Industry feedback – Vocational Qualifications

Submission

12 March 2021

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.

Background

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 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. Over the past three years we have provided multiple submissions regarding the industry's views on the appropriateness and currency of Certificate qualifications within our industry.

When responding to the questions, LASA acknowledges our Members' views around the attributes, knowledge and skills PCWs are considered to require to fulfil their work role into the future as per our submission submitted to Skills IQ in August 2020.

LASA Members want to see PCWs 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. We have considered PCWs' current and envisaged future roles and responsibilities and the knowledge, skills, capabilities and attributes they require to fulfil these.

This submission – introductory remarks

The goal of the consultation process is to provide input into the qualifications to ensure that they are fit for purpose both now and into the future.

In considering our responses we have considered:

- 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?
- What elements of the requirements do staff currently have the most difficulty fulfilling?

We have taken the liberty to include the most salient points from our August 2020 submission to set the scene to responding to what is required in Certificate qualifications.

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. Not surprisingly, descriptions of the purpose of the PCW role vary. In general, purpose statements are broad and aspirational. However, being part of a care recipient's ageing journey, the PCW can cover the following roles as part 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.

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 noted the difficulty of finding staff that embody all of these attributes. This suggests the need for formal qualifications and ongoing training to support staff to develop these characteristics.

Foundation knowledge

Members identified the key principles and foundational knowledge that PCWs are required to understand and be able to operationalise be fully competent in their role:

- 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, once this becomes available

Skills and activities

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

Skills / knowledge requirements	Activities / typical tasks
Personal care	- 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 (noting oral health is an area where Members have acknowledged additional training to develop workforce skills would be beneficial). - Supports the care recipient to engage in meaning giving activities.
Health care	- 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. **For noting**: The view of LASA 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. PCWs 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 (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)	• 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.
Supporting people experiencing cognitive decline	• Effective communication (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	• 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. • Ability to understand the concept of dignity of risk is critical to safely and effectively supporting healthy ageing.
Consumer directed care	• Understand and respond to a 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. • Understanding of when care recipients' requests need to be escalated to the supervisor.
Relationship based care	• Form personal relationships with older Australians.
Customer service skills	• Communicating with general warmth and friendliness. • Being attentive, responding to requests • communicating when a request cannot be dealt with immediately. • Listening • Ability to receive feedback appropriately

Communication	• Language, literacy and numeracy (LLN) skills sufficient to communicate clearly about care matters, including with health care professionals. • Ability to interpret written care plans and reports. • Competent use of communication and information technologies.
Maintaining a healthy work and care environment	• 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.

LASA believes that any Certificate qualification must be able to quickly adjust to the changing needs of the Age Services Sector, its clients and their expectations. It must not promote a task orientation, instead teaching a person-centred approach to supporting individuals. The sector hopes that the qualification will be transformed to address all essential learning needs for entrance into aged care employment.

LASA Members believe that our future VET training courses should contain additional core components that address gaps in PCW knowledge and skill as identified by the Royal Commission. These are seen as critical to allow a PCW to understand the older individual's care needs, provide care and support, and report factually and promptly to their supervisor

LASA notes the Aged Services Industry Reference Committee's (ASIRC) proposed amendments within the CHC33021 Certificate III in Individual Support and is pleased to see that the qualification is designed to meet the care needs of care recipients in the community and residential setting.

If our society is committed to supporting older Australians to age well, live well and die well in their chosen environments, then all staff in direct care roles should be able to support older individuals to achieve this regardless of care setting. The most fundamental enabler for staff is to provide them with the theoretical knowledge and practical skills they require for this. In this context, we are pleased to note that one of the core units now proposed includes the merged (CHCCCS011) Meet personal support needs and CHCCCS015 Provide individualised support.

In reconsidering the qualification statement, one point we would like to make is that the degree of supervision within the home care role, is less than that in the residential care setting. In saying that, it is reassuring to note that the qualification recognises that the work to be undertaken will require discretion and judgement in relation to individual support, working independently and taking responsibility for own outputs within the scope of the job role.

As stated in our submission to Skills IQ's Draft 2 Certificate III Care Support in December 2019, 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 previously explained to LASA and our Members that the reason for retaining the number of core units is to ensure alignment against the Certificate III in Individual Support. However, LASA is strongly of the view that some core learnings are still missing.

