



**Continenence
Foundation
of Australia**

National Care and Support Economy Strategy

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Introduction

The Continence Foundation of Australia (the Foundation) welcomes the development of a Draft National Care and Support Strategy, and the initiative to take a more proactive approach to the provision of care that promotes a better quality of life for all Australians.

The Foundation is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation includes policy and advice to support reform, education, awareness, information, advocacy, continence service provision, and more importantly, experience of putting people at the centre of program design and policy advice, which allows the Foundation to be best placed to represent the interests of residents, carers and health professionals in relation to continence, at national and state levels.

The Foundation agrees that care and support systems must focus on the people receiving care and support services. Consumer dignity and choice must drive program and regulatory reforms, and improve service access, including access to continence services, to ensure quality care and support services are delivered to all recipients.

We welcome the proposed objectives and the emphasis on improving workforce capacity to meet the needs of care recipients and to enable access to care and support services that are easy to navigate, culturally safe, specialised and focused on care that meets the needs of the individual.

The Foundation notes that the National Care and Support Strategy is an important opportunity to recognise the need for higher quality and more accessible continence care, management and support, as well as recognise its impacts on health outcomes for recipients of care and support services.

However, the Foundation is concerned that the high-level and long-term focus of the Strategy, whilst necessary to developing overarching goals and promoting a coordinated approach between service sectors, may fail to consider the impacts that highly stigmatised and often underreported conditions, such as incontinence, may have on the provision of high quality and care and support. Incontinence amongst some of Australia's most vulnerable populations is under-researched, under-reported and highly stigmatised, despite it having detrimental impacts on an individual's development and quality of life. Incontinence is a major factor in excluding many Australians from social, educational and economic participation and generates a substantial burden of informal as well as informal care. A National Care and Support Strategy which seeks to improve the quality of care for Australians who require care and support across aged care, disability and early childhood must recognise the burden that incontinence has on individuals and their families and facilitate the development of a care and support system in which quality continence care and incontinence management is prioritised.

The Foundation's submission will focus on the following goals and their proposed objectives:

- 1: Quality care and support.
- 3: Productive and sustainable.

Recommendations:

The Foundation recommends that the forthcoming National Care and Support Economy Strategy enable the following:

- **The development of standards and guidelines which support best practice, evidence-based continence care and the preferences of individuals to meet their continence care needs, applicable to all care and support settings.**
- **The provision of on-the-job support, training and professional development that is independent, evidence-based and reflect best-practice to enable care and support workers to become and remain competent in safe and effective continence care and incontinence management.**
- **Recognition of incontinence as requiring basic and specialised care and ensure that the full range of continence care capabilities is sufficiently integrated into relevant units of competency across all qualifications in the aged care, disability and early childhood care and education sectors.**

Goal 1: Quality care and support

The Foundation welcomes the Strategy's emphasis on a holistic approach to addressing the shared needs of care and support workers, providers, and the communities they support through dismantling the traditional silo approach to policy development and implementation. We endorse the Strategy's recognition of the care and support economy's impact on equality and inclusivity, and the impacts that poor access to care and support may have on women and First Nations people, particularly those from lower income households.

The population groups in receipt of care and support across the aged care, disability and early childhood sectors are at high-risk of experiencing incontinence and associated health and wellbeing issues. The high prevalence and associated burden of disease and exclusion caused by incontinence means that care and support staff in all settings will inevitably be required to respond to individuals who experience it. These staff will be supported in their roles and tasks if they are equipped with the capabilities to provide appropriate, nonjudgmental care to incontinent individuals. Commitment to equipping care and support staff with continence care capabilities will also enhance the potential of the strategy to drive recruitment and retention of staff in the care and support sectors.

