



**LASA**  
LEADING AGE SERVICES  
AUSTRALIA  
*The voice of aged care*

# THE REIMAGINED PERSONAL CARE WORKER

Submission

11 August 2020

*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.

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## Background

LASA Members have been expressing a strong desire to see the Personal Care Workers (PCW) workforce better resourced through education, career development opportunities and professional regulation. To better reflect our Members' views, LASA has structured this submission around the attributes, knowledge and skills PCWs are considered to require to fulfil their work role into the future.

LASA Members want to see PCW equipped with the right knowledge, skill and attitudes, enabling PCWs to respond effectively to the personal care, health, ageing well, reablement and social needs of their care recipients.

LASA has been advocating for some time for a PCW workforce that is not just better equipped to meet care recipients' diverse needs but that PCW should also have career options available to them. For example, in March 2018 LASA wrote in its submission to the Aged Care Workforce Taskforce:

'That the Aged Care Industry Reference Committee, in close consultation with aged care providers, undertake the development of new career pathways beyond the career paths currently available within the care stream and management streams in aged care. There could be better articulation of career paths in aged care on a national level. These career pathways may be integrated with other sectors such as primary care and disability care.<sup>1</sup>

In July 2020 LASA provided a submission to a proposed Aged Care Worker Registration Scheme expressing support for PCWs to be regulated, thus introducing an additional layer of protection for aged care recipients.

'LASA fully supports the introduction of an Aged Care Worker Regulation Scheme because such a Scheme would contribute to reducing the risk of unsuitable workers entering and/or remaining in the personal care worker (PCW) labour market. Care recipients would benefit from a higher level of protection than is currently available. Employers would have a welcome additional tool for managing their workforce by having access to a list of screened

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<sup>1</sup> <https://lasa.asn.au/wp-content/uploads/2018/03/18-3-16-FINAL-Submission-to-strategic-imperatives-incl-date.pdf>

PCWs or to a PCW register that gives an indication about an individual's suitability for employment. In August last year 121 aged care CEOs who participated in LASA's Aged Care Futures Workshops gave near universal support for a registration scheme for PCWS that includes minimum qualifications and CPD requirements.<sup>2</sup>

Below LASA considers PCWs' current and envisaged future roles and responsibilities and the knowledge, skills, capabilities and attributes they require to fulfil these roles.

## This submission

The goal of the consultation process that Skills IQ is undertaking is to redesign the role and qualifications framework for the personal care worker.

Rather than directly answering the specific consultation questions raised in the Skills IQ paper, LASA has undertaken a preliminary mapping of the requirements for the personal care worker role.

This mapping process involves asking:

- what are the current requirements for personal care workers;
- where do those requirements need to be changed to reflect concerns raised in the Royal Commission and elsewhere; and
- what elements of the requirements do staff currently have the most difficulty fulfilling?

As part of this process, particular attention was paid to issues highlighted by Skills IQ's consultation questions, including:

- reablement and healthy ageing
- soft skills
- levels of autonomy
- admission / discharge
- general information technology
- assistive technology
- telehealth
- working with other health professionals
- general vs specialist skills
- limits of the scope of the role

The process followed by LASA involved condensing 35 position descriptions for PCWs received from LASA Members into a single document. This then formed the basis for a discussion with LASA Members that has been written up into this submission.

We had initially planned to differentiate this discussion by different PCW roles, such as home care and residential care, and entry level vs team leader roles. However, with COVID-19 outbreaks worsening around Australia we have only been able to undertake a preliminary mapping process. Where possible we have noted where there are major differences in an aspect of the role between residential aged care and home care.

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<sup>2</sup> <https://lasa.asn.au/aged-services-in-australia/lasa-submissions/>

The remainder of this submission is structured around different parts of the PCW position description.

## Purpose of PCW role

The PCW's work is framed by the Aged Care Standards, many of which the PCW operationalises in their care delivery.