LASA supports the inclusion of the mentioned core units and agrees that they are applicable to both the aged care and disability cohorts. We do believe that other units such as HCCCS033 Respond to suspected abuse should be included in the core units. We also believe that HLTOHC004 Provide or assist with oral hygiene should not be a group C elective if we are going to uphold the learnings from the Royal Commission. We have all heard the evidence relating to the benefit of good oral health on an older person's overall health and quality of life. If personal care workers have a responsibility to provide such care and support to care recipients this content should be mandatory.

LASA congratulates the ASIRC on its inclusion of 'Provide support for people living with dementia' and 'Deliver care using a palliative care approach' as mandatory electives within group A for the Ageing speciality. We also note the list of electives in group C. Whilst LASA appreciates the diversity of choice provided, we do note that oral care and a specific unit relating to nutrition and the mealtime experience would be beneficial for support workers / personal care workers.

Medication management is an area in which heightened risk to care recipients is evident, yet HLTHPS006 'Assist clients with medication' is an optional elective. Whilst we understand there are State based medication regulations, the inclusion of this unit should be considered. As per our previous submissions we believe that a minimum educational requirement is needed to establish a national benchmark for all support workers/ personal care workers. This requirement should include assisting clients with medication. Ideally, 'Assist clients with medication' would have also been considered within the group A electives and expanded the number to three units.

As stated in previous submissions, the downside to a large number of electives is the resulting inconsistency in knowledge and skills amongst our direct care workforce. It also 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 individual learners' choice. We do not believe the responsibility of deciding on electives and ultimately dictating the preferred way forward should rest in the hands of RTOs. If this occurs, then decisions on content will be made which reflect more the RTO's own objectives than those of employers. There should be a greater number of core units reflecting the need for consistency in the sector.

Orientation to working in industry

Question 1 - Should a new unit/s be developed to provide an orientation to working in the aged care or disability sector? This may include for instance, development of a contemporary view on ageing and support for the older person, responding to anatomical and physiological change that are a function of normal ageing, understanding of a range of different types of disability and functional capacity, services structures that are available to support older people, etc. If such a unit was developed, what do you think it should include and should it be a single unit or two separate units – one for ageing and one for disability support?

Members who participated in this consultation process supported the suggestion of having separate units for Ageing and Disability, noting the differences in cohorts. Support was shown for having orientations that include training on the Industry service structures, systems available for support (NDIS overview, My Aged Care overview), contemporary terms and underpinning philosophies. Also considered important was information pertaining to aged care reforms, and impending response from the Government regarding Royal Commission recommendations.

It is acknowledged that many providers already provide in-service on the Aged Care Service System but such in-service could build on the nationally consistent information included in the Cert III course. Also deemed important was information about relevant standards e.g. Aged Care Quality Standards, what they mean to the older person and the employee, principles of wellness and reablement and their applicability to supporting Older Australians.

Person-centred care was considered of critical importance, and Members noted that person centred care could be applicable for both cohorts. Other suggested that topics include mandatory reporting (Serious Incident Response Scheme) for aged care, elder abuse and neglect and restraint.

Question 2 - HLTAAP001 Recognise healthy body systems in core of Certificate III in Individual Support.

The relevance and appropriateness of continuing to include HLTAAP001 Recognise healthy body systems in the core of the Certificate III in Individual Support has been questioned. This unit is from the HLT Health Training Package and cannot be amended in this project.

   a) **Should this unit be removed from the core of the Certificate III and if so, how should the content regarding basic level anatomy and physiology that is required by a personal care worker be reflected?**
   b) **Is this something that could be included in a potential orientation to working in industry unit as outlined in question one?**
   c) **Is it better to retain the HLTAAP001 unit as currently included? Or should a new unit be developed that covers human body systems to support personal care or similar?**

This unit should remain as a core unit in the Certificate III and not be included in a potential orientation to working in industry unit. LASA believes that the unit should be retained because it:

- Includes information about the human body (body system and other structures).
- Recognises and promotes ways to support healthy functioning of the body.

- Instils knowledge relating to basic structure and functions of the body systems, processes, conditions and the resources required by the body to support healthy functioning.

Some Members suggested that there may be too much of a medical focus so there needs to be a slight adaptation in the focus, possibly incorporating a practical way to link practice/care actions with relevant body systems.

