Continence Foundation of Australia

Submission to the Skills IQ Aged Care and Disability Training Package Review

Name: Rowan Cockerell

Organisation: Continence Foundation of Australia

Email: r.cockerell@continence.org.au

Phone number: 03 8692 8400

1. Orientation to working in industry

Two new units should be developed for orientation to working in the industry, one with an orientation for ageing support and the other for disability support. Continence care-related expectations should be set early within both of the orientation units as promoting continence and managing incontinence is an expected aspect of day-to-day work for personal care and disability support workers.

In Australia in 2010, 71% of residents in aged care facilities were living with urinary or faecal incontinence or both.[1] More recent data confirms that incontinence continues to be highly prevalent within the aged care sector, with 75–81% of people in residential aged care facilities (RACFs) living with the condition.[2] In terms of disability support, an estimated 316,500 people lived with incontinence and disability in 2009.[3] Recent data from the Continence Foundation of Australia National Surveys[4,5] also shows a significant increase in the number of people with disability reporting incontinence (23% to 31%) between 2017 and 2020. The high incidence of incontinence in older people and people with disability shows continence care is a key day-to-day role of personal care and disability support workers.

Based on this evidence, a unit of competency on continence care – comprising promoting continence and managing incontinence should be included in the draft Certificate III in Individual Support as a core unit or at a minimum as a compulsory elective (Group A electives) in the Ageing specialisation. This unit could be readily adapted from the units of competency in the (non-current) Certificate II in Continence Promotion and Care[6]:

- CCPPCH201B - Promote continence health
- CCPAAC202B - Apply knowledge of continence issues to client interactions
- CCPACC203B - Advise on continence control issues
- CCPPCC204B - Provide continence care
- HLTAMBFC301D - Communicate with clients and colleagues to support health care

2. *HLTAAP001 Recognise healthy body systems* in core of Certificate III in Individual Support

The Continence Foundation of Australia (the Foundation) supports the inclusion of the *HLTAAP001 Recognise healthy body systems*, including content specific to continence care, as a core unit in the Certificate III in Individual Support. Ideally, this unit would be reviewed and a new unit should be developed with a focus on the knowledge needs of the personal care worker. A new unit should include the basics of human anatomy and physiology and place a focus on the implications to changes in body systems in older persons and persons with disability.

The knowledge evidence for HLTAAP001 adequately covers body systems and aspects of body regulation necessary to understand continence assessment, care and management. For the learner to better understand the impact of the ageing process or various disabilities, the knowledge evidence should be expanded to reflect the high level of continence care work expected within their day-to-day role. Incontinence, as has already been discussed in question one, should be included within this unit as a key part of the day-to-day work for personal care and disability support workers to ensure that consumer choice and dignity remain at the forefront of care and support.

3. Potential merge of CHCCCS031 and CHCCCS023

The Foundation does not support *CHCCC031 Provide individualised support* unit being merged with *CHCCCS023 Support independence and wellbeing* as it will not adequately cover providing person-centred toileting assistance or continence care. Specifically, the performance criteria and knowledge evidence do not contain specific continence assessment or related care criteria. Knowledge of individualised toileting support should be added.

It is clear that the knowledge evidence and performance criteria within existing units of competency are inadequate for quality 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.[7] 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. Through our work with NSW Ministry of Health, the Foundation understands there are similar skills shortages in the provision of disability-related health supports under the NDIS, including catheterisation and bowel care, creating significant health risks for participants.

There are a number of revisions that must be conducted within these units so that the units remain relevant and conducive to facilitating safe and effective continence care. The knowledge evidence of *CHCCC031 Provide individualised support* does not provide continence knowledge which would assist a trainer in fulfilling entire performance criteria 1 or 2.2. In the same unit, *Element 1: Determine personal support requirements*, should have knowledge evidence to cover the concept of an "individualised plan" so that continence care is explicitly mentioned in either the performance criteria or in the knowledge evidence.

Demonstrated Knowledge to be included:

- Understanding of functional need, including cognitive impact on finding and using the toilet appropriately,
- Knowledge of bladder and bowel health,
- Understanding of normal bladder and bowel triggers,
- Identifying a person's cues for toilet needs,
- Assessing and implementing a toileting program,

- Supporting a person with a toileting routine, and
- Identifying when lifestyle changes may assist a person to improve continence.

4. Meal preparation skills and knowledge

Meal preparation skills and knowledge needed by the personal care or disability support worker would be better reflected in a new unit. This unit would enable the inclusion of aspects related to the health of the person over functional skills of meal preparation and delivery including allergen management, nutrition, hydration and specific diets.

