residence in New Zealand people with dementia walk freely between the small unit and the large side garden, despite it being mid-winter. It is their choice.

Personal care and nursing staff at these sites told us unrestricted access to gardens give residents a sense of freedom and being able to walk around helps calm residents. This is particularly important for male residents, whom staff reported can be harder to engage in activities. In one residence, where many of the predominantly male residents have a history of challenging behaviours, this freedom to move was central in helping reduce aggression towards staff.

In multi-level aged care residences providing ready access to the outside is more challenging for staff, particularly in light of lean staffing models. It is often hard for workers to be 'off the floor' to accompany residents outside for a walk or a quiet sit in the sun.

What's happening

Australia - Royal Commission into Aged Care Safety and Quality

In February 2019 the first Commission hearing concluded with Dr McEvoy QC describing six factors 'converging to put serious strain on the provision of aged care'.ⁱ In short, these were:

- population growth in the over 85 age bracket;
- increasing numbers of people suffering dementia;
- the desire for older persons to remain in their own homes;
- serious workforce issues e.g.; recruitment and retention, skills, and inadequate pay
- impediments to aged care residents accessing health care services; and
- and the economic sustainability of the sector.

In terms of the frontline workforce, Dr McEvoy made the following observations:

The evidence suggests that the typical personal care attendant is a woman in her 40s and 50s. Her work is hard and poorly remunerated... Personal care attendants who work in home care do not have the time to do their jobs properly.ⁱⁱ

In May 2019 at the community consultations in Melbourne, Dr McEvoy's concern about the lack of time was echoed by home care recipients, aged care residents, families and advocates. Their personal experiences, often very moving, at times heart breaking, illuminated the impact of time pressures and staff shortages on the day-to-day lives of frail and vulnerable older people. Furthermore, they highlighted the importance of people having trusted and skilled workers employed by reputable organisations providing unrushed care.

In the [second hearing](#) on home care, Commissioners identified systemic issues behind the long waiting lists for packages. This included the federal Department of Health's dedicating too few staff to adequately screen new providers entering a competitive market.

Australia – Home care providers number are increasing while profits are dropping

The [2019 Aged Care Financing Authority \(ACFA\) Annual Report](#) shows:

- In June 2018, there were 873 home care providers, up from 702 in June 2017
- 53% of providers are not-for-profit, covering 76% of home care clients
- Providers are holding unspent funds of \$539 million (June 2018)
- Overall provider profit significantly declined - from \$201m to \$74m in the 2017/2018
- 70% of home care providers made a profit, down from 75% the previous year

The report also notes concerns within the industry about some decline in service quality.

Scotland – Why home care providers are handing back contracts

A new report by the University of Strathclyde in Glasgow, led by DWGC team member Prof Ian Cunningham, sheds light on the reasons Scottish voluntary (not-for-profit) social care providers have been 'handing back contracts' or withdrawing from re-tendering. Home care, which Local Authorities (LAs) have been outsourcing to voluntary and private providers for several decades, is the service that providers are most likely to relinquish. The Coalition of Care and Support Providers Scotland's (CCPS) funded report [Contracts: Exploring the rising trend in third sector provider withdrawal from the social care market \(May 2019\)](#) found providers' decisions to cease contracts were taken after much deliberation. The majority had held contracts for more than 10 years and had attempted to restructure their

organisation to increase service viability. Providers cited the following contributors to the increasing financial pressures:

- Fluctuating client numbers,
- uncertainty flowing from the framework (contractual) agreements,
- low hourly rates, and:
- the refusal of local authorities to pay worker travel time

Providers also described significant recruitment issues, exacerbated by deteriorating employment pay and conditions, and concerns that their services had become incompatible with their values and standards.

New Zealand - Pay Equity one year on.

An Auckland University of technology (AUT) report on the impact of New Zealand's two billion 2017 Pay Equity settlement has found mixed outcomes for support workers and managers. [The Value of Care \(2019\)](#) report found there is widespread support for the pay increases for the 55,000 support workers in the aged care and disability sectors, but not all workers are benefitting, and unanticipated consequences are causing tensions. On the positive side the study found support workers can now afford things previously beyond their reach and some could now afford to reduce their hours. However, some Level 4 workers, the highest pay level, reported having their hours reduced. Some workers had also experienced resentment from registered and enrolled nurses, cleaning, kitchen and rostering staff, who have not received pay increases. From managers' perspective, as well as dealing with tensions around pay parity, a funding shortfall was creating challenges and while there had been improvements in staff retention, recruitment issues were persisting. Home care providers were finding simultaneously implementing new payment for in-between travel legislation and guaranteed hours had increased their workload and stress.

Canada – A call for better pay, schedules and information sharing

Earlier this year, Home Care Ontario, a professional association for both private and non-profit providers published [More Home Care for Me and You](#). This white paper identified three areas to prepare for Ontario's future home care challenges : the need for more care, more professional home care givers and the need to empower patients, families and care giver. Among its recommendations Home Care Ontario calls for ending 15-minute visits, closing the pay gap between home and community care workers and other health care workers, and raising awareness about the value of hiring trained and qualified home care staff from reputable providers, to impede the 'underground economy' in-home care.

ⁱ [Royal Commission into Aged Care Quality and Safety \(Transcript 22.2.19R1 P645-P646\)](#)

ⁱⁱ [Royal Commission into Aged Care Quality and Safety \(Transcript 22.2/19R1 P-655\)](#)