In response to the suggestion of incorporating human body systems to support personal care, Members have suggested that including information that covers recognising deterioration in health status would be very beneficial. Suggestions have included:

- The signs of ageing and the effect impairments/disability can have on the body and mind—education on how to look for changes and what to do.
- Identify common complaints and symptoms to look out for e.g. heart attack, UTI, dementia, depression.
- Information on the importance of focusing on how the care contributes to a healthy body e.g. how poor care may cause an UTI, decreased nutrition (poor oral care), etc.

Question 3 - **Potential merge of CHCCCS031 and CHCCCS023.**

The updated CHCCCS031 Provide individualised support unit merges the existing CHCCCS011 Meet personal support needs and CHCCCS015 Provide individualised support. There has been feedback that indicates this could be further merged with relevant content from CHCCCS023 Support independence and wellbeing. Would you be supportive of merging the content of this additional unit? Why, or why not?

Members have suggested support of the merger under the caveat that there is unit content expansion to the proposed CHCCCS031 Provide individualised support. If this does not occur we believe there are key learnings that are not covered. Such an expansion / merger must ensure that training to care-workers focus on supporting care recipients' independence and wellbeing, within the philosophical framework of wellness and reablement. Members also suggested that this should be assessed not only in theory but also in workplace training/work placement in a practical skills assessment.

CHCCCS031 has a different learning content compared to CHCCCS023.

CHCCCS031 relates to 'organising, providing and monitoring personal support services for a person within the limits established by an individualised plan'. The key elements relate to:

- Determine personal support requirements
- Provide support services
- Monitor support activities
- Complete reporting and documentation

Whereas CHCCCS023 focuses in more detail on:

- Recognising and supporting individual differences (social, cultural and spiritual; discussing own values and supporting the client to express own identity and preferences; considers individual needs/strengths/ identity and sexuality).

- Promoting independence (own strengths; self-care).
- Supporting physical wellbeing along with social, emotional and psychological (good health/ mental health issues / indications of abuse and neglect / scope of practice as support worker).

These important learnings, currently achieved via CHCCS023 cannot afford to be lost or diluted in the proposed merger of the two units.

Question 4 - Meal preparation skills and knowledge.

The updated unit CHCAGE012 Provide food services now focuses on food safety, assembly and delivery of meals and clearing of trays and other equipment.

   a) **Should a new unit/s relating to meal preparation be developed and what should this unit contain?**
   b) **To what extent is a personal care worker at Certificate III or IV level going to be engaging in food preparation?**
   c) **What skills and knowledge will they need? Suggestions include allergen management, texture modification of food, nutrition and specific diets, cooking in a person's home etc.**
   d) **Should these areas be covered in a new unit/s or is this content already covered in existing units? If so, which ones?**

The provision of aged care support spans not only a variety of settings but also a myriad of activities resulting in direct care staff contributing and being involved in a variety of ways. Members support the development of a new unit that reflects the variability in roles relating to meal preparation. It is important that we have a minimum standard of understanding which can be built upon. Members reported a strong desire for a unit to contain:

- Basic nutrition
- Healthy food choices
- Basic food safety, including, identification of food hazards, allergen management, infection control, hygiene
- Cooking in a client's home (meal preparation and planning considering all aspects of the client's life)
- Understanding the importance of good nutrition and hydration and the benefits of the dining/mealtime experiences.

The importance of customer service was also mentioned as integral to this aspect of support. Furthermore, it was noted that additional skills regarding texture modified meals, along with conditions that impact on the ability to chew/swallow (dysphagia information, preventing and managing(choking, risk of aspiration) etc should be included.

Question 5 - Mealtime management and consumption

a) **Should a new unit/s be developed in regard to mealtime management and meal consumption and if so, what skills and knowledge should this contain? Stakeholder suggestions have included use of modified utensils, provision of physical or other assistance with eating and drinking, provision of a conducive atmosphere for meal consumption, etc.**

b) **Should these areas be covered in a new unit/s or could this content be included in existing draft units? If so, which ones?**

The response to this question overlaps with that of the previous question regarding meal preparation. Is there the potential to combine the two and have a unit (e.g. Meals, Nutrition and mealtime experience) that focuses on understanding nutrition, meal preparation, benefits of mealtime experience, incorporates IDDSI framework, strategies to assist the older person to maintain independence, dignity, and reporting changes, etc?

Question 6 - NDIS Support Coordinator Role

Content relating to the NDIS Support Coordinator role is to be included at the Certificate IV level. New unit/s are needed to provide the skills and knowledge for this role in addition to the current Training Package content. What specific skills and knowledge should these units contain?

