



LASA
LEADING AGE SERVICES
AUSTRALIA
The voice of aged care

SUBMISSION TO SKILLS IQ DRAFT 2
CERTIFICATE III CARE SUPPORT

11 December 2019

*A strong voice and a helping hand
for all providers of age services*

Leading Age Services Australia

Leading Age Services Australia (LASA) is a national association for all providers of age services across residential care, home care and retirement living/seniors housing. Our purpose is to enable high performing, respected and sustainable age services that support older Australians to age well by providing care, support and accommodation with quality, safety and compassion – always.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 55% of our Members are not-for-profit, 37% are for-profit providers and 8% of our Members are government providers. Our diverse membership base provides LASA with the 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, carers and local communities) and ensure that it establishes the foundations for growing and establishing the current and future workforce.

When responding to the proposed Certificate III Care Support, LASA has kept the current and future trends as articulated via our members' views, along with learnings from the Royal Commission, central to our response.

Introductory remarks

Australia's ability to support older Australians to age well is dependent upon the quality of the people who provide these services. The demand for age services is growing at unprecedented rates, leading to increases in the need for professional services, care innovations and, fundamentally, workers to deliver these. Furthermore LASA recognises that the aged care workforce is the one essential ingredient in the delivery of quality aged care.

LASA agrees with Dr McEvoy QC that *'there is a need for a larger, better educated and better skilled workforce'*; we note also that there are barriers to attraction and retention and there is need to increase the training of staff and to better support staff.¹

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.

The industry has lost confidence in Vocational Education and Training (VET) programmes because many Registered Training Organisations lack understanding of the current operating environment in

¹ [A Matter of Care](#). Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce.

aged care. Further, the length and quality of course offerings in the sector varies significantly. LASA believes that future VET training should ensure that content is relevant, current and reflective of the age services environment now, whilst also forecasting the needs of the future.

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.

As noted in our earlier submission in response to Draft 1, the workforce competency gaps as identified in the A Matter of Care report, 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.

Issues with the new Certificate III in Care Support

LASA would like to acknowledge the ASIRC for taking on board the feedback from the Draft 1 regarding the need to retain the dual specialisations. The majority of LASA Members believe that workers' ability to obtain dual specialisations in aged (residential and/or home) and disability to be positive. In their view this flexibility will continue to assist workforce attraction and retention. Such a workforce would have a broader skills set. Employers will have more competent staff, with a similar skills set (as they all do the same core units), to respond to their changing clientele.

However, In LASA's view, the proposed Certificate III in Care Support has not evolved with the changing needs of the Age Services Sector, its clients and their expectations. As it currently stands there is a question as to whether it has the risk of promoting a task orientation, rather than that of a person centred approach to supporting individuals. The Sector has expected that the qualification will be transformed, but it seems that an incremental approach has occurred instead.

In response to your question, are the core units appropriate and do they provide the fundamental skills for job roles in aged care, LASA's response is that the proposed qualification does not address all essential learning needs for entrance into aged care employment. Whilst the approach of core and elective units is understandable in the design, we believe there should be an increase in core units. Skills IQ has explained in the LASA Members webinar the reason for retaining the number of

core units is ensure alignment against the Certificate III in Individual Support, however we believe core learnings are missing.

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. It is disappointing that the core electives do not include (*CHCCCS011 Meet personal support needs*).

Some learning units that LASA considers essential to the delivery of quality care are deemed optional units in the Certificate. For example, mandatory elective units for the ageing specialisation do not include palliative care but the majority of residents in RACFs are approaching the end of their lives and require palliative care. Further, medication management is an area in which heightened risk is evident but yet *HLTHPS006 Assist clients with medication* is an optional elective for both the *Residential Age Care* and the *Home and Community* specialisations. Whilst we understand there are State based medication regulations, the inclusion of this unit should be considered.

The Royal Commission has heard evidence relating to the benefit of good oral health on an older person’s overall quality of life, yet *HLTOHC004 Provide or assist with oral hygiene* is an elective. If personal care workers have a responsibility to provide such care and support to care recipients, particularly in the residential care setting, this content should be mandatory. LASA also suggests that the learning unit dealing with providing support to people living with dementia include managing anxious reactions associated with change. Anxiety will often precede agitation and aggression when viewed through a cognitive behavioural lens. LASA members have also expressed views that *CHCCCS021 Respond to suspected abuse* and infection control should form part of the mandatory electives.

