



**LASA**

**LEADING AGE SERVICES  
AUSTRALIA**

*The voice of aged care*

**Submission to Skills IQ consultation  
proposed Certificate III in Ageing Support**

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care, retirement living and seniors housing. Our purpose is to enable a high performing, respected sustainable aged services industry delivering affordable, accessible quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our members by providing information, services, training and events that improve their performance and sustainability.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our members include not-for-profit, faith based, private and government operated organisations providing age services across residential aged care, home care and retirement living and seniors housing. 57% of our members are not-for-profit, 33% are for profit providers and 10% of our members are government providers. Our diverse membership base provides LASA with ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

As a member of the Aged Care Workforce Council, LASA is committed to informing and supporting the Age Services Sector to implement a workforce strategy that reflects future trends, not just the issues of today.' A Matter of Care' refers to the importance of having such a strategy that reflects the evolving expectations of the consumer, (individuals, their families, their carers and their local communities) and ensure that it establishes the foundations for growing and establishing the current and future workforce.

When considering the proposed changes to the current Certificate III in Individual Support (Ageing) to a stand-alone Certificate III in Ageing Support, LASA has kept the current and future trends as articulated via our members' voices, along with learnings from the Royal Commission, central to our response.

## Skills IQ Consultation Feedback

At this point in time, the Age Services Sector does not have a mandatory qualification. It is only within the Commonwealth Home Support Program that the Australian Government recommends staff who are providing personal care support including assistance with client self-administration of medicine, a Certificate III in aged/community care or equivalent is desirable.

This is not reflected in the programs within the Aged Care Act, Home Care Packages and Residential Aged Care, noting that the approved provider has a responsibility to provide appropriately trained and skilled staff. The Sector has expressed concerns about the variance in skills within direct care staff due to the inconsistency of RTO's practices, relevance of core units and also the choice of electives.

To date the sector has dealt with the poor vocational preparation of aged care staff by employing people with the right attitude and personality to care rather than focusing on applicants' qualifications only. Many aged care providers then teach the skills necessary using the staff's right values as solid vocational foundation.

To relieve providers from providing entry training to staff new to the sector it is critically important for every aged care worker to complete some form of mandatory aged care training of relevant and comprehensive content. This training should be followed by ongoing support through a broad continuous professional development learning program incorporating both practical experience with formalised study.

The workforce competency gaps as identified in the A Matter of Care report, referred to personal care workers (PCWs) across **all** aspects of age services. To our knowledge, it did not differentiate between the skills of PCWs in a Residential facility and the home care environment.

These gaps included:

- basic care skills, such as hydration and nutrition
- specialist knowledge in areas like oral health, diversity, mental health, medication management, dementia and end-of-life care
- personal skills such as communication, assisted decision-making, diversional therapy, person-centred care and client relationships
- financial skills
- supervision, team leadership and people management.

## Skills IQ Consultation Feedback

### LASA Feedback:

- Creating a standalone qualification “**Standalone and specialised qualification for entry level workers in the aged care sector**”. Is the aged care sector being defined as only residential aged care? The aged care workforce moves across all service settings and it is important that they have transferable skills, noting the specialisations each service setting may require.
  - More than 1.3million people access or use some form of government funded aged care. As noted in ‘A Matter of Care’ the great majority receive home based care and support and relatively few live in RACFs. The number of people using residential care, home care and transition care has increased over the last decade. In 2017-18, 77% of people using aged care services in were not in residential care but using in-home care. Home care has seen the most growth, increasing by 116% between 2008 and 2018, while the number of people using residential care only increased by 16% in this period.
  - Disadvantage of creating a stand-alone RACF specific course - Defining aged care sector and targeting Ageing Support training **only** at residential aged care is not reflective of the integrated models of care and services being provided to Older Australians, nor is it responding to the current trends towards home care preferences and the current cohort of people living within Australia’s Residential aged care. In regards to the general cohort of residential aged care facility residents, most fall within two descriptors, having quite progressive dementia and/or needing palliative care support.

Furthermore, the proposal to remove the broad Certificate III in Individual Support which allows multiple specialisations will have unintended consequences for providers who operate not only across both Residential and Home Care services for Older Australians, but also for providers who provide services across the continuum for people with a disability as they age. The current Certificate III provided opportunities for staff to be multi skilled to be agile and confident in supporting a variety of client cohorts.

In regards to the naming of the qualification, the underlying principle within the aged care reforms and the impending aged care quality standards is consumer and person centred care. We currently have a qualification that actually refers to Individual Support, which recognises the individual. By a simple change in course title we are going back five - ten years where the majority of the community only viewed aged care as Residential care. As a sector and society we have come too far with recognising older individuals who are ageing have the right to be supported to age well, live well and die well in their environments of choice.

## Skills IQ Consultation Feedback

The Age Services Sector has not been disparaging of the structure of the Certificate III, rather the content that is included and just as importantly excluded in the current core electives. The majority of providers believe that the ability to obtain dual specialisations is a positive move and assist with workforce attraction, retention, upskilling and provides them as a service provider with skilled and competent staff, with a similar benchmark (as they all do the same core units), to respond to their changing clientele.

