# Submission to the Aged Services Industry Reference Committee consultation on the Reimagined Personal Care Worker

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## Background

Skills IQ sought input into what a personal care worker in aged care should be from the perspective of the consumer. Terms of reference included the breadth of consumer needs, the range and complexity of skills required to meet those needs and the extent to which these needs can be met by a personal care worker compared with a multi-disciplinary team. The Foundation made a written form-based submission to Skills IQ addressing the Terms of reference of the consultation.

## The Continence Foundation of Australia

The Continence Foundation of Australia (the Foundation) is the national peak organisation whose mission is to represent Australians with, or at risk of, incontinence, their carers and health professionals who treat and assist people with incontinence.

The Foundation develops and delivers a range of initiatives in partnership with the Australian Government helping the Australian Government to achieve the objectives of the National Continence Program which focuses on increasing education and awareness of bladder and bowel health in Australia to:

- Promote bladder and bowel health and prevention messages across the lifespan,
- Increase education and awareness of the treatment and management options available to people affected by incontinence, and
- Facilitate access to a range of information and support services.

The Foundation's membership broadly represents the specialist and non-specialist continence sector and workforce who provide care and services for, and raise awareness and advocate, on behalf of Australians with bladder and bowel control problems. The Foundation takes an integrated approach to the provision of education and professional development and plays an active role in supporting the

upskilling of specialist and non-specialist continence health professionals including its contribution to evidenced-based documentation including national guidelines and policy reforms.

The Continence Foundation of Australia welcomes the opportunity to respond to the current consultation focusing on The Reimagined Personal Care Worker.

## The Foundation's Submission

The urgent need for continence care was reported within the *Royal Commission into Aged Care Quality and Safety's Interim Report: neglect* which pointed to poor continence management as a major quality and safety issue within the sector.[1] In residential aged care, the report brought to light that 75-81% of residents currently experience incontinence with the majority in the most dependent category.[2]

Of the 366,000 direct care workers in aged care, approximately two-thirds work in residential aged care with the rest in community care. Personal care workers comprise 70.3% of all direct care staff working in residential aged care and 83.8% in community care.[3] Personal care workers in the sector are providing the day to day continence care, however it is questionable that personal care workers have accessed any appropriate education and training to carry out the tasks involved. This means that they are more likely to deliver unsafe and ineffective continence-related care which may perpetuate incontinence or worsen existing health conditions.

A lack of education and training can translate into poor care for continent and incontinent care recipients which can have a number of consequences. Consequences of unsafe and ineffective continence care and incontinence management in the aged care sector may include, but are not limited to:

- RACFs: Increased risk of urinary tract infections.[4-5]
- RACFs: Increased risk of incontinence-associated dermatitis.[6]
- RACFs: Increased risk of pressure injuries.[7]
- RACFs: Increased risk of pressure injuries not healing.[8]
- Community and RACFs: Increased risk of falls.[9-12]
- Community and RACFs: Acceleration of functional decline.[13]
- RACFs: Reduced quality of life.[14-15]

At present, personal care workers are not required to have a specific qualification on entering the profession that would ensure they would have the understanding necessary to meet the continence needs of aged care recipients. It is also acknowledged that safe and effective continence care and incontinence management is a basic expectation from care recipients. Yet without suitable and mandatory qualifications, personal care workers may not be aware of the impact incontinence can have on a care recipient. Despite the importance of having such fundamental knowledge, the education and training system often does not provide these learning essentials for personal care workers.

With the introduction of the Aged Care Quality Standards (Quality Standards)[16] on 1 July 2019, there is an expectation for aged care providers and the aged care workforce to be better prepared and educated to provide quality continence care. However, expecting better care by providers of aged care services without supporting the aged care workforce to provide that care will set the workforce and providers up for failure.

The Continence Foundation of Australia believes significant progress can be made by equipping personal care workers and their employers with the right knowledge and skills. Appropriate education,

training and resources will allow them to provide care recipients with safe and effective continence-related care and to meet and exceed the Quality Standards.

## Recommendations:

The Foundation wishes to highlight the current challenges related to the issue of continence care and incontinence management in the aged care setting, in both residential aged care facilities and in the community, with the following recommendations:

- All personal care workers wanting to work in the aged care sector should receive education about safe and effective continence care and incontinence management in their foundation courses (VET and undergraduate courses).
- A unit of competency on continence care and incontinence management should be included in the draft Certificate Ill for Care Support as a core unit or as a compulsory elective in the Ageing specialisation.
- On-the-job support, training and professional development that is independent, evidence-based and best practice should be promoted and incentivised in the workplace. The Continence Foundation of Australia is well positioned to support the aged care industry with its ongoing development of integrated set of resources which will enable all personal care workers to remain competent and current in safe and effective continence care and incontinence management.

