

# COVID-19: INDUSTRY, INFORMATION & RESOURCES UPDATE

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It has been another incredibly difficult and challenging month for the industry. Once again, with the pace at which the news is changing, we acknowledge that resources, information and support are of the most importance currently. We will continue to share information that is important to our community, but with a focus on helpful information, resources and guides that can assist along with recent updates and government announcements.

There are many excellent resources out there, and we highly recommend keeping up to date with all the Aged Care peak bodies, who continue to provide a great deal of support and information in this time; the Ageing Agenda, Talking Aged Care, the Weekly Source & the Donaldson Sisters for timely Aged Care news; and the Department of Health updates.

## COVID-19 HELPFUL RESOURCES

There are a number of resources that have been made available to help assist with the current pandemic.

### Information & general resources

- [Aged & Community Services Australia](#) (ACSA) have a page dedicated to up to date information on Covid-19 that affects the Aged Care Industry, as well as a collection of links to relevant information. You can [view the page here](#).
- The Department of Health (DoH) releases a daily COVID-19 newsletter which is shared with current subscribers to the DoH's mailing list. To subscribe, [sign up here](#). The DoH's advice for the Health & Aged Care sector specifically relating to COVID-19 [can be viewed here](#).
- The DoH's collection of resources specific to COVID-19 [can be found here](#).
- Further information provided by the DoH includes [managing COVID-19 in a facility in the first 24 hours](#); and an information fact sheet on [workforce contingency measures](#).
- The Australian Government has released [information on COVID-19 in 63 languages](#) other than English for culturally and linguistically diverse communities.
- Case studies on successful outbreak management that have been released by the DoH [can be found here](#).
- Communicable Diseases Network Australia (CDNA) have released [guidance for symptom monitoring in health & Aged Care workers](#), [guidance for the prevention, control and management of outbreaks](#) in Residential Aged Care facilities and [revised criteria](#) for the release of recovered persons from isolation.
- The Aged Care Quality & Safety Commission provide information and updates on the Commission's regulatory [response to COVID-19 here](#) and

have released resources on responding to a COVID-19 outbreak, *Are you alert and ready?* You can find the resources for [Residential Care here](#), and the resources for [Home Care here](#). They also have [Consumer Resources available](#).

### PPE & Infection Control Resources

- A video on the use of Personal Protective Equipment (PPE) is [available here](#).
- COVID-19 infection control training is available for all [Health Care workers here](#).
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) also provides eLearning modules for [infection prevention and control here](#).
- A [series of short informative videos](#) hosted by Dr Norman Swan (physician and ABC Journalist & Broadcaster) covering a range of topics to protect older Australians during COVID-19. The series, 'Your health is in all of our hands – keeping older Australians safe from COVID-19', is in partnership with Leading Age Services Australia (LASA) and the Older Persons Advocacy Network (OPAN) and is available on [YouTube](#).
- This [video](#) covers how and when to use PPE in Aged Care
- This [page is the Department of Health's advice](#) for Health & Aged Care workers when battling COVID-19, including when to use PPE
- The DoH's guide to using face shields [can be found here](#).
- [Care Collective](#) is a world first app designed with the University of Queensland for Aged Care workers dealing with COVID-19. The app is free for Aged Care Facilities throughout COVID-19 and aims to reduce the incidence and transmission of the virus within Aged Care by supporting kind, effective and safe behaviours.

### Dementia and COVID-19 resources

- Dementia Australia's Learning platform are offering [courses to](#) help carers with caring for people with Dementia throughout COVID-19.
- Dementia Support Australia (DSA) have provided a [resource for understanding and managing changed behaviours](#) when caring for people living with dementia.
- Dementia Training Australia (DTA) has [collated a number of resources](#) both general and specific to dementia care during COVID-19.

### Additional Support

- ACSA & LASA have joined to create the [Guiding Principles Support Hub](#) for members, aimed at [supporting both workers and Providers](#) to follow and implement the Guiding Principles for residential Aged Care.
- [Free counselling is available](#) to Victorian Aged Care workers whose regular working arrangements have changed as a result of the Guiding Principles.
- If there are any that you believe we have missed that would be helpful to share, please let us know at [team@providerassist.com.au](mailto:team@providerassist.com.au).