LASA has recently established an Aged Care and Disability Interface project to support aged care providers to navigate the two sectors. It is through this network that we are providing the following feedback. Key skills required include effective communication, budget and financial skills, time management, development of service plan, networking and industry specific training around guidelines and reporting, difficult conversations, and other supports available (referral and advocacy).

The importance of possessing the ability to connect clients with informal, community and funded supports and knowing how to assist clients to maximise their plans whilst achieving their goals is critical. It has been requested that included should be the nationally agreed definition of the role, along with the Price Guide. It has been noted that it is important for any unit to clearly identify how the role of the NDIS Support Coordinator fits within the bigger picture of NDIS supports.

One member has suggested that the NDIS SC role is similar to case management and as such key knowledge and skills can be adopted from case management theory and practice. Perhaps the Case Management qualifications should be considered.

Question 7 - Assistive Technology

As assistive technologies are essential all aspects of caring for older people and people with disability, how should the use of assistive technology be included in the Training Package Products? It has been included across a range of the proposed units. Are there other units in which it should be included and how should the skills and knowledge be reflected?

Given the ubiquity of technology solutions currently available, Members believe that it is beneficial for direct care workers to be informed of the assistive technology options so as to be aware of the possible benefits to individuals they are supporting.

There is a belief that new entrants into the sector will be confident and skilled in the use of technology but it is important to support our current workforce, who may not be as confident to embrace the Assistive Technology (AT) options, and may feel inclined to work around technology as opposed to with technology.

Some Members noted that they did not believe it should form part of the training package but is something that is led by the provider as usage etc varies according to each organisation. Others asked for a unit that could include the importance of importance of technology in elderly's life and how technology can enable their lives. We would suggest consideration be given to include AT in CHCCCS023 Support independence and wellbeing.

Question 8 - Restrictive Practices

The use of restrictive practices is an essential area of knowledge in disability support, particularly given the tight legislative guidelines that exist around use of these practices. It is currently reflected in the two units in the disability support group which relate to behaviour plans. However, neither of these are mandatory in the Certificate III in Individual Support, meaning that a learner may progress through the qualification without covering this aspect.

   a) **Should restrictive practices be included in other units of competency and if so, which ones?**
   b) **Could restrictive practices be included in an orientation to working in industry unit for the disability sector as outlined in question one?**

We note that this question is directed at the Disability sector, but wish to raise the significance of the issue of restraints, and the subsequent knowledge and skill requirements within the aged care sector.

The legislative requirements regarding the use of physical and chemical restraints in aged care are contained in the Quality of Care Principles 2014 (Principles). The restraint requirements were first introduced to the Principles effective from 1 July 2019, with amendments strengthening the legislation applicable from 29 November 2019. These amendments place explicit obligations on providers to minimise chemical and physical restraints in residential care settings.

It is our view that this knowledge is essential for PCWs' lawful care practice and should be included in CHCCCS023 Support independence and wellbeing. Alternatively, it could be included in the proposed orientation units.

Question 9 - Provision of specialised support in disability support

a) **Should additional unit/s be developed around provision of specialised support for disability support workers?**

b) **If so what areas of specialised disability support and attendant skills and knowledge should be covered? Is this appropriate for a Certificate III or IV level worker?**

As this is beyond LASA's scope, we will not be providing a response to this question.

Question 10 - Responses to Abuse

a) **Is sufficient content included in the unit CHCCCS033 Respond to suspected abuse?**

b) **How is responding to suspected abuse different to responding to actual abuse and what are the skills and knowledge required to do this?**

c) **Is it appropriate for a worker at Certificate III or Certificate IV level to be undertaking an investigation as outlined in the unit?**

d) **Does an additional unit need to be developed around responding to actual abuse and investigations and if so, what skills and knowledge should this unit contain?**

The application of this unit is to 'identify signs of possible abuse, take appropriate action according to role and responsibilities and minimise the risk of abuse to a person'. The four key elements relate to identifying suspected abuse, support people experiencing suspected abuse, competing reporting requirements and contributing to systems and procedures. At the Certificate III level, the unit title would be more appropriately reflected as: Identifying and Reporting Suspected Abuse.