## Breadth of care recipients' needs

### 1. Incontinence is a key issue in aged care

Incontinence is a highly prevalent issue for older Australians. It affects Australians receiving aged care services in the community and residential aged care services. In 2010, 1.17 million Australians aged 65 and over were living with incontinence in the community[17], many of whom would be accessing home-based aged care services. A further 128,473 Australians or 70.9% of residents in aged care facilities were found to be incontinent as well.[17] Recent data shows that the incontinent population in residential aged care has since grown to 75-81%, with the majority being in the most dependent category.[2]

Continence needs are an important issue for care recipients and is taken seriously by them. In the last quarter of 2018/19, continence management in residential aged care was one of the top five most common complaint subjects.[18] This is not new as complaints relating to continence management and personal hygiene have ranked in the top five most common issues consistently since 2014/15.[19-21]

### 2. The burden of incontinence care

In 2010, 54% of residents experienced more than three episodes daily of urinary incontinence or passing of urine during scheduled toileting and 34.8% experienced more than four episodes per week of faecal incontinence or passing of faeces during scheduled toileting.[17] This means that incontinence in aged care adds a substantial workload to carers, including personal care workers.

Managing incontinence is also complicated by additional co-morbidities, such as dementia, that care recipients have to live with. There are high rates of co-morbidity between incontinence and dementia[22] which has an additive effect on workload. An Australian Government study found 69% of residents with dementia had more than 3 episodes of urinary incontinence daily or scheduled toileting and 45.7% of residents with dementia had more than four episodes per week of faecal incontinence or scheduled toileting.[22]

While the emphasis in aged care has been on dementia, the rate of dementia in residential aged care stands at 51.4%.[23] This is in contrast to the much higher rate of incontinence of 75-81%[2] with its requisite heavy workload for carers and yet it is being overlooked.

### 3. Dignity and choice need to be central in delivering aged care services

Addressing incontinence does not follow a one size fits all approach. Personal care workers and aged care providers should address incontinence by providing continence care with dignity as a central tenet. However, it should be acknowledged that how a care recipient receives their continence care should be based on personal choice. Care provision that respects each individual's choices may vary from one care recipient to another e.g. one care recipient may prefer being assisted to the toilet to manage incontinence while another care recipient would rather wear an incontinence pad to manage their incontinence. Continence care therefore, should be dependent on care recipient choice, beliefs and values to deliver safe and respectful care.[24]

The Aged Care Quality Standards (Quality Standards) provide an expectation for care recipients and care workers on the quality of care, choice and the dignity with which it is delivered.[16] Quality Standards 1-4 are specifically relevant to the day-to-day needs of vulnerable Australians to maintain continence or manage incontinence:

- **Quality Standard 1 – Consumer dignity and choice**
    - E.g. Care recipients should be consulted on and decide whether to wear incontinence pads or be assisted to the toilet to manage their incontinence.
- **Quality Standard 2 – Ongoing assessment and planning with consumers**
    - E.g. Care recipients are included in the assessment and planning for their continence needs.
- **Quality Standard 3 – Personal care and clinical care**
    - E.g. Care recipients are able to be referred to a continence specialist if their condition changes and are informed of changes to their continence plan.
- **Quality standard 4 – Services and supports for daily living**
    - E.g. Enabling and supporting care recipients to work towards attaining continence through active strategies supervised by suitably qualified and experienced care staff.

All four Quality Standards have practical applications that will, if abided by, adequately support care recipient wellbeing that allow for dignity to be central to care. If personal care workers and aged care providers are unable to meet these standards, it means that care recipient needs are not being met and services will continue to deliver unsafe and ineffective continence-related care.

## 1. Range and complexity of skills and capabilities required to meet those needs

### • The gap between need and the current skills and knowledge of personal care workers

There is a serious shortage of continence care skills and knowledge within the aged care workforce related to personal care workers not being required to have a minimum qualification on entering the profession that would ensure they can meet the continence needs of aged care recipients. Additionally, there is a lack of ongoing education and training making it challenging for personal care workers to maintain their skills to provide appropriate care to those care recipients requiring and expecting safe and effective continence care.

Data from the National Aged Care Workforce Census and Survey 2016 shows 25% of residential aged care facilities (RACFs) reported skills shortages in their personal care workers. Home care providers

reported an even higher rate of 33% in 2016 for personal care workers in their employment.[3] Assuming that the real and complex continence needs of residents may not be clearly understood and therefore recognised by aged care providers, the proportion of personal care workers who have a skills shortage related to continence-related care would be far higher.