Of importance to the management of bladder and bowel health are performance criteria which consider the impact of good nutrition and fluid intake on constipation and continence. The new unit should consider how to meet the fibre and fluid needs of patients to ensure good bowel and bladder health, the impact diet can have on incontinence and when diets may need to be altered to allow for a variety of health conditions.

5. Mealtime management and meal consumption

The Foundation considers other organisations are better placed to address this question.

6. NDIS Support Coordinator role

Support Coordinators often receive little to no training specific to providing NDIS participants support and coordination for their services and, are consequently unlikely to be able to provide adequate, relevant and high-quality support to enable participants to achieve their goals. Given the lack of training in appropriate continence care for personal care and disability support workers, it is even less likely to be understood by Support Coordinators unless they have a healthcare background. Thus, the need for a comprehensive assessment and person-centred support and access to qualified health professionals for evidence-based advice will likely be ignored.

Based on the existing skills requirements for a Support Coordinator in the NDIS[8], a Certificate IV should be a minimum qualification for anyone employed in Support Coordination. This should include knowledge and evidence related to appropriate referral pathways and participant goals and expectations for therapy, treatment and management of incontinence.[9]

7. Assistive Technology

Assistive technologies are essential to many aspects of supporting older people or people with disability and should be included in relevant units within the training package. Given the wide range of assistive technologies available for the disability and aged care sectors, any implementation of assistive technologies should be person-centric to ensure appropriate supports are provided.

An Australian study[10] using individualised assistive technologies to support people with disability arising from Acquired Brain Injury to toilet more independently found:

- Average weekly care hours for toileting and continence declined by 4.3 hours with an estimated cost decrease of $633.29 per client per week.
- The average yearly cost of consumable items (e.g. pads) reduced by $3614.80 per client.
- Significant improvements were found in client independence, including cognitive and mobility independence.

However, the study also showed that some consumers were not consulted on their allocated device and were either not very satisfied or not at all satisfied with it. Staff, including disability support

workers, were not fully aware of the continence care needs of consumers, the different roles and responsibilities of disability support workers, nurses and allied health professionals and there was a lack of clear information on who was to complete care plans, assessments or individualised toileting routines.[10] This implies that a greater level of knowledge in safe and effective continence care for staff, including disability support workers, could result in even more positive outcomes and cost saving benefits. It is likely that assistive technologies can be taken advantage of, in a similar manner, in the aged care sector as well.

Assistive technologies and appropriate implementation should be outlined clearly within relevant units. Currently, explicit reference to the range of technologies is not included within the Units of Competency. Although the phrase 'relevant equipment' is included in a range of units, further details are required depending on the unit concerned. When assistive technologies are mentioned, they should include continence aids, products or technologies as well as catheter associated equipment, mobility devices, toileting equipment (such as commodes, bed pans), continence products and physical components of toileting (such as adequate lighting and contrast, handrails).

The unit should only consider knowledge of specialised care and not include associated skills. Additionally, the unit is not at a level for learners to gain skills but should direct learner referrals and where to find assistance.

8. Restrictive Practices

Despite both the aged care and disability sectors having in place legislation relating to the need to record and/or reduce physical and chemical restrictive practices[11,12], there is a need to consider the role of personal care and disability support workers in implementing them. The human rights of people receiving care, together with alternatives to and minimising the use of restrictive practices should be included at the Certificate III level. Creating an expectation that restrictive practices are an option of last resort should be included in the relevant orientation to working units as outlined in question one. Knowledge that learners should be able to demonstrate would include the impact of restrictive practices on safe and effective continence care. For example, a recent survey by the Aged Care Royal Commission stated that 5% of respondents in residential aged care reported being restrained, not allowed out of bed, their chair, room or let outside.[13] It is also commonly known that most psychotropic medications are associated with an increased risk of sedation, falls and urinary tract infection or incontinence.[14] Considering the incidence of human rights abuses highlighted during the Aged Care Royal Commission, the links between restrictive practices preventing people from toileting, resulting in functional incontinence must be addressed.