## ADDITIONAL FUNDING FOR COVID-19 RELATED COSTS SUPPORT

On the 21 August, [the Government announced](#) an additional \$170M in funding for COVID-19 related costs. The funding will be [injected into pre-existing Aged Care responses and preparedness measures](#):

- \$9.1M for the Victorian Aged Care Response Centre (VACRC) operations
- \$89.4M to support the workforce, including additional surge workforce, increased worker training and quarantine costs for interstate workers
- \$12.5M to support Residents and their families with grief and trauma support services, for those who have experienced a COVID-19 outbreak
- \$9M to the ACQSC to support more quality and compliance checks
- \$50.6M for the second instalment of the Aged Care retention bonus

This was followed by an [announcement on 31st August](#) – the last day of the Aged Care COVID-19 temporary funding supplement being paid to Providers – of an additional \$563.3M to extend the support.

A COVID-19 Support Payment of \$245M for all facilities will be paid via Services Australia by early October 2020. This payment is to be used for funding and supporting greater infection control capabilities, staffing costs and communications with families. Reporting on how the funding is used will be required in end of financial year returns. Providers will receive:

- \$975 per Resident in major metropolitan areas
- \$1,435 (approx.) per Resident in all other areas

The 30% increase to both the Viability and Residential Aged Care Homeless supplements will continue for an additional 6 months (until February 2021).

A third Aged Care workforce retention bonus of \$154.5M will also be provided, based on employment as at 30 November 2020.

\$71.4M will be provided for the Community Home Support Program (CHSP), for older Australians who have temporarily relocated from Aged Care facilities to live with family during the pandemic.

An additional \$92.4M will also be injected into the [Support for Aged Care Workers in COVID-19](#) (SACWIC) grant, extending the initial period from 8 weeks to 12. You can read more about this grant below.

## COVID-19 GRANT OPPORTUNITIES

[Grant opportunities for COVID-19 related costs](#) are also available to assist Providers. The [COVID-19 Aged Care Support Program](#) will reimburse eligible aged care providers for eligible expenditure incurred on managing direct impacts of COVID-19, opening in March 2020, is taking applications until May 2021. This grant is to reimburse eligible Aged Care Providers for qualified outlays incurred directly as a result of managing COVID-19 impacts. The [Support for Aged Care Workers in COVID-19](#) (SACWIC) grant is designed to assist approved Providers for workforce

costs associated with reducing infection transmission. The SACWIC grant is open until May 2021.

The [targeted Aged Care Business Improvement Fund](#) (BIF) announced in January 2020, is still taking applications. The grants are available to small to medium sized Aged Care Providers to support improving business operations, transfer ownership to another Provider, or to help deal with the costs of closing down, focusing in particular on those Providers who are in rural and remote regions affected by the 2019-20 Australian bushfires. Applications were set to close in May 2020, however with the onset of the COVID-19 pandemic, grants for the fund have been extended until 30 April 2021. Aimed at assisting Providers who have limited access to other financial support and are facing significant financial burdens that could lead to closure or impact the care of Residents, the [predicted impact of the pandemic on Providers](#) may have been considered in the extension of the availability of the grants.

You can [read more about the grants here](#), or if you are eligible for the Business Improvement Fund, or would like to find out more about business improvement strategies throughout the current climate, please call us on 1300 419 119 or [team@providerassist.com.au](mailto:team@providerassist.com.au). We currently have complimentary half hour business strategy review sessions available and would be happy to assist in any way that we may be able.

#### REACCREDITATION SITE AUDITS TO RESUME IN SOME STATES; INFECTION CONTROL SPOT CHECKS BEGIN

From early August the ACQSC is undertaking [Infection Control Spot Checks](#) via unannounced assessment site visits. The announcement highlighted that the site visit purpose is a monitoring visit, not a performance assessment, and will focus on infection control defences in order to prevent and / or respond to transmission of COVID-19. Sites that have known cases of COVID-19 will not undergo infection control site visits.

ACQSC's statement notes that although the infection control spot checks are a monitoring exercise rather than performance, where issues or concerns are identified, regulatory action may be considered to ensure that Providers are meeting quality standard obligations. In July, Prime Minister Scott Morrison had warned Providers that failing to enforce correct use of PPE [could result in them losing their accreditation](#).

You can [read the ACQSC's statement here](#).

