



# Inquiry into the future of Australia's aged care sector workforce

1 March 2016

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA appreciates the opportunity to provide feedback on the *Inquiry into the future of Australia's aged care sector workforce* by the Senate Standing Committee on Community Affairs References Committee.

Contact Person: Vanessa Schuldt  
Position: Policy and Advocacy Officer  
Organisation: Dietitians Association of Australia  
Address: 1/8 Phipps Close, Deakin ACT 2600  
Telephone: 02 6189 1200  
Facsimile: 02 6282 9888  
Email: [pao@daa.asn.au](mailto:pao@daa.asn.au)

## **DAA interest in this consultation**

As the leading organisation of nutrition professionals in Australia, DAA is concerned that the aged care sector workforce has sufficient workers, with the right skills and in the right places, to meet the diverse needs of older Australians.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality, and is the foundation of self-regulation of the dietetic profession in Australia. In the aged care arena, APDs have an important role to play, such as in the dietary management of clients with chronic diseases and malnutrition, in the planning and coordination of food service within aged care facilities and in the training of aged care sector staff.

## **Key messages and recommendations**

- DAA considers that having sufficient numbers of support workers and health professionals with adequate training in the aged care sector is fundamental to safe high quality care and to the promotion and maintenance of good health and wellbeing of aged care clients.
- DAA is concerned by the inadequate level of training in basic nutrition at certificate and diploma levels for VET sector trained staff, MyAgedCare telephone contacts and Regional Assessment Services. Without adequate training, staff are unable to identify or problem solve nutrition related issues, or support Accredited Practising Dietitians (APDs) in their role to manage clients with identified nutrition issues.
- DAA would like to see nutrition included as a core component of training for support workers in the aged care sector. Basic nutrition training will help bridge the gap in nutrition knowledge and skills and ultimately achieve improvements in the nutritional status, health and wellbeing of clients in aged care.
- DAA welcomes the engagement of APD's in the development and delivery of nutrition curriculum (at certificate and diploma levels) for support workers in the aged care sector.
- In addition to core entry level nutrition training, DAA recommends ongoing nutrition training of support workers in the aged care sector. Structured in-house training, funded by employers and delivered by appropriately qualified and credentialed professionals, such as APDs, is recommended.
- DAA considers that support workers in aged care should receive fair and competitive remuneration for the skills and knowledge they contribute to the aged care sector.

## Discussion

Of particular concern is the inadequate level of training, knowledge and skills in basic nutrition held by support workers in the aged care sector. With the high prevalence of malnutrition among older Australians living in the community, support workers in aged care have an important role to play in promoting healthy eating, in helping to prevent and manage malnutrition and chronic diseases, and in assisting clients with specialised nutrition needs. Improvements in basic nutrition knowledge and skills among support workers in the aged care sector has the potential to raise the nutritional status and wellbeing of clients in aged care.

DAA considers that the following points regarding the 'Terms of Reference' (TOR) for the future of Australia's aged care sector workforce are of importance to the health and wellbeing of clients being cared for in aged care settings.

**TOR (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.**

There are common areas of need in knowledge and skills specific to food and nutrition for workers across disability, health, aged care and mental health sectors. This is especially important in rural and remote areas where workers employed by one agency support a diverse range of consumers. This has implications for training at entry to those sectors, and for ongoing workforce development. DAA would like to see more investment in food and nutrition training given the importance of nutrition on the health of people in the broader community services sector.

**TOR (F) – The role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded.**

### Nutrition knowledge and skills within the workforce

In reviewing VET sector qualifications in 2015, DAA identified that training in basic nutrition at certificate or diploma levels is sometimes available as an elective and is not considered to be core material. Support workers in aged care, disability, health and mental health sectors all have a need for basic nutrition knowledge and practical skills to encourage general healthy eating, to help in the prevention and management of malnutrition and chronic disease and to support clients with specialised nutrition needs. Training of support workers in basic nutrition will complement the work that APDs do to implement and lead nutrition programs in organisations and the community, and manage individuals with identified

nutrition issues. Given the prevalence of malnutrition, chronic disease and obesity in Australia, issues of food security in the community and specialised nutrition needs of vulnerable groups, more is needed in terms of training for support workers.