- Education on continence-related care must be included in existing training courses

The everyday task of addressing continence care issues means that safe and effective continence-related care must be included in education and training to qualify as a personal care worker. Of the direct care workforce in the aged care sector, personal care workers make up 70.3% of those in residential aged care and 84% of those in community care.[3] They provide most of the direct continence care but receive the least amount of training. The Certificate III in Individual Support qualification for personal care workers is not currently mandatory. This certification does not have any specific education or training relating to continence-related care.[25] Based on a review of core units that comprise course material which prepares aged care workers to work with older or care-dependent people, it is highly unlikely personal care workers will be sufficiently equipped to provide safe and effective continence care and incontinence management.[26]

- Stigma and perceptions held by the aged care workforce

An Australian study showed that personal care workers were stigmatised by the hygiene and personal care requirements of care recipients.[27] Personal care workers, who provide the majority of direct continence care, felt that continence care tasks contributed to their low occupational status at the bottom of the staff hierarchy. They felt resentment at being limited to a role that focused on addressing hygiene and personal needs. This belies the importance of their role in providing critical continence care to care recipients. Appropriate education and training on continence-related care can help aged care workers to understand their critical role in maintaining of good hygiene and delivering safe and effective continence care and incontinence management.

- Aged Care Quality Standard 7 - Human resources

Aged care providers and personal care workers have an obligation to meet Aged Care Quality Standard 7. This Quality Standard relates to the need for the aged care workforce to have the qualifications, knowledge and skills to deliver safe, respectful and quality care.

In order to be able to meet Quality Standard 7, aged care providers must be able to employ personal care workers qualified in safe and effective continence care and incontinence management and staff must be able to access evidence-based, best practice on-the-job support and training and professional development.[16] It is currently a challenge for aged care providers to access these qualified workers as the education support is not there. This issue needs to be solved as a matter of urgency.

## 2. Individual vs multidisciplinary teams

- Education and training to qualify to work within aged care

The Continence Foundation of Australia supports the evidence that a multidisciplinary care team approach is beneficial in providing continence-related care for care recipients in the aged care sector. However, the evidence also suggests that all members who make up the multidisciplinary team may not possess adequate qualifications and training to address continence needs. While acknowledging the complexity of the multidisciplinary team as a whole in relation to individual education and training qualifications, this submission will focus only on the needs of the personal care worker and their training and education in continence care and incontinence management.

Further support to the argument of gaps in the personal care workers' knowledge is reflected in the report prepared for the Aged Care Workforce Taskforce which found that the majority of aged care providers felt the current education and skills framework leaves considerable gaps in preparing individuals for direct care roles.[28]

### • On-the-job support

The quality of continence-related care is also determined by the on-the-job support that aged care providers implement. An Australian study which reviewed publicly available accreditation reports of 87 residential aged care homes found that only 44% stated that staff had access to on the job training or education on incontinence.[29] The details of this on-the-job support are not public but it is known that manufacturers of incontinence products are commonly filling the gap in staff education in Australian aged care services. There is concern that a conflict of interest arises as manufacturers could be delivering a framework of assessment and/or management which results in residents wearing incontinence pads rather than incentivising improvement in continence status.[30] This information may be biased, inadequate and focus on cost-effective management which can perpetuate incorrect assumptions[31], poor practice and poor quality of care.

### • Raising the overall skill, knowledge and competencies of all care staff

Despite the self-evident gaps in knowledge, education and training, there are existing solutions that can be utilised immediately across the aged care sector. The Foundation has developed reliable and evidence-based resources that can supplement on-the-job support. They can be utilised by personal care workers and other staff that will provide them with appropriate structure, guidance, learning and education on best practice continence care and incontinence management. They also establish important prompts for referral to other qualified staff where their expertise is required resulting in a multidisciplinary approach.

The resources include:

- The Continence Support Now web-based application, developed in line with consultation with Australian aged care organisations, peak aged care bodies and personal care workers. It is an online pocket guide for aged care and disability workers providing bladder and bowel support.
- The Continence Resources for Aged Care which are a suite of tools, developed for the Commonwealth Department of Health, that facilitate continence screening, assessment and reassessment for older Australians. They are evidence-based and validated for the aged care sector.
    - These tools can be used by all aged care staff and importantly, can direct those undertaking continence assessments to seek further guidance from healthcare practitioners if there are medical considerations.
- The Foundation has also developed a suite of learning and education supports that deliver best practice, evidence-based training related to continence care and incontinence management:
    - Online learning units
    - Webinars, and
    - The annual National Conference on Incontinence.

## Conclusion

The Aged Services Industry Reference Committee must include appropriate education, training and supports for personal care workers relating to continence care and incontinence management so the services they provide are current, safe and effective.

In line with the current challenges highlighted within this report, the Foundation makes the following recommendations:

- All personal care workers wanting to work in the aged care sector should receive education about safe and effective continence care and incontinence management in their foundation courses (VET and undergraduate courses).
- A unit of competency on continence care and incontinence management should be included in the draft Certificate Ill for Care Support as a core unit or as a compulsory elective in the Ageing specialisation.
- On-the-job support, training and professional development that is independent, evidence-based and best practice should be promoted and incentivised in the workplace. The Continence Foundation of Australia is well positioned to support the aged care industry with its ongoing development of integrated set of resources which will enable all personal care workers to remain competent and current in safe and effective continence care and incontinence management.

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