Descriptions of the purpose of the PCW role vary. In general, purpose statements are broad and aspirational. The main elements of purpose statements are roughly as follows:

Throughout the care recipient's ageing journey the PCW as a member of a multidisciplinary team:

- contributes to meeting care recipients' physical, social, spiritual, emotional and mental health needs;
- encourages and supports the care recipient to be the best they can be within a framework of healthy ageing and/or reablement;
- ensures care recipients' dignity, and enables them to exercise choice and control over their lives;
- delivers care to people with dementia that supports them to live their best life possible including through management of behaviours;
- contributes to the delivery of palliative care and end-of-life care.

Several key points are worth making about purpose statements:

- generally they do not directly mention customer service or relationship elements of the role
- in some cases they are relatively narrowly task focused though this is uncommon
- they are often very broad and ambitious (as is typical for purpose statements) and have little to say on limitations of the scope of the role.

## Reporting and autonomy

PCWs formally report to their supervisor who tend to be in coordinator or managerial type positions, including registered nurses. In residential aged care facilities (RACFs) on each shift, PCWs report to a team leader or a registered or enrolled nurse in charge of the shift.

Within residential care, PCWs are typically closely supervised with limited autonomy.

Members would prefer to be able to increase the autonomy and flexibility of personal care workers, particularly in the context of consumer directed care. In order to be responsive to their care recipients PCWs need to have a clear understanding of the principle of Dignity of Risk and have the judgement to apply it appropriately in diverse circumstances and settings. PCWs further need to possess excellent communication skills to clarify their care recipients' wishes and negotiate when and how to best meet these.

Services recognise that workers will require additional training, and be supported to develop appropriate judgement if they are to operate more independently. It is important ensure that autonomy is only granted within the scope of activities that PCWs are appropriately comfortable and competent to undertake.

There are lessons that can be learnt from efforts to support increased autonomy for home care workers, noting that the needs of clients in residential care are typically more complex.

### Supervision by a health care professional

Separate from broader issues of autonomy and reporting, many tasks undertaken by PCWs require supervision where necessary from an appropriate health care professional. Depending on the nature of the activity, the supervising health care professional may be a registered nurse, a pharmacist, a doctor, an occupational therapist, a physiotherapist or psychologist.

### Differences between home care and residential care

PCWs' work roles between residential care and home care differ fairly significantly. For this reason aged care providers tend to have different position descriptions for these two roles.

One difference between home and residential care arises from some of the activities PCWs engage in, such as assisting care recipients with household chores. Another important difference is that in home care PCW work in a largely autonomous way without direct supervision from their employer.

However, home care recipients tend to be more able /confident to observe the PCW's work performance and can provide feedback to the employer. One avenue of supervision would be for providers to establish a system of contact with the care recipient or their appointed substitute decision maker to seek feedback on the PCW's work. Already, many providers make unannounced visits several times a year to the care recipient's home while the PCW is present. The frequency of the above proposed checks should be increased with greater vulnerability of the care recipient, such as being socially isolated, developing dementia, being aphasic or having a disability that potentially increases their vulnerability to abuse and neglect.

## Attributes, activities and skills

### Attributes

Attributes typically required for a PCW to be successful in the role are:

- Respect for older people and deriving enjoyment from dealing with older people
- Strong motivation of wanting to make a positive difference in older peoples' lives
- Good interpersonal and communication skills, empathy
- Enjoys teamwork
- Responsible attitude to own work
- Attention to detail
- Enthusiasm and personal drive
- Initiative
- Willingness to learn and develop
- Ability to handle pressure

Members did not identify any particular attributes which were the most difficult for staff to embody. However, general comments were made about the difficulty of finding staff that embodied all of these attributes. This suggests the need for formal qualifications and ongoing training to support staff to embody these characteristics.

## Foundation knowledge

Members emphasised a number of areas of foundational knowledge that PCWs require to be fully competent in their role.