DAA would like to see nutrition included as a core component of training for support workers in the aged care sector. Core nutrition training will help bridge the gap in nutrition knowledge and skills, and ultimately achieve improvements in the nutritional status, health and wellbeing of clients in aged care. DAA welcomes the engagement of APD's in the development and delivery of nutrition curriculum (at certificate and diploma levels) for support workers in the aged care sector.

While mandatory entry level nutrition training is important, so too is ongoing nutrition training of support workers in the aged care sector. Nutrition research is constantly evolving, which means keeping up to date with the latest nutrition knowledge and skills is important. Structured in-house training, funded by employers and delivered by appropriately qualified and credentialed professionals, such as APDs, is recommended.

One of the issues in getting attendance at training is backfilling, so that service delivery is maintained at acceptable levels in the absence of some workers. This needs to be given due consideration for any internal or external training solutions that are devised for the aged care sector workforce.

#### Service delivery models

Consumer directed care and wellness/reablement programs delivered while the individual continues to live in their own home is a key feature of aged care reforms. With the development of telemedicine and other new technologies to deliver care in rural areas and to IT wise clients with mobility issues, it is vital that the aged care sector workforce are trained in these relevant technologies to engage new service delivery models. As service delivery models change, so too should workforce training models for VET sector staff change, for reasons of consumer safety and the efficient use of resources.

#### Training of student health professionals in aged care

Exposure to the aged sector, either through on-site placements or through telemedicine exposure, is important in the training of student health professionals. However, this exposure is often hindered by the fact that remuneration (in private practice) is only sufficient for service delivery. DAA recognises the need for models to be developed that harness the skills and expertise of experienced aged care practitioners in the training of students.

DAA is committed to delivering high quality post entry level training in aged care nutrition for APDs. However, DAA considers that more investment is needed in post graduate training of APDs and other health professionals in concepts of consumer directed care, reablement, dementia care and end of life care.

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

DAA would like to see adequate recognition of self-regulated professionals, such as APDs, in the recruitment of aged care sector staff. DAA has been made aware of one case where an APD was suitably qualified for an advertised aged care sector job, yet this individual was ineligible to apply as the criteria for applicants was to be a member of AHPRA (Australian Health Practitioner Regulation Authority). DAA notes the recent publication of a statement by the Department of Health directed at this discrimination.

**TOR (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.**

DAA supports capacity building of Aboriginal and Torres Strait Islander people and CALD (culturally and linguistically diverse) people as health workers in aged care, disability, health and mental health sectors. This is especially true in the area of nutrition, which is a factor in much of the chronic disease experienced by Aboriginal, Torres Strait Islander people.

Due consideration needs to be given to any training programs, including nutrition training programs, developed for aged care sector staff who come from Aboriginal, Torres Strait Islander or CALD backgrounds. For example, nutrition training programs developed for Aboriginal and Torres Strait Islander staff working in remote areas need to consider cultural diets and access to traditional foods. In nutrition training programs developed for CALD staff, cultural foods, food access and health beliefs need to be understood.

It is preferable for aged care sector staff to deliver services of their own culture, but where this isn't possible, staff delivering services to people not of their culture should be trained in relevant cultural issues.

### **TOR (M) – Any other related matters.**

Having inadequate numbers of staff, and inadequate training of the workforce, exposes clients to an unacceptable level of risk and to inefficient systems. At this early stage for example, it appears that there has been insufficient training in nutrition by MyAgedCare telephone contacts or Regional Assessment Services. Without adequate training, staff will not be able to identify or problem solve nutrition related issues. With more emphasis than ever before on consumer directed aged care, it is important that consumers can be confident about the competency of the workforce upon which they rely.

Better information about the current workforce in terms of numbers of support workers and health professionals, location of the workforce and training requirements are needed. Self-regulated professions, such as DAA, can provide valuable information but should be compensated for the burden of data collection, which AHPRA registered professions do not bear in the same way.

### **References**

- 1) Australian Government – Productivity Commission. Caring for Older Australian - Productivity Commission Inquiry Report (Overview). No. 53, 28 June 2011.  
<http://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-overview-booklet.pdf>
- 2) HealthWorkforce Australia. Australia's Health Workforce Series. Dietitians in Focus. March 2014.  
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