

The Secretariat  
Inquiry into The Provisions of The Public Health Amendment (Registered Nurses in  
Nursing Homes)  
NSW Legislative Council  
Parliament House  
6 Macquarie Street  
Sydney NSW 2000

By way of email: [RegisteredNurses@parliament.nsw.gov.au](mailto:RegisteredNurses@parliament.nsw.gov.au)

10 May 2021

**Re: Supplementary Questions and Questions on Notice  
Aged & Community Services – Hearing 28 April 2021**

Dear Sir/Madam

Please find responses to supplementary questions and questions on notice received by ACSA from the Committee.

**1. Do you track the young people in your facilities? If yes, are you able to provide a breakdown of the numbers of young people (people below 65 years of age) in your facilities?**

ACSA does not track numbers of young people in members' facilities. Since 1 December 2020, approved providers supporting National Disability Insurance Scheme (NDIS) participants are required to be registered as providers with the NDIS Quality and Safeguards Commission. This information is supplied to the Commonwealth.

The Australian Institute of Health and Welfare indicates that, as of 1 July 2018, there are around 6,000 people under 65 years of age living in aged care facilities in Australia.

McLean Care NSW residents include:

Location	Facility Name	Allocated Places	Number of Care Recipients under 65	Number of Care Recipients registered for NDIS
Inverell	Killean	138	2	4
Guyra	Kolora	31	0	1
Gunnedah	Mackellar Apex Road	79	3	1
Gunnedah	Mackellar Alkira	41	1	3

**2. What are the specific needs in residential aged care facilities for residents from culturally and linguistically diverse (CALD) communities? Is it accurate that even without dementia, these residents will often revert to their first language?**

In 2016, there were 3.7 million Australians aged 65 and over. Of this number, 1 in 3 were born in a non-English speaking country. Many older CALD Australians face barriers in accessing and engaging with the supports and services that contribute to healthy outcomes and are less likely to utilise them. These barriers include: a lack of awareness and knowledge of the services that are available, system complexity, language barriers, and lack of culturally and linguistically appropriate aged care providers.

Many aged care organisations offer specific diets, activities, languages and/or spiritual needs to match the cultural, linguistic and/or spiritual background needs of where residents identify with a specific culture and/or language. A contemporary model of care will embrace key elements of wellbeing such as identity, occupation, comfort, inclusion, and connection for residents from culturally and linguistically diverse communities.

The Royal Commission into Aged Care Quality and Safety identified the need for increased staff training in culturally safe practices and the need for increased understanding of the additional needs of people from diverse background inclusiveness.

It is well documented that people with a diagnosis of Dementia and who have been bilingual or multilingual will often revert to their primary language. In fact, a study by McMurtray, Saito and Nakamoto (2015) found that reverting to the primary language

was an early indicator of Dementia or cognitive decline. On the other hand, research is demonstrating that being bilingual could build “cognitive reserve” and potentially can slow the progress of dementia by making the brain more resilient to changes as dementia progresses.

**3. One of our terms of reference is lessons from the COVID pandemic. Are there any specific insights you can provide, particularly if you have made changes to how you operate, as result of the pandemic?**

ACSA, and its members, have worked closely with Government Departments and agencies at Commonwealth and State levels throughout the COVID pandemic in Australia to ensure the safety of aged care residents and staff are paramount. ACSA also provided evidence to Commonwealth and State Government inquiries into the management of the pandemic and ACSA officeholders and its members provided evidence on COVID preparedness and management in aged care settings to the Royal Commission into Aged Care Quality and Safety.

ACSA prepared a framework for the aged care and healthcare interface during the COVID-19 pandemic in 2020. In this framework, ACSA advocated both to the Royal Commission into Aged Care Quality and Safety and to the Government that the interface between the health system and the aged care system is critical throughout the pandemic, given the susceptibility of older people to the virus and representations were made to all State and Territory health ministers to respond to this.

As a member representative body, we worked to ensure providers had all of the information they needed running educational webinars, providing materials, advocating on their behalf and holding weekly meetings to connect members around the country and share knowledge and experiences. Guest speakers offered expertise and skills to support aged care providers.

In addition, ACSA worked with COTA, OPAN and the Aged Care Guild to develop a Code for Visiting in residential aged care designed to keep residents and their loved ones connected and keeping everyone as safe as possible.

McClellan Care offers the following specific insights:

1. There is a need to support the workforce emotionally, mentally, spiritually and physically as the frontline workers carry the stress of dealing with heightened anxiety for residents and families. Engaging professional psychologists was

beneficial allowing workforce strategies to be built to take care of the workforce's emotional and mental health longer term.

2. During a pandemic there can never be "too much communication". The importance of having robust inreach and outreach communication tools for staff, families and the broader community has been highlighted.
3. There were benefits of sharing resources with local health districts and communicating much more openly.
4. Operating in difficult circumstances is much more achievable when there is solid and concise Government direction as exercised through processes such as public health orders, aged care directives and so on.

#### **4. Can we get that \$600,000 per nurse per annum broken down by what it would cost per patient or per resident?**

This figure is modelled on how much it costs McLean Care, who provided evidence at the Hearing on 28 April 2021, for a Registered Nurse working 24/7 shifts – the range is variable due to length of service and includes classification and allowances.

#### **5. How many of your centres participate in that program?**

ACSA coordinates the Aged Care Services Sector Graduate Nurse Transition to Practice Program "Program" on behalf of Aged Care Service Organisations. In line with this the program is designed, developed, and owned by organisations who choose to participate in the program.

The 12-month program supports and mentors newly graduated 'right-fit' nurses who are transitioning to work to become confident, safe, competent and professional practitioners within the Aged Services Sector. The program includes structured professional development days and workplace coaching and mentoring in a supportive environment, enabling the graduate to build their knowledge skills and career confidence.

The Tasmanian Graduate Nurse Program (now heading into its 10th year) is the second largest graduate nurse transition to practice program in the State and demonstrates how an industry led and developed Graduate Nurse program is sustainable and could meet the needs of the regions. Following its success, this program is about to be rolled out to other States.

**6. How many people have gone through it?**

Over the last ten years there have been 286 new graduate nurses participating across 195 aged care sites in Tasmania. In 2021 the Program has extended to Hunter Central Coast and North Sydney regions of NSW with 43 graduates across 24 aged care sites being supported through the Program.

**7. What is the budget?**

In Tasmania (over the 10 years) this Program has been provided to members free of charge. In NSW there is a charge of between \$900 and \$1200 per graduate (depending on the number of graduates that the aged care provider enrolls).

**8. In your opening statement in which you said that you have a preference for there to be a consistent set of national regulations—that is, we should have one set of rules applying across all facilities. Have you raised that with the Commonwealth—not the royal commission, but the actual Commonwealth Government?**

**Have you had any indication from the Commonwealth as to whether they are committed to that in principle and is there a timetable to introduce such a regulation?**

ACSA has frequent discussions with the Federal Government on matters relating to a national set of regulations. Most recently, this has emanated from the Final Report of the Royal Commission into Aged Care Quality and Safety. We await the Government's response both in the Federal Budget of 11 May and the Government's formal response to the Final Report, due by 31 May 2021.

Yours sincerely,

**Anna-Maria Wade**

STATE MANAGER – NSW & ACT

Aged & Community Services Australia