These key principles are:

- Consumer-directed care
- Supporting care recipients' personal dignity, choice and control
- Dignity of risk
- Professional boundaries
- Principles of protecting confidentiality
- Principles of supported decision-making
- Principles of healthy ageing and a wellness approach to care
- Principles of identifying, intervening in and preventing elder abuse
- Respecting and responding to diversity
- Reablement care
- Principles of end-of-life care and palliative care
- Principles of working in multidisciplinary care teams
- Principles of continuous quality improvement
- Principles of Work Health and Safety
- Principles of infection control
- Code of Conduct for once this becomes available

It is however difficult to expect PCWs to be capable of the above upon entry to the job.

## Skills and activities

Personal care workers undertake a wide range of activities and therefore require a wide range of associated skills.

### *Care*

The focus of traditional personal care worker role descriptions has usually been on different elements of the care that they deliver. Below we have divided these elements into personal care, social care and health care. The relative attention given to these tasks will differ between residential care and home care based on client need. Typically there will be a greater focus on social care tasks for PCWs in a home care setting, and a greater focus on personal care and health care in a residential care setting.

### *Supervision*

As noted earlier in this submission, a key challenge is to define the scope of the personal care worker role and the degree of supervision and independence expected with respect to undertaking these activities. This generally is not addressed in detail within position descriptions, though position descriptions may and should emphasise when activities are undertaken under supervision, when that supervision must be an appropriately qualified health professional.

### *Personal care*

Typical tasks relating to personal care can be summarised as:

- assists care recipients to meet their needs in relation to hygiene, grooming, nutrition, bodily eliminations and ambulation. This includes maintenance of oral health.

- adapts care to changing personal care needs throughout care recipients' ageing journey.
- assists the care recipient with Activities of Daily Living
- supports the care recipient to engage in meaning giving activities.

Oral health was highlighted by the Royal Commission as a particular challenge, and Members agreed that this is an area where additional training to develop workforce skills would be beneficial.

### *Health care*

Typical tasks relating to health care can be summarised as:

- assists the care recipient with their medication administration, within the scope of practice of the Medication Administration Competency Endorsement;
- monitor care recipients' physical wellbeing, including for signs of pain and vital signs. Report promptly any observed deviations from normal to the registered nurse. Compare vital sign readings to the normal range for specific care recipients and report any deviations to the registered nurse;

The view of Members that participated in the consultation was that in the future all PCWs in residential care and home care should have a full Medication Administration Competency Endorsement included in their entry-level certificate training. PCW without this endorsement should be encouraged to obtain it. By all or most PCWs having this endorsement it would be ensured that assistance with medication is delivered to care recipients with improved knowledge and skill and thus safety.

### *Social care*

Social care can be used to refer to aged care more broadly, but here we use the term to mean providing assistance with maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations, helping them to manage complex relationships.<sup>3</sup>

Typical tasks relating to health care can be summarised as:

- assists with household chores either within a therapeutic wellness approach and/or via substitution for functional loss with care,
- assist the care recipient to engage socially,
- respond to care recipients' mental health issues including depression, anxiety and loss and grief,
- observe care recipients for any warning signs of elder abuse and report any suspicion to the supervisor,
- assist care recipients to communicate via IT platforms, including basic assistance with the establishment of telehealth consultation links

Key challenges with providing social care include:

- staff being able to enable and support the function of the client where possible, rather than unnecessarily completing tasks for them,

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<sup>3</sup> <https://www.continuing-healthcare.co.uk/continuing-healthcare-guidance/difference-between-healthcare-and-social-care>

- limitations in IT literacy of the PCW workforce also create some challenges in playing a role in using IT literacy to enable social connection. Many PCWs have a very high degree of IT literacy but this is not always the case,
- observing and monitoring for signs of abuse and neglect is also a particular skill that should be an important part of PCW training.

### *Cognitive decline*

Many personal care workers, particularly in residential care, will spend a significant proportion of their time caring for people experiencing cognitive decline. This requires specific skills and competencies and should be highlighted in position descriptions, and supported in training.