- It is estimated that there are 4.6 million Australians aged 15 years and over experiencing symptoms of urinary or faecal incontinence living in the community. This is expected to increase to over 6.2 million people by 2030.¹
- Women are three times more likely to experience urinary incontinence than men and 80% of those with urinary incontinence living in the community are women.^{1,2}
- 75-81% of residential aged care consumers in Australia experience incontinence, with most at higher severity levels³. The majority of people (71% of women and 65% of

men) were in the most dependent category, experiencing three or more episodes of incontinence a week that required assistance.³

- Incontinence is one of the top three critical factors in admission to residential aged care, and research indicates that its prevalence increases with time spent in residential care.⁴
- Incontinence 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, many of whom would be accessing home-based aged care services.¹
- The home-care population which lives with incontinence is also at a significantly higher risk of health complications including falls, dementia, impaired function of daily living, cognitive impairment, longer periods of hospitalisation and mortality⁵⁻⁸ indicating the considerable health needs of this population and requirements for appropriate supports.
- Approximately one in three Australians with a disability currently experience incontinence.⁹
- Over 19% of children beginning primary school in Sydney had experienced at least one episode of daytime wetting in the past 6 months, according to a population-based, cross-sectional survey¹⁰. Research indicates that delays in gaining bladder and bowel control during the formative years impacts health and wellbeing in adolescence and adulthood if a preventative approach and early interventions are not implemented.¹¹

Objective 1.1 People have access to the care and support they need.

We welcome the emphasis on a market which safeguards consumers, and which promotes choice and access to quality providers and a suitably qualified workforce.

The Foundation has continually highlighted the impact that incontinence has on health and development outcomes, and the need for greater access to quality care and support services for people with incontinence, including those who receive aged care and disability services. We continue to advocate for incontinence to be prioritised when addressing the need for accessible and high-quality care and support services.

The Foundation welcomed the strengthening of the Aged Care Standards, and we support the embedding of consumer dignity and respect at the centre of aged care. We see the revision of the aged care standards as an important initial step to rectifying the concerns identified by the Royal Commission, by older people and advocacy organisations. We recognise that the Standards alone will not solve the issues concerning quality of care provided, and that guidance materials and resources, and regulation that incentivises best practice, will be pivotal in ensuring outcomes for older people are in fact improved.

We continue to be concerned by the apparent lack of recognition of the impact of incontinence on the quality of care and well-being of individuals, and urge the Government to ensure that incontinence identification, continence care, treatment and management is more specifically addressed through the development and implementation of standards across the care and

support sectors. As addressed previously, given the prevalence of incontinence amongst people requiring care and support, staff working in these sectors will have to respond to incontinence care needs. There is evidence that incontinence is poorly managed in many settings currently and staff are currently poorly equipped to deal with it. Moreover, there is also evidence of unwillingness to deal with incontinence amongst care and support staff^{12,13}. Caring for incontinent patients is considered to be distasteful and delegated to the lowest paid staff. This may be a factor in inhibiting recruitment in the care and support sectors^{14,15}.

We suggest that a consistent and similar approach is required across the care and support sectors, to ensure that people in receipt of services are confident in the capacity of providers and staff to deliver the care they need, regardless of the setting in which they receive services. We recommend the development of standards and guidelines which support best practice, evidence-based continence care and the preferences of individuals to meet their continence care needs, applicable to all care and support settings. The Foundation is best positioned to work with the Australian Government to develop and implement a set of national continence standards which will support providers and aged care staff to deliver continence care that is safe, respectful, effective and person-centred.

Given the current poor level of staff skills and training, a comprehensive national framework of continence capabilities should be implemented, as well as funding and incentivising staff in care and support to undertake accredited training in continence care and management, with the opportunity to continuously advance their skills. A multidisciplinary workforce comprised of skilled staff, who are equipped to undertake tasks involved in caring for people with incontinence will enable a care and support system economy which is safe, effective, and person-centred in its approach to care, and able to prevent and reduce the co-morbidities associated with incontinence¹⁶. Continence clinics in Victoria were established as sub-acute multi-disciplinary ambulatory care clinics from 1996 and were funded through state/public hospital funding. These clinics are still regarded today as world leading for their highly effective intervention and treatment of incontinence in adults, with experts advocating for a similar approach to treating bladder and bowel dysfunction in children.