- **Qualification description “reflects role of workers in the community &/or Residential setting”** Consultation to date has identified the proposed new qualification will only be relevant to staff working within residential aged care settings.  
Clarification is needed as to whether this is the case. If so, then the reference to community needs to be withdrawn.
- Certificate III is entry level and then the goal would be for units from Certificate IV in Ageing Support to be considered after X amount of years’ experience. The intent of the Certificate III is about preparing the worker for entry into personal care activities, whilst being supported by organisation specific training. PCW’s should have the skill set to understand the individual’s care needs, provide the care and support and report factually and promptly to their supervisor. The outcome of this collective learning is that the direct care staff are confident in understanding and performing their duties within their scope of practice and also the importance of following directions and supervision.
- **LASA notes that the ASIRC has excluded the following units and as such will be retained as electives.** Our comments to this is as follows:
  - HLTHPS006 Assist clients with medication – LASA recognises the concerns the ASIRC has with the multiple state based jurisdictions, however in considering the outcomes from the Quality and Safety Commission accreditation/ reviews, medication management is a recurring theme. This has also been evidenced in some of the Royal Commission Provider Surveys regarding substandard care. This unit **should** be included within the Core units, however a review of the assessment practices would need to be implemented.
  - CHCCCS021 Respond to suspected abuse – feedback from the Age Services Sector is that this unit **should** be included as a core unit as it is one of many critical aspects that contribute to the provision of safe and personal centred care in all aged care settings. If not, then the content of the other core units that the ASIRC references its presence within will need to be updated and strengthened, noting this would be part of the stage 2 project consultation.
  - CHCPAL001 Deliver care services using a palliative approach – feedback from the Age Services Sector is that this unit **should** be part of the core

## Skills IQ Consultation Feedback

units. This qualification is designed for “workers who follow an individualised plan to provide person-centred support to people who may require support due to ageing”. If our society has a commitment to supporting older Australians to age well, live well and die well in their chosen environments, then all staff who are in the direct care roles should be supported to support older individuals to achieve this. The first aspect of providing this support is to provide a knowledge base with both theoretical understanding and procedural concepts.

LASA recognises that the ACIRC has stated that the above units will be consulted on in Phase Two and may then be reconsidered whether they are to be included in the core or the electives.

- **Units of competency to be included in the new Certificate III in Ageing Support**

- Feedback from our members regarding the **core** units is as follows: The inclusion of CHCAGE005 (Provide support to people living with dementia) as a core unit of competency is seen as a positive inclusion and long overdue.

Including CHCCS021 (Respond to suspected abuse) as a core unit is important as it is one of many critical aspects that contribute to the provision of safe and personal centred care in all aged care settings.

There is currently considerable duplication between a number of core units e.g. Provide individualised support (CHCCS015) and Support independence and wellbeing (CHCCCS023); also there is overlap between Working with diverse people (CHCDIV001) and Work legally and ethically (CHCLEG001). Will the ASIRC review the content in Phase 2 and consider combining into more succinct units which are generic to all areas of aged care?

- Feedback from the Sector regarding the **elective** units varies. In the main, LASA members have identified the need for variation and flexibility within the electives to allow an organisation address their specific service requirements. The Sector values the range of electives but questions if there should be core electives and then a number of additional electives for further organisation/setting specific specialisation. The challenge of course composition being that with greater flexibility comes the potential risk of further skill gaps. Noting that this would potentially increase the number of units from 13 to 15. Preferred electives included:
  - CHCDIS002 Follow established person-centred behaviour supports (as a follow up to the CHCAGE005)
  - CHCCCS017 Provide loss and grief support
  - CHCCCS025 Support relationships with carers and families

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- CHCCCS021 Respond to suspected abuse (noting the preference is this becomes a core unit)
- HLTHPS006 Assist clients with medication (noting the preference is this becomes a core unit)
- CHCAGE002 Implement falls prevention strategy
- HLTAHA019 Assist with monitoring and modification of meals (addresses nutrition awareness)
- CHCMHS001 Work with people with mental health issues
- HLTOHC001 Recognise and respond to oral health issues
- HLTOHC004 Provide or assist with oral hygiene
- HLTAHA019 Assist with monitoring and modification of meals and menu according to individualised plans
- BSBCUS301 Deliver and monitor a service to customers

Central to whatever units are to be included, and within whichever service settings the proposed qualification will be targeting, is the philosophical imperative that our direct care workers acknowledge, understand and respect that the care and support they are providing to older Australians must reflect the individual's uniqueness and rights.

To ensure the qualification is reflective of the future needs, it would be valuable for the ASIRC to have specific conversations with current and future consumers.

Thank you for the opportunity to comment on the proposed changes. Should you have any questions to the content included, please do not hesitate to contact me on [kerril@lasa.asn.au](mailto:kerril@lasa.asn.au)

Kind regards,



Kerri Lanchester

GM – Training & Events