9. Provision of specialised support in disability support

As discussed in question 3, the Foundation has been informed of disability support workers with inadequate training providing disability related health supports, including catheterisation and bowel care, creating significant health risks for NDIS participants. An additional unit should be provided for disability support workers in continence care. This unit would enable workers to understand continence issues which may underlie a person's disability, health condition and support needs. It would provide an overview of knowledge related to bladder and bowel health and look at the impact of incontinence in people with common disabilities. This would include (but not be limited to) behavioural aspects of toileting, use of catheters and assistive technologies, cognitive aspects of stroke and neurological interruptions such as spinal cord injuries. Topics which should be covered include:

- Difficulty identifying and responding appropriately to bladder/bowel stimuli,

- Difficulty in communicating toileting needs,
- Difficulty in accessing the toilet,
- Removing and reapplying clothing, and
- Performing toileting hygiene.

10. Responses to Abuse

Abuse and neglect within aged care and disability services is highly prevalent and this must be recognised and addressed at all levels of the workforce. The Aged Care Royal Commission found that 39.2% of residents in aged care reported emotional, physical abuse and/or neglect.[13] The Disability Royal Commission made reference to several reports outlining the fact that people with disability are almost twice as likely to experience violence and abuse as people without disability over a 12 month period.[15] Each worker can play a part in addressing abuse for older people and people living with disability who are receiving care.

Although this unit covers abuse and responding to abuse, a broadening of the subject to examine the human rights of individuals should be incorporated in this competency. Workers should be aware for example, that making an otherwise continent person wear continence aids instead of providing toileting assistance is not just poor-quality care, but an abuse of their human rights. The decision to receive continence care should be made by the person when they are informed of all choices available. At a minimum, this would include being able to choose between continence aids and management techniques such as toileting programs which Certificate III and IV qualified workers can implement. Supporting individual programs gives choice to a person and is aligned to the Aged Care Quality Standards and National Standards for Disability Services.

11. Oral Health electives

The Foundation considers other organisations are better placed to address this question.

12. *CHCDIS035 Support people with autism spectrum disorder*

Graduates of Certificate III or IV level courses would not normally be expected to be able to use diagnostic tools. They are not trained to make a diagnosis and so this section on use of diagnostic tools should be removed from this unit of competency.

In saying that, they should be made aware of the need to address relevant co-morbidities common among people living with autism within *CHCDIS035 Support people with autism spectrum disorder* unit. A systematic review into the incidence of autism and co-morbid incontinence showed 9.3 to 57% of people living with autism were also experiencing incontinence.[16] High rates of incidence of bedwetting (nocturnal enuresis) (as high as 90%), daytime urinary incontinence (ranging between 13.3 and 55%) and faecal incontinence (up to 71%) were also found among people living with autism indicating the need for person-centred continence care.[16] To provide comprehensive support for people with autism spectrum disorder, safe and effective continence promotion and incontinence management must be adequately embedded within this unit.

13. *CHCCCS026 Transport individuals* and *TLIC3011 Transport passengers with disabilities*

The Foundation supports the merging of *TLIC3011 Transport passengers with disabilities* and *CHCCCS026 Transport individuals*. This unit currently has limited relevance to continence however several additions can be made. Performance Criteria 1.5 could be supported by knowledge of

continence products and Performance Criteria 1.4 by knowledge of support services such as the National Public Toilet Map. This free online service map includes details of over 19000 publicly listed toilets around Australia, including time availability and types of toilet facilities available[17] that can prove useful to planning trips with older passengers and passengers with disabilities.

14. Certificate IV in Ageing electives – Dementia

The rate of dementia in residential aged care stands at 51.4%.[18] This is in contrast to the much higher rate of incontinence of 75-81%[2] with its requisite heavy workload for care workers and yet it is being overlooked. Incontinence is strongly associated with dementia in aged care residents, with the causes of incontinence in people with dementia including functional decline, environmental factors and social processes of care. For example, care processes promoting the use of continence products over toileting assistance are a common cause of incontinence in residential care.[19] Furthermore, the Foundation's most recent National Survey found that almost 1 in 3 people with disability also currently experience incontinence[5], and this is expected to be higher for people who require higher levels of care. The importance of dementia care is not questioned but rather the fact that a high incidence condition with major consequences for health and quality of life is overlooked once again. Given the existing unit *CHCAGE005 - Provide support to people living with dementia* does not address the continence care needs of people living with dementia, this unit should be reviewed urgently prior to developing a new unit for Certificate IV level workers.

In 2010, 54% of aged care 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.[1] This means that incontinence in aged care adds a substantial workload to care workers.