The Commission's [July/August Newsletter](#) has signalled the return of reaccreditation site audits in some states and territories, as well as out of hours unannounced assessment and monitoring visits. The newsletter states that risk screening processes will be undertaken prior.

Unannounced visits from the Aged Care Quality & Safety Commission resumed in late June as stated in the [Aged Care Quality Newsletter from the 26th June](#).

## NEWMARCH REPORT

Late August saw the [release of the review findings into the COVID-19 outbreak](#) at Sydney Aged Care Facility Newmarch House from April to June 2020. The report is an independent review, commissioned by the Department of Health and undertaken by Professor Lyn Gilbert, an infectious diseases physician and Clinical Microbiologist; and Adjunct Professor Alan Lilly, an Adjunct Professor with Australian Catholic University, Registered Psychiatric Nurse and Registered General Nurse. The review of the devastating outbreak that took 19 lives explores 7 key areas of the outbreak at Newmarch:

- Emergency response
- Leadership and management
- Communication
- Staffing
- Infection prevention and control
- Medical and clinical care
- Family experience

[The review highlights](#) within these key areas loss of large amounts of staff, problems with PPE and the Hospital in the Home approach and lack of clarity between Government Health agencies that caused confusion for the Anglicare Board and Managers.

In the conclusion, the review also conveys that many relatives were grateful for care provided and the efforts of staff, and that '[it was] clear to the reviewers that Anglicare spared no effort or expense in responding to one of the most significant crises to occur' in Aged Care Australia. 20 key learnings were identified, and you can [read the report here](#).

You can read NSW Health's [response to the report here](#).

## ROYAL COMMISSION

A big month for the Royal Commission, with hearings resuming in late July, and Sydney Hearings 2 and 3 taking place in August. Sydney Hearing 2 tackled the response to COVID-19 on Aged Care. This additional inquiry was announced in May, and followed a request for submissions from Providers, recipients of Aged Care services and their families on the impact of COVID-19 on Aged Care. The hearing was [not a full investigation into the Victorian Aged Care outbreaks](#), but an examination of the Aged Care sector's response to the pandemic such as preparedness.

The hearing propelled Aged Care and the Royal Commission into the media spotlight. The Federal Government and the Aged Care Quality and Safety Commission came under fire, with [concerns raised that there was no plan or](#)

[strategy](#) to respond to Aged Care COVID-19 infections. You can read the [transcripts and view the exhibits of the COVID-19 inquiry here](#). On the 3<sup>rd</sup> September, the Senate censured Aged Care Minister Richard Colbeck for [failing to take responsibility for the crisis](#), dismissing deaths as a part of Aged Care and failing to recall the figures of the number of people who had died in Aged Care as a result of COVID-19.

A number of new Research Papers have also been released:

- [Research Paper 6 – Australia’s aged care system: assessing the views and preferences of the general public for quality of care and future funding](#) – Flinders University research on the views of the public on funding and quality of care for Australia’s Aged Care system;
- [Research Paper 7 – Models of Integrated Care, Health and Housing](#), an analysis of integrated models of care relating to health care, social care, and housing or accommodation;
- [Research Paper 8 – International and National Quality and Safety Indicators for Aged Care](#), which compares Australia’s Aged Care quality monitoring with other countries;
- [Research Paper 9 – The cost of residential aged care](#), covering the University of Queensland’s research into funding and how much funding would be required for Australian facilities to operate at the highest level of quality;
- [Research Paper 10 – Technical mapping between ACFI and AN-ACC](#). The Commission’s media release on Research papers 9 and 10 has declared that higher funding is needed;
- [Research Paper 11 – Aged care reform: projecting future impacts](#), which examines the key reforms that the Royal Commission is considering, and;
- [Research Paper 12 – Report on the profitability and viability of the Australian aged care industry](#) presents findings from a global professional services firm (BDO) analysing Aged Care Provider financial information.

Research Paper 6, based on a survey of 10,000 adults, who are not currently engaged in Aged Care services, found that increased funding for [universal access to high-quality services was strongly supported](#), and that [many Australians would support a tax increase](#) to support a quality Aged Care system. Research Paper 8, research undertaken by the South Australian Health and Medical Research Institute (SAHMRI) has concluded that [Australia falls behind other countries in monitoring quality in Aged Care](#), but believes that routine monitoring and reporting practices could be immediately established with existing data, without creating an additional burden to Providers.