- communicates (verbal and non-verbal) with people living with cognitive decline,
- identifies and assists in appropriately responding to signs of distress in people living with cognitive decline,

### *Healthy ageing/Enablement*

As noted above, there is increased recognition of the need to support healthy ageing and reablement. However, this shift is not always reflected in position descriptions or in the skills and mindset of the workforce.

Position descriptions sometimes make reference to:

- devises and/or implements ways of 'Doing with rather than doing for' the care recipient with the goal of restoring or maintaining the care recipient's functional abilities,
- competently supports care recipients in their use of assistive technologies.<sup>4</sup>

Ability to understand the concept of dignity of risk is also critical to safely and effectively supporting healthy ageing.

### *Consumer directed care*

The consumer-directed care paradigm requires PCW to acquire some specific communication skills that enable them to understand care recipient's directions and wishes and to deliver support and care against these.

- listening and responding to care recipients' communications (verbal and non-verbal),
- negotiation and coming to an agreement with care recipients, and
- understanding of when requests need to be escalated.

### *Relationship based care*

Apart from the need to be responsive to this wishes of older Australians within a consumer directed framework, it also important for personal care workers to be able to form personal relationships with older Australians. Despite this being a critical part of the role it is not typically emphasised in position descriptions.

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<sup>4</sup> Assistive technology is assistive, adaptive, and rehabilitative devices for people with disabilities or the elderly population. People who have disabilities often have difficulty performing activities of daily living independently, or even with assistance.

### Other skills and activities

In reviewing the consolidated position description, Members observed that care related tasks were very heavily emphasised, whereas as other important skills were given significantly less emphasis.

### Customer service skills

Clients in an aged care setting are more than just consumers. However, aged care is a service and customer service skills are as important if not more important in aged care than they are in other service settings like hospitality.

Relevant customer service skills include attentiveness, responsiveness to requests, the ability to appropriately communicate when a request cannot be dealt with immediately, listening skills, the ability to receive feedback appropriately, as well as communicating with general warmth and friendliness.

### Communication

PCWs need a range of communication skills. In addition to those directly related to delivering care they need:

- Language, literacy and numeracy (LLN) skills sufficient to communicate about care matters, including with health care professionals
- Ability to interpret written care plans and reports.
- Competent use of communication and information technologies.

Members reported that there were often deficiencies in these more general skills. Increased emphasis on building capacity for communication skills would assist in enabling broader care tasks.

### Maintaining a healthy work and care environment

Some significant differences exist between home care and residential care in the knowledge and skills required by PCWs, particularly for infection control and Work Health and Safety. Required elements typically include:

- Under direction of the registered nurse implement the infection control plan as appropriate.
- Under direction of the person responsible for WHS implement the WHS plan as appropriate.
- Capability to contribute to quality improvement activities.
- Capability to work constructively within the multidisciplinary team and contribute positively to the team's functioning.

## Specialist roles and skill differentiation

As noted earlier in this submission, there was not sufficient time to explore variations in PCW roles. However, Members all emphasised the need to describe opportunities for career progression, including the skills based differentiation and specialist roles.

Some opportunities for skill differentiation include:

- between advanced and foundation skills in relation to cognitive decline
- between advanced and foundation skills in relation to reablement, particularly in assisting allied health workers
- between advanced and foundation skills in relation to mental health issues

- between advanced and foundation skills in supporting meaningful activity for people with significant functional impairment
- between staff with certificate III and certificate IV qualifications

The acquisition of specialist skills should offer PCW opportunities to develop their career in an area of special interest, including:

- Team leadership
- Behaviour management in dementia care
- Palliative care and end of life care
- Aged care in rural and remote settings
- Healthy ageing and reablement approaches
- Older persons' mental health

Thank you for the opportunity to comment on the Reimagined Personal Care Worker Discussion Paper. Should you have any questions to the content included, please do not hesitate to contact either Ms Karen Murray, LASA Workforce Development Manager [karenm@lasa.asn.au](mailto:karenm@lasa.asn.au) or myself on [kerril@lasa.asn.au](mailto:kerril@lasa.asn.au)

Kind regards,



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