Care processes for managing incontinence must address multiple co-morbidities, including dementia. There are high rates of co-morbidity between incontinence and dementia[20] 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.[20]

Based on this evidence, a unit of competency on continence care– comprising promoting continence and managing incontinence should be included in the draft Certificate III in Individual Support as a core unit or at a minimum as a compulsory elective (Group A electives) in the Ageing specialisation. As discussed in question 1, this unit could be readily adapted from the units of competency in the (non-current) Certificate II in Continence Promotion and Care.

15. Certificate IV in Ageing electives – Leadership

The Foundation considers other organisations are better placed to address this question.

16. *HLTHPS007 Administer and monitor medications*

The Foundation considers there is a need to better define the terms 'medication' and 'delegation' and their application in community care settings and residential care settings. For example restrictions on administration of medications in a community care setting may prevent personal care or disability support workers applying topical emollients (e.g. skin barrier cream) which can have negative implications such as the risk of developing incontinence-associated dermatitis, which may in turn result in development of pressure injuries. Prior to removal of this unit, consideration must

be given to the consequences of this for consumers within each setting that present barriers to receiving safe and effective continence care.

17. Mental health and comorbidities

A new unit on mental health and comorbidities should be included for workers in aged care and disability sectors at the Certificate IV level.

An Australian study found a significantly higher rate of depressive disorders in people with urinary incontinence (21%) compared to people without (14%).[21] Likewise, a review of global studies found people with incontinence had a 6 to 43% likelihood of comorbid depression.[22] While depression and incontinence both reduce quality of life independently, when they occur together, there appears to be an additive effect on both physical and mental health.

The links highlighted above between incontinence and mental health are likely to be exacerbated for people receiving aged care and disability support. For example, over half of older people in residential aged care have been found to have symptoms of depression.[23] This association is likely to be very significant given that recent data has found that 75-81% of residents live with incontinence, with the majority being in the most dependent category.[2]

Demonstrated knowledge and skills to include:

- Encouraging self management by client wherever possible,
- Functional status of client including cognition, and
- Knowledge of good bladder and bowel habits.

18. Pathways following completion of Certificate IV qualifications

Pathways for graduates of *Certificate IV in Ageing Support* or a *Certificate IV in Disability Support* could include the current *HLT54115 Diploma of Nursing*, which provides a pathway to undergraduate qualifications and becoming a Registered Nurse.

Pathways for holders of Certificate IV qualifications should be supported to enable greater retention and quality of care within the aged care and disability sectors. The Foundation refers to the Aged Care Workforce Taskforce report[24] which states that 'the aged care industry should deploy commercially sound guiding principles and commercially recognised tools to enable longer career paths and transition between job families' and apply these principles to the career pathways for disability support workers too.

The day-to-day work of personal care and disability support workers should be recognised when developing robust career pathways. An Australian study showed that personal care workers were stigmatised by the hygiene and personal care requirements of people receiving care.[25] 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. Appropriate education and training on continence-related care should be applied so that workers understand their critical role in maintaining good hygiene and delivering safe and effective continence care and incontinence management. This 'burden of care' must not become an impetus to care workers to 'escape' their roles and pursue a role with greater responsibility. This may in effect result in the perpetuation of unsafe and ineffective continence care which could be detrimental to aged care consumer's quality of life.

References:

1. Deloitte Access Economics. The economic impact of incontinence in Australia. The Continence Foundation of Australia: 2011
2. Hibbert PD, Wiles LK, Cameron ID, Kitson A, Reed RL, Georgiou A, Gray L, Westbrook J, Augustsson H, Molloy CJ, Arnolda G, Ting HP, Mitchell R, Rapport F, Gordon SJ, Runciman WB, Braithwaite J. CareTrack Aged: the appropriateness of care delivered to Australians living in residential aged care facilities: a study protocol. BMJ Open. 2019;9(6):1-7.
3. Australian Institute of Health and Welfare. Incontinence in Australia. Cat. No. DIS 61. Canberra: AIHW.
4. Continence Foundation of Australia. Nationally Representative Consumer Survey 2017. Continence Foundation of Australia Internal Report. Unpublished.
5. Continence Foundation of Australia. Nationally Representative Consumer Survey 2020. Continence Foundation of Australia Internal Report. Unpublished.
6. Australian Government. 10389NAT – Certificate II in Continence Promotion and Care. 2013. Available from: https://training.gov.au/Training/Details/10389NAT [Accessed 2021 March 5].
7. Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karmel T et al. 2016 National Aged Care Workforce Census and Survey - The Aged Care Workforce, 2016. Canberra: Australian Government Department of Health. 2017
8. NDIS. Support Coordination. 2021. Available from: https://www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination [Accessed 2021 March 3].
9. Paterson J. Consultation, consensus and commitment to guidelines for inclusion of continence into undergraduate nursing and midwifery curricula. [Internet] 2006 [cited 2019 June 30] Submitted to The Commonwealth Department of Health and Ageing. Available from: http://www.bladderbowel.gov.au/assets/doc/ncms/Phase1-2WorkforceSupport/33ConsultationConsensusandCommitment.pdf
10. Brightwater Care Group. Continence and brain injury: improving independence and quality of life, and reducing cost of care. 2019. Available from: https://brightwatergroup.com/media/2452/icwa-continence-community-resource.pdf. [Accessed 2021 March 4].
11. Australian Government. Quality of Care Principles 2014. 2020. Available from: https://www.legislation.gov.au/Details/F2020C00096. [Accessed 2021 March 04].
12. Department of Social Services. National Framework for reducing and eliminating the use of restrictive practices in the disability service sector (the 'National Framework'). 2014. Available from: https://www.dss.gov.au/sites/default/files/documents/04_2014/national_fraemwork_restricitive_practices_0.pdf. [Accessed 2021 March 04].
13. Royal Commission into Aged Care Quality and Safety. Experimental estimates of the prevalence of elder abuse in Australian aged care facilities: research paper 17. 2020. Available from: https://agedcare.royalcommission.gov.au/sites/default/files/2020-12/research-paper-17-elder-abuse-prevalence-aged-care-facilities.pdf [Accessed 2021 March 04].
14. Peisah C & Skladzien E. The use of restraints and psychotropic medications in people with dementia: A Report for Alzheimer's Australia. Alzheimer's Australia. 2014. Available from: https://www.dementia.org.au/sites/default/files/20140321_Publication_38_A4_print%20version_Web.pdf. [Accessed 2021 March 04].
15. Royal Commission into violence, abuse, neglect and exploitation of people with disability. Violence and abuse of people with disability at home: issues paper. 2020. Available from: https://disability.royalcommission.gov.au/system/files/2020-12/Issues%20paper%20-%20Violence%20and%20abuse%20of%20people%20with%20disability%20at%20home.pdf. [Accessed 2021 March 04].
16. Niemczyk J, Wagner C, von Gontard A. Incontinence in autism spectrum disorder: a systematic review. European Child & Adolescent Psychiatry. 2018. 27(12):1523-1537.
17. Department of Health and Ageing. The National Public Toilet Map. 2021. Available from: https://toiletmap.gov.au/about. [Accessed 2021 March 04].
18. Department of Health. 2018-19 report on the operation of the Aged Care Act 1997. 2019. Available from: https://www.gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/2018-19-ROACA.pdf [Accessed 2020 July 20].

19. Jerez-Roig J, Santos MM, Souza DL, Amaral FLJ and Lima KC. Prevalence of urinary incontinence and associated factors in nursing home residents. *Neurourology and urodynamics*. 2016;*35*(1):102-107.
20. Australian Institute of Health and Welfare. Dementia among aged care residents: First information from the Aged Care Funding Instrument. 2011. Available from: https://www.aihw.gov.au/getmedia/6d160b74-621b-4e08-b193-bc90d5b7f348/11711.pdf.aspx?inline=true [Accessed 2020 July 20].
21. Avery JC, Stocks NP, Duggan P, Braunack-Mayer AJ, Taylor AW, Goldney RD, MacLennan AH. Identifying the quality of life effects of urinary incontinence with depression in an Australian population. BMC urology. 2013 Dec;13(1):11.
22. Avery, JC, & Stocks, N. Urinary incontinence, depression and psychological factors-A review of population studies. European Medical Journal Urology 2016;1(1): 58–67.
23. Australian Institute of Health and Welfare. Depression in residential aged care 2008–2012. Aged care statistics series No. 39. Cat. no. AGE 73. Canberra: AIHW. 2013.
24. Aged Care Workforce Strategy Taskforce. A matter of care – Australia's aged care workforce strategy. 2018. Available from: https://www.health.gov.au/sites/default/files/a-matter-of-care-australia-s-aged-care-workforce-strategy.pdf [Accessed 2021 March 4].
25. Ostaszkiewicz J, O'Connell B, Dunning T. 'We just do the dirty work': dealing with incontinence, courtesy stigma and the low occupational status of carework in long-term aged care facilities. Journal of Clinical Nursing. 2016 Sep;25(17-18):2528–2541.