Sydney Hearing 4, from 31 August – 3 September, is inquiring into a new Home Care system and transition. The following scheduled hearing will be held from 14 – 22 September, and will inquire into [Funding, financing and prudential regulation](#). The longest hearing seen by the Royal Commission this far – the [seven days will investigate aspects of finance](#) in the Aged Care sector such as funding models, financial sustainability and cost contribution.

Public Submissions were formally closed on the 31<sup>st</sup> July 2020, after previous extensions. Submissions on the impact of COVID-19 are open until 4 September 2020. The Royal Commission was approved a second extension in July, and a final report is now due 26<sup>th</sup> February 2021.

With a great deal of media reports surrounding the Royal Commission, the [Aged Care Guide](#), [Australian Ageing Agenda](#) and [The Weekly Source](#) are excellent sources of information. You can also access live and past hearings via the Royal Commission webcast channel [here](#).

## GUIDING PRINCIPLES FOR RESIDENTIAL AGED CARE

On 22nd July 2020 the *Guiding Principles for residential aged care – keeping Victorian residents and workers safe* was released. The Principles aim to minimise the potential risk of Aged Care workers transmitting COVID-19 unintentionally, by supporting workers who would generally work across multiple Aged Care sites. Currently, the Principles are only in place for the Melbourne Metro and Mitchell Shire and will be in force from 27th July until 25th September 2020, where it may be extended dependent on requirements.

Despite the Principles reducing the number of facilities that workers can work at throughout the 8 week period, [they will not be financially disadvantaged](#) with their usual income to be paid.

Developed by Industry leaders, peak bodies, unions and the Government, you can [read the Guiding Principles here](#). ACSA & LASA have also joined to create the [Guiding Principles Support Hub](#) to support both workers and Providers to follow and implement the Guiding Principles.

## VICTORIAN AGED CARE RESPONSE CENTRE

The [Victorian Aged Care Response Centre](#) (VACRC) has completed its first month and released an update on the operations from its start on the 27 July – 27 August. The report details data from the first month, including the number of acute outbreaks that it has responded to. You can [read the update here](#).

Minister Richard Colbeck appointed Commissioner for Senior Victorians, Gerard Mansour, as an [advisor to the VACRC](#), to engage with, support and inform families who have loved ones in facilities with outbreaks.

Prime Minister Scott Morrison announced in August that [all states and territories could also implement similar response units](#) as the VACRC if required – but none were to be set up at this stage.

Earlier in August, the Royal Commission backed Professor Joseph Ibrahim's call for a [National COVID-19 body to be set up for Aged Care](#) during the hearing into the industry's response to COVID-19.

## HOME CARE

Home Care waiting lists have dropped slightly during the first quarter of 2020, with the data showing [a drop of 838 of people waiting for a Home Care package](#) since the end of December 2019. The latest data for the January – March wait times continue to be long for those requiring a Level 4 package, with over 12 months wait to receive a Level 2, and another 12 months + to receive their Level 4. Over 103,000 people are currently on the wait list to receive a package, a figure which the [July announcement of 6,105 additional packages](#) will not make a big difference to.

Recent Royal Commission research, published in Research Papers 4 & 5, highlighted that [Australians of any age preferred to receive assistance in the home](#) to continue to live independently.

You can read the Gen Aged Care Data report, [Home care packages program data report 1 January – 31 March 2020 here](#).

The Commonwealth Home Support Programme (CHSP) also has [emergency funding support](#) still available for CHSP Providers, to assist with funding short-term support for CHSP service providers to continue delivering services to older Australians during the COVID-19 pandemic.

## AGED CARE VISITOR ACCESS CODE

The Aged Care Visitor Access Code, created by consumer & peak bodies for a nationally consistent code of guidelines has now been translated into a range of languages. You can find the [latest version, updated on the 23rd July 2020, here](#), as well as the translated versions. The most recent version had changes made to align with the Victorian government's Care Facilities Directions (No. 8). You can read the [First Review statement from the 29th May here](#).