Further, for the ageing stream a vast number of 26 learning units have been identified as possible electives from which RTOs can choose which ones they deliver. Whilst LASA members have identified the need for variation and flexibility within the electives to allow an organisation address their specific service requirements, LASA is concerned that this may contribute to ongoing issues with inconsistency in course content and potentially the quality of VET training for the Ageing and Home and Community specialisations. Making the qualification more flexible will only increase this risk.

LASA believes that future VET training courses should contain core components that have been informed by the learnings of the Royal Commission. These are seen as critical to allow a personal care worker to understand the individual’s care needs, provide the care and support and report factually and promptly to their supervisor., As referenced in our submission to Skills IQ/ASIRC initial consultation, LASA identified a number of core units that needed to be added to the national qualification, along with a range of elective units. These included:

- person-centred behaviour supports;
- providing loss and grief support;
- management of anxiety and adjustment to change;
- supporting relationships with carers and families;
- falls prevention strategy;

- assisting with monitoring and modification of meals;
- working with people with mental health issues;
- providing or assisting with oral hygiene and recognising and responding to oral health issues; and
- effective care for members of diverse population groups including Aboriginal and Torres Strait Islander people.

Ideally, as aged care recipients often live with multiple chronic health conditions and advanced frailty, it would be beneficial to include learnings that relate to observing and reporting changes in their health and wellbeing in order to escalate to one's supervisor, along with customer service.

In response to the question, are the electives appropriate to job roles in aged care? Yes they are, and there are many choices and flexibility. This raises questions regarding how it will work in a practical sense. Will RTOs develop a 'generic' program developed to attract as many course participants as possible? If this occurs, the result will be similar to the current situation where new employees are not 'job ready' in any of the three target sectors. Some of these elective areas represent critical job ready skills and it is our view they should not be left to choice.

Is the mix of core and elective appropriate? The totality of the units is acceptable, however the current proposed inclusions in core Vs mandatory electives Vs optional electives is not as addressed previously. Leaving electives to RTO's to decide is not the preferred way forward. Decisions on content will be made which reflect the RTO's own objectives and not those of providers. There should be a greater number of core units reflecting the need for consistency in the sector.

LASA members have raised a question as to whether there should be entry requirements for this qualification? There is concern regarding individuals who are enrolling in the qualification who do not have English as their first language, have challenges with both literacy and computer literacy and are being awarded the qualification. One of the LASA members expressed "*The level of English is also quite concerning. At interview our facility asks the applicant to answer a few basic question to assess their basic comprehension and written skills. Many don't make it past interview.*" Some qualified applicants do not have an understanding of Western culture.

LASA notes the sector's high reliance on a new migrant workforce. Activities involved in caring for older people, people with dementia and people who are dying tend to be deeply culturally embedded. Differences in cultural background can give rise to misunderstandings, cross cultural conflict or value clashes, challenging providers and their workforces. New migrants have particular education needs to familiarise them with the cultural view in Australia on ageing, human rights, gender issues, appropriate communication, understanding dementia and care for the dying. New migrants should be given the opportunity to learn about a 'culture of care' in aged care and to prepare them for any cultural difference they may encounter in their employment.

A concern also noted is that many qualified applicants do not have an understanding of customer service and the expectations of the Aged Care Quality Standards.

Some Members believe that without entry requirements that address such issues then the challenge to attract and expand a high quality workforce will be further complicated. The Australian Government and the Age Services Industry should want a better "entry requirement" for aged care entry.

LASA Members recognise the importance of employing people with the right attitude and personality to care. For entrance to the workforce, LASA Members believe that theory should be combined with experience-based learning with hands on practice undertaken in age services, either residential care setting or home care settings supervised by subject matter experts.

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.

Older Australians should be supported to live their best life possible, and a strong relationship focus is critical in achieving this. A client's best life goes far beyond the completion of basic tasks. The qualification needs to reflect a more ambitious focus and skill set for the aged care workforce, now and for the future.

There is definitely a challenge to create a qualification framework for aged care that develops the important skills for success both in a Home Care and Residential environment, skills that are more complex and more difficult to learn. Increasingly, workforce flexibility is going to be necessary to create the workforce of the future that can operate across residential aged care, home care and disability. The use of micro credentialing and skill sets are important considerations in building the flexibility that the qualification will require for the future.

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 or 1300 111 636.

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