

Decent Work Good Care

International approaches to aged care

Issue Three: Dec 2019

Welcome to DWGC newsletter issue three! The Decent Work Good Care (DWGC) study is investigating decent work good quality care across four aged care systems: 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 to date

All the Australian New Zealand and Scottish case studies for the study were completed in September this year. Professor Sara Charlesworth, RMIT University, joined her international colleagues Professor Ian Cunningham and Dr Derek Thompson (University of Strathclyde) and Professor Tamara Daly, (York University) to visit aged care facilities and home care providers in Scotland.

Since our last newsletter, we have produced our second DWGC Promising Policy, this one on [‘Alliance Contracts in Home & Community Support for older people’](#), which details the approach of one New Zealand District Health Board and the experiences of a home care provider. We also produced our first DWGC Promising Practice, another from New Zealand, which describes a vital support for home care workers: [‘Paid monthly meetings’](#). As well as outlining the nature and rationale for these meetings put in place at one of our NZ home care case study sites, we note benefits and implementation challenges for providers. In 2020 we will be producing many more promising policies and practices, as well as journal articles and other publications to share our findings

On May 28-29, 2020 we are holding a symposium highlighting promising policies and practices that support both decent work and good quality care in aged care. This is a one and a half day event featuring two international keynote speakers. Further details will be provided closer to the date.

SAVE THE DATE
Decent Work Good Care Symposium
28 May & 29 May 2020
RMIT University, Melbourne



On the ground in Scotland...

One of the advantages of using both ‘outsider’ as well as ‘insider’ researchers in the DWGC case study methodology is that the outsiders quickly notice key differences compared to their own and other aged care systems, which they then discuss with their insider colleagues. Some of the promising policies that stood out in the Scottish context, which we will profile in 2020, were:

- [Free personal care in Scotland](#): For home care clients, personal care is free for adults who have been assessed as needing care.
- [Scottish Care Inspectorate](#): The Care Inspectorate conducts annual quality audits of home care and care homes that are published on the Inspectorate’s website and required to be publicly available in all aged care services.
- [Scottish National Living Wage](#): The Scottish Living Wage- almost a £ more an hour than the minimum wage prevailing elsewhere in the UK- is legally required to be paid to all adult aged care workers. In place since 2016, the implementation of this reform was [evaluated in 2018](#) by Professor Ian Cunningham and colleagues.

We also found some promising practices, with one example highlighted below:

Dining with Dignity in Scotland

How mealtimes are organised in aged care homes and the importance placed on this organisation varies widely. From the degree of choice residents are given about what they eat, when they eat, and where they eat, to the number and qualifications of staff assisting, organisations take different approaches. Whether the kitchen is outsourced or run in-house also influences the experiences for both residents and workers.

Some aged care services approach mealtimes as highlights in a resident’s day and make genuine efforts to make mealtimes a pleasurable and social experience. In Scotland, researchers saw a good example of this effort in a nursing care home. They observed ‘dining with dignity’, rather than rushed meals with staff moving between ‘feeds’, and clearing trays and stacking dishwashers. At this site, the food service is provided in-house and kitchen staff interact with the residents with any changing food preferences expressed by residents willingly accommodated. There was an unhurried approach to dining with staff providing residents with the assistance they needed to eat their meals and gave them as long as they wanted to do so. Staff encouraged residents to feed themselves even where this took much longer than if staff spoon-fed residents. In the dementia unit researchers also observed some staff eating with residents which they thought was a positive practice as it makes mealtimes much more interactive and social.

What’s Happening?

Australia - Social and emotional support overlooked in aged care

The psychosocial aspects of care are routinely overlooked in both residential care and home care because workers have insufficient time to care is the central finding of a new report launched on 23 October in Sydney. [‘Meeting the social and emotional support needs of older people using aged care services’](#) was a joint study between Professor Gabrielle Meagher, Macquarie University; Dr Natasha Cortis, University of New South Wales (UNSW)

and RMIT University's Professor Sara Charlesworth and Wendy Taylor. The report, commissioned by United Voice and the Health Services Union (HSU), was based on survey responses from more than 1,200 aged care workers, ten in-depth interviews with home care and residential aged care workers, and analysis of publicly available aged care data. The report explores the structural reasons why it is so difficult for workers to provide the 'relational care' residents and home care clients so value.