## TECH & RESEARCH

There is positive news with recent research showing promising developments in the field of Alzheimer's and Parkinson's disease. As shared in our [Good News Stories](#) article, a single treatment has been able to replace neurons lost by Parkinson's disease, with new neurons, [eliminating the symptoms of the disease in mice](#); and scientists have found that oxytocin – known as the 'love hormone' – has appeared to [reverse the effect of a toxic protein associated with Alzheimer's disease](#) in studies also completed on mice. In addition, there have been steps towards a blood test that could [provide an accurate diagnosis of Alzheimer's Disease](#) in the early stages. This means that people could then be treated early on for Alzheimer's (and not another form of dementia), however scientists believe that the test could be used on the future to predict if someone currently experiencing no symptoms would develop Alzheimer's.

In more dementia research news, a recent study by 28 dementia experts has identified further risk factors (in addition to 9 previously identified factors) for increasing dementia risk – as well as lifestyle factors that could [delay or even prevent the onset of dementia](#). Adding the additional risk factors of excessive

alcohol consumption, traumatic brain injury and air pollution, the study theorises that minimising the risk with lifestyle changes could prevent or delay the onset of dementia. You can [read the study here](#).

In Sydney, a new clinic at Macquarie University has opened, which has been designed to [support older people who struggle with cognitive difficulties](#). The clinic, titled Macquarie Health's (MQ Health) Capacity and Capability Clinic, aims to assist people who are in the early stages of dementia or have other cognitive issues. Facing challenges with the lack of autonomy that can come with cognitive difficulties, such as decision making, the clinic utilises doctors, lawyers and clinical neurologists to support older people with health, financial and legal decisions. You can learn more about this exceptional clinic [here](#).

Further research into cognitive impairment in older people has found that [eye tracking technology could help with improved communication](#), by making both documents easier to read, and enabling preferences for care to be conveyed by those with impairments. The Flinders University research studied people between July 2017 and June 2018, asking them to read official forms for Aged Care recipients and tracked eye movements via tracking technology goggles. Eye movements can indicate sections skipped or found to be difficult to understand, meaning that more inclusive material can be developed. You can read the overview on the [Flinders University website here](#), and [read the full article here](#).

To tech news, and an Australian based company has sought to [assist the Aged Care sector with an immunisation register](#) that helps organisations to track current vaccine and virus test results. It was announced in April that all [Aged Care workers must get their flu vaccine](#) to enter facilities, and OnePassport Immunise is an immunisation management system, that also sends out reminders for re-vaccination. You can [find out more information here](#).

More Australian tech news with a new app: [Care Collective](#) is a world first app designed with University of Queensland for Aged Care workers dealing with COVID-19. Care Collective's aim is to reduce the incidence and transmission of the virus within Aged Care and between care workers, their Residents and families by supporting kind, effective and safe behaviours.

While Care Collective recognises that Aged Care workers are very experienced in infectious disease control management and patient care, they take a different approach by using behavioural science-backed gamification to shift behaviour through reward and recognition. The behavioural science app is used to inform, manage, and reward staff for behaviours ranging from:

- Keeping aware of the latest information, policies, procedures, toolkits and tips.
- Preventing the spread of COVID-19, keeping aware of your symptoms as a precaution, and staying at home if you are unwell.
- Mental and emotional health and resilience
- Helping others, keeping socially connected and working towards the greater good.

Care Collective is free for all Aged Care Facilities to use throughout COVID-19. You can [find more information here](#).

## AGED CARE WORKFORCE PANDEMIC LEAVE

In late July, the Fair Work Commission ruled that some [Aged Care workers were entitled to two weeks' paid pandemic leave](#). With COVID-19 seriously affecting the Aged Care industry, especially in Victoria, the commission ruled that Aged Care workers under the Aged Care Award, the Nurses Award and the Health Professionals Award would be entitled to a fortnight of paid leave each time they are required to self-isolate due to symptoms or are a close contact of a confirmed case (subject to conditions). You can read further on the criteria and the [Fair Work Commission's decision here](#). The leave will be in place for three months, from 29 July.

Peak bodies expressed concern that Providers would be liable for the payments, an [additional cost that they would not be able to afford](#) without support. A one-off, \$1,500 payment by the Victorian Government was [made available to Aged Care workers](#) who could not rely on sick leave when were self-isolating or quarantining on instructions from the department.