The Foundation recommends that the forthcoming National Care and Support Economy Strategy enable the:

- **The development of standards and guidelines which support best practice, evidence-based continence care and the preferences of individuals to meet their continence care needs, applicable to all care and support settings.**

Objective 1.2 – The workforce has the right skills and training to deliver quality care and support.

There is a high level of need for safe and effective continence care and incontinence management both within the community and in care settings. The high prevalence of incontinence in recipients of aged care and disability support services demonstrates the need for a workforce that has both the skills to meet the continence needs of people receiving their services, and the support required to deliver that care. The practice of containment (via the

use of continence aids) as a form of continence management is prevalent in care and support sectors, despite its lack of alignment with care that is person-centred and evidence-based.

More needs to be done to support the workforce to deliver continence care in a manner that is safe, effective and person-centred. This includes time and resources to deliver care which is tailored to an individual's needs and promotes their independence and dignity, in addition to training and education around safe and effective continence care and incontinence management. The Foundation continues to have concerns that the growing aged care and disability and early childhood care and support workforce lacks the skills and training to deliver high quality and person-centred continence care.

We also have concerns that revised quality standards introduced or applicable to care and support settings will be difficult to achieve if:

- the staff providing support and care are either not trained and educated, or are inadequately trained or educated in their VET-sector or undergraduate courses (foundation courses), in continence care and incontinence management, and
- once employed, staff and health professionals are not given adequate evidence-based, best practice or on-the-job support or professional development to provide safe and effective continence care and incontinence management.

In its review of the draft Certificate III in Care Support (Ageing), the Foundation noted that no Unit of Competence (UoC) specific to incontinence has been included, despite it being a condition that is highly prevalent in residential aged care. The Foundation, through drawing upon its multidisciplinary clinical membership base, is well-positioned to develop a comprehensive UoC to equip the future workforce to meet the growing continence needs of an ageing population.

Given the high number of people with disability who experience incontinence, the Foundation is also concerned that many workers providing care and support for people with disabilities are ill-equipped to deliver continence care that is contemporary, safe and effective. With continence care comprising a large part of the day-to-day tasks for support workers continence awareness and care must be integrated all relevant units of competency, including the Certificate IV in Disability Support.

We welcome the development of a Priority Workforce Initiatives Action Plan to ensure a sufficient number of workers with suitable skills and training to deliver care that is person-centred, and evidence based.

The Foundation recommends that the forthcoming National Care and Support Economy Strategy enable:

- **The provision of on-the-job support, training and professional development that is independent, evidence-based and reflect best-practice to enable care and support workers to become and remain competent in safe and effective continence care and incontinence management.**
- **Recognition of incontinence as requiring basic and specialised care and ensure that the full range of continence care capabilities is sufficiently integrated into relevant units of competency across all qualifications in the aged care, disability and early childhood care and education sectors.**

Objective 1.3 Workforce supply meets demand.

A strong, educated and highly skilled workforce that is capable of meeting the evolving needs of a population is integral to a high-quality support and care economy. Providing workers with secure, well-remunerated jobs with good career trajectory will support workers to deliver services which are safe, effective and aligned with an individual's needs.

Whilst the Foundation agrees that a sufficient number of workers is needed to support quality care, merely increasing the size of the workforce is not sufficient to reduce the burden placed on staff to meet the needs of the people receiving their care. The Foundation highlights the need for a coordinated multidisciplinary approach to provide person-centred care, with a focus on prevention and early intervention. Investment in and development of a continence specialist workforce to build capacity in all sectors to identify and address issues related to incontinence will address negative attitudes and a lack of confidence amongst existing and future staff. This will assist in tackling barriers to recruitment related to the need to address incontinence and build a strong and confident workforce capable of meeting the complex needs of the people who receive their care.

Objective 1.5 People are able to easily navigate systems, assess service quality and access care and support.