Australia - Royal Commission into Aged Care Safety and Quality

Professor Sara Charlesworth gives evidence to Royal Commission

On 16 October 2019, Professor Sara Charlesworth provided evidence to the Royal Commission, drawing on more than 25 years' experience researching employment conditions of aged care workers. Read Sara's witness statement [here](#).

Sara first provided an historical context, explaining Australia's workforce is highly sex segregated, and that highly feminised occupations continue to be covered by industry awards with relatively poorer conditions than those for masculinised occupations. In her evidence on frontline aged care work, Sara highlighted that:

- A major limitation under current awards covering frontline aged care workers, is the very limited description of the nature of the work and responsibilities undertaken at different skill levels specified in the awards and the small wage relativities between different levels;
- There is no current award provision to pay home care workers for travel time between clients. While under enterprise agreements some employers do pay for travel time, a large proportion of the home care workforce are not covered by such agreements; and
- The ongoing issue of *underemployment* in aged care, where workers want more hours of work than they are currently allocated, despite industry concerns about labour shortages

Drawing on emerging findings from the DWGC project, Sara argued that rectifying the poor wages and conditions in aged care in Australia requires a multi-pronged approach. First of all, the Australian government needs to take decisive action to ensure better wages and conditions in the sector and to resource a sustainable aged care system that provides the high-quality services people need. The NZ Government's [2017 Pay Equity Settlement](#), developed in close consultation with unions, employers, advocacy groups and human rights and training bodies, to improve poor wages and conditions in the aged care sector provides a useful policy lesson in this respect, as does the evaluation of the Settlement noted below.

What is quality residential aged care and how do Australia and UK compare?

Researcher Dr Lisa Trigg, also Assistant Director of Research, Data and Intelligence at Social Care Wales, has compared approaches to improving the quality of residential care in England and Australia. She also recently gave evidence to the Royal Commission. In a highly accessible [summary](#) of her PhD research, Dr Trigg suggests there are three key approaches to quality in residential aged care: 'organisation-focused quality', 'consumer-directed

quality' and 'relationship-centred quality'. While all approaches are needed, relationship-centred quality is the best kind of quality and 'is where every resident is treated as an individual with her or his own personality, regardless of how unwell she or he is.' Thus the most important priority for residential aged care homes is to help all their staff and residents and families form good relationships so that everyone feels that they matter.

England – A step closer to professionalising social care workers?

The findings of a UK All-Party Parliamentary Inquiry providing evidence-led proposals for workforce reform and the professionalism of social care workers in England, was recently released. The [Elevation, Registration & Standardisation: The Professionalisation of Social Care Workers](#) Report found there was a need for a substantial funding settlement in social care as a matter of national priority and recommended a new 'identifiable' national care body that will, among other things:

- Offer formal recognition of 'existing skill levels and 'diversity of extremely medicalised tasks routinely undertaken by the current workforce';
- Further professionalise the workforce; and
- Design a new standardised training and career development framework and scaffolding that prioritises upskilling.

The Parliamentary Inquiry report is supplemented by a report commissioned from Professor Lydia Hayes (Kent University) and colleagues, [Professionalisation At Work in Adult Social Care](#), which we will profile in more detail in our next newsletter.

New Zealand – Equal Pay Settlement Evaluation Phase 1

A [recent report](#) evaluates the impact of the historic 2017 Equal Pay Settlement. Part of a three phase evaluation by Dr Julie Douglas and Associate Professor Katherine Ravenswood (Auckland University of Technology), the report explores the impact of the Settlement and how these changes impacted on managers and workers in aged care and disability support. Key findings included that:

- Increased wages for workers were supported by managers and workers. Workers reported a dramatic increase in quality of life due to the pay improvements and that they could also exercise more choice over the hours they worked;
- However, the way the additional funding was implemented had led to unintended negative consequences for both providers and workers, such as workers' care loads and duties increasing and more qualified workers losing hours of work; and
- The legislation and funding changes had not been clearly communicated, with a lack of support and clear information for managers and workers.

Several policy recommendations were made to the government including:

- Developing generic, agreed sector wide job descriptions;
- Developing more transparent and consistent funding models across all three sectors (residential, home care and disability support); and
- Continuing to develop readily accessible 'FAQs' for both managers and workers that clarify their rights and obligations under the Act.