The Aged Care Workforce Retention bonus, originally announced in March, has [been continually criticised](#) for not including all Residential Aged Care workers, and the additional work required to apply for the bonus. In addition, in June the Government announced that the retention bonus would be taxed after all as it was considered income. The backflip was deeply disappointing to the sector and both peak body and union leaders have [expressed their disappointment in the Government's decision](#). It was reported that [1,500 Facilities applied for the grant](#), leaving approximately 584 who did not.

## PANDEMIC LEAVE FOR AGED CARE RESIDENTS

Emergency legislation was implemented in May that allows Residents the freedom to move out of Aged Care during a crisis (such as the current COVID-19 pandemic) without being penalised. Under current legislation, Residents can take leave up to 52 days annually for social non-hospital reasons. However, for any additional leave taken, an Aged Care facility will not be provided a subsidy, and these costs are generally passed on to Residents. With the combined crises of both the Australian bushfires and COVID-19, the new Government legislation will cover emergency leave (available in times of natural disaster or health epidemics). This ensures that both Residents and Aged Care facilities who are affected by such circumstances are [not financially disadvantaged](#). You can refer to the [Emergency Leave legislation](#) here.

## FUNDING & FINANCE

As reported in our last update, there are increasing concerns of the viability of the sector with the impact of COVID-19 as of yet unknown. The latest StewartBrown report conveyed a continuing trend of facilities operating at a loss, with [60% of Aged Care facilities in the red](#) at the start of the COVID-19 pandemic; and Aged Care Financing Authority's most recent report told the same story, with occupancy dipping to 89 per cent across all residential Aged Care places in 2018-19. (You can [view the latest StewartBrown report here](#) and the [latest ACFA report here](#).) Falling occupancy has also raised the concern of Refundable Accommodation Deposits (RADs) expected to be paid out, but with a lower number of people electing to pay a RAD – the [outflow looking much greater than the inflow](#). A recent survey by Fifth Dimension Consulting, sampling 1,000 people, revealed that [54% of respondents would consider removing their loved ones from Aged Care](#), with one in three saying they would make the move permanent.

The Royal Commission's recently released [Research Paper 6 – Australia's aged care system: assessing the views and preferences of the general public for quality of care and future funding](#) showed that [Australians are in strong support of increased funding](#), and access to high-quality Aged Care services for all recipients. Six aged care Provider organisations (LASA, ACSA, UnitingCare Australia, Baptist Care Australia, Anglicare Australia and Catholic Health Australia) have asked for Aged Care Service Providers across residential care, home care and the Commonwealth Home Support Program (CHSP), to [complete a survey](#) that will provide insights into the impacts of ongoing financial pressure. The survey aims to gather data on how financial constrictions may impact services and results used to provide evidence to support the ongoing advocacy to have the financial pressure on Aged Care service Providers addressed by Government. You can [access the survey here](#).

In late August, Prime Minister Scott Morrison also indicated that post the Royal Commission's final report (due 26 February 2021), there were plans for [new Aged Care spending in the Federal Budget](#).

## CYBER SECURITY

Cyber security has been a big topic recently, with a [ransomware attack on a Provider](#) occurring in early August. The cyber attack saw [personal data stolen and some released publicly](#). [The Aged Care Industry Information Technology Council](#) (ACIITC) [highlighted the importance of Cyber Security](#) in the Aged Care Industry, and the Australian Cyber Security Centre (ACSC) has released information specific to the Australian Aged Care and Health sectors on recommendations to help services in how to prevent and respond to cyber attacks. You can [find out more and read the recommendations here](#).

## GOOD NEWS

It has been an incredibly difficult month and we know that we still face a challenging journey ahead. However, there are still amazing stories that are being

shared – so much so that we were able to share a second collection of [Good News Stories](#). There are always moments of joy to share. One of our favourites this past month is a wonderful story of connection during the pandemic. An initiative by Feros Care, the ['Be Someone for Someone' campaign](#) launched with the intention of having strangers send letters and hand written notes to older people who were isolated. The target was set for 1,000 letters – however the target was reached in record time. Being able to recognise the difference that the program made, the campaign was kept open and anyone can participate – [check it out here and join in!](#) A beautiful reminder of the difference people are making to lives.

That's all for this month but check back in with us soon for another industry update!

See more at: <https://providerassist.com.au/news-resources/>



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