The Foundation welcomes the implementation of the Star Rating system to increase transparency and improve system navigation for consumers of aged care services. A system which enables adequate transparency and information for consumers and their families must be implemented across all sectors, including disability and early childhood, to promote quality care and support and enable consumer freedom and choice for all recipients of care and support services.

Objective 1.6 The contribution of informal carers is valued, and they are supported to sustain their caring roles.

The Foundation agrees that greater recognition be given to the role that informal and unpaid carers play in the care and support economy. The Australian Institute of Health and Welfare found three in four carers spent 40 hours or more per week caring for someone with incontinence, and those who care for people with incontinence reported feeling weary and lacking energy. They also experience depression at significantly higher rates than carers who do not care for someone with incontinence.^{17,18}

Primary carers aged 15-64 years who help managed incontinence also have lower levels of employment than carers who did not, (44.3% vs 55.4%), which indicates the high level of care people with incontinence require, and the demand this places on those who care for them¹⁷. This loss in productivity translate to negative impacts on carers financial wellbeing, with 49% of carers reporting to the Foundation's 2022 National Consumer Survey that caring for someone with incontinence impacts them financially¹⁹.

Goal 3: Productive and sustainable.

The Foundation agrees that good market stewardship is key in ensuring that care and support markets enable all service users to access high quality and efficient care and support services. Ensuring market deficiencies are addressed through incentivising providers to deliver high quality care and enable desired outcomes will be an important element of the Care and Support Strategy.

The development and implementation of a Pricing and Market Design Action Plan to support well-functioning care and support markets is supported by the Foundation. Incentivising providers to deliver care that is dignified, safe and person-centred will promote better outcomes and choice for consumers of care and support services. Integral to a well-functioning care and support economy is the implementation of National Continence Standards, which will underpin a workforce with the capacity to deliver high quality continence care.

Objective 3.3 Funding models support market sustainability, job quality for workers, and quality care and support, including consumer choice and control.

Whilst we commend initiatives to optimise high quality providers and promote transparency to meet the needs of care recipients, we remain concerned that endeavours to adjust funding models to drive desired behaviours do not acknowledge the impact of incontinence on health outcomes or recognise it as a cost driver.

The Foundation remains concerned about the capacity of the AN-ACC model to evaluate incontinence and to accurately recognise incontinence as a cost driver in aged care. The Foundation advocates for greater recognition of the true cost of continence care in the aged care sector and for this to be reflected in the funding model. Appropriate, evidence-based continence care that is responsive to an individual's needs can improve health outcomes in recipients of aged care services and reduce the costs associated with continence products and associated conditions.

Objective 3.4 Innovation is shared, adopted and adapted across the care and support sectors.

The Foundation agrees that regulation should focus on outcomes that best support individuals with care and support needs, whilst also being conducive to innovation. Innovation, including better models of care, must be accessible so that all providers can deliver care that is more person centred, as well as efficient and effective.

Conclusion

The Foundation welcomes the development of a draft National Care and Support Strategy, and the initiative to take a more proactive approach to the provision of care that promotes a better quality of life for all Australians.

We view this initiative and the subsequent development of specific strategies as an important step toward protecting the rights and dignity of all Australians requiring care and support. Importantly, it is an opportunity to recognise the impact that incontinence has on many people, and to implement measures that ensure continence care is evidence-based, high quality and person-centred.

The Continence Foundation of Australia has the expertise to support the improvements sought under the new Care and Support Strategy, through the provision of training, development of standards and demonstration of the benefits of good practice and evidence-based continence care. The Foundation's role as a health peak body, as well as our ongoing work engaging with Government reforms, our training and workforce development enables us to assist the Government and relevant Departments to implement the new Strategy to address the issues of substandard care in Australia's care and support system.

We look forward to continuing to contribute to this Strategy and its long-term goals and processes, and working with the Government, Departments, providers and workforce to realise the aims of the Strategy.

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