At a Certificate III level, the focus should not be on differentiating between suspected and real abuse, rather than ensuring direct care staff can identify signs/symptoms of suspected abuse, report according to organisation policies (which have been influenced by Government and judicial requirements) and then follow directives from their supervisor. It is important to include information regarding the organisation's mandatory reporting requirements.

In aged care, the Serious Incident Response Scheme (SIRS) is being introduced from 1 April 2021. The SIRS sets new arrangements for approved providers of residential aged care to manage and take reasonable action to prevent incidents with a focus on the safety, health, well-being and quality of life of aged care consumers. PCWs need to be familiar with the SIRS and the obligations arising out of this Scheme for themselves and their employer (https://www.agedcarequality.gov.au/sirs). Work is underway to expand the SIRS to the home care setting in the near future.

LASA Members oppose the inclusion of how to conduct an investigation into possible abuse as part of the knowledge evidence as this is beyond the scope of practice of a direct care worker. However, PCW need to learn about how they can contribute to such investigations.

Question 11 - Oral Health electives

Most of the oral health units have been removed from the elective groups, as the IRCs did not see these as relevant for the role of a personal care worker. CHCOHC003 Apply and manage use of basic oral health products remains in the electives.

a) **Should this unit also be removed given that basic oral health would be a part of meeting daily personal support needs and therefore covered in other units?**
b) **Should other existing units be included in the electives in regard to oral health? If so, which ones and why?**
c) **Should a new oral health unit for aged care or disability be developed and if so what skills and knowledge should this unit contain?**

As stated previously within this submission, we believe that knowledge and skills relating to the provision of / assisting with oral hygiene is imperative if we intend to uphold the learnings from the Royal Commission. We have all heard the evidence relating to the benefit of good oral health on an older person's overall health and quality of life. If personal care workers have a responsibility to provide such care and support to care recipients this content should not be diluted.

The ultimate unit location of this information is flexible, however, the importance of the content and knowledge that is expected cannot be lost if combined in another unit. If embedded into another unit, it must be an identified key element. We cannot ignore the voices from the Royal Commission.

Question 12 - CHCDIS035 Support people with autism spectrum disorder

a) **Should the use of diagnostic tools be removed from this unit of competency?**
b) **Would personal care workers at Certificate III or IV level be using these tools?**

LASA notes this is beyond our scope of expertise, however, we have received feedback from members who operate within this particular cohort and they have suggested that diagnostic tools should be removed, and that personal care workers would not be using the tools as they are not adequately qualified to make a diagnosis. They have provided a suggestion that tools for behaviour management and training should be provided to adequately support care-workers in caring for individuals on the autism spectrum.

Question 13 - CHCCCS026 Transport individuals and TLIC3011 Transport passengers with disabilities

Stakeholder feedback indicated that the language and content of TLIC3011 Transport passengers with disabilities is inappropriate and that there is duplication between the two units.

a) **Could the relevant content of TLIC3011 Transport passengers with disabilities be brought into CHCCCS026 Transport individuals and subsequently TLIC3011 removed from the elective bank?**
b) **If so, what content from TLIC3011 should be retained/moved across to CHCCCS026?**

The few members who responded to this question supported removing TLIC3011 and proceeding with CHCCS026. Feedback also references removing inappropriate language to reflect contemporary

terms. Additional feedback suggested including such transport information as required knowledge in HLTWHS002.

Question 14 - Certificate IV in Ageing electives – Dementia

    a) **Should a new unit be developed to provide Certificate IV level workers with additional skills and knowledge to that in the unit currently packaged at Certificate III level, in regard to providing dementia care?**

    b) **If so what skills and knowledge should the unit contain?**

The majority of Members supported a more advanced unit in supporting individuals living with dementia and related illnesses. Possible knowledge and skills to include: strategies to identify early signs of behaviour, how to respond to behavioural issues and recognising changes in behaviours, managing care refusal, creating supportive environments, progression of disease, treatments available, respectful communication, info regarding sun downing, different types of dementia, how individuals may present symptoms, responding to family and carers of people with dementia and strategies relating to supporting the individual to remain actively participating in roles/community.

A key insight from Members is that the training must be less descriptive and more interactive and possibly provided by Dementia Australia.

Question 15 - Certificate IV in Ageing electives – Leadership

Are additional electives around leadership skills required in the Certificate IV in Ageing? If so, are these existing units of competency (please specify) or new units? If new, what skills and knowledge should the unit/s contain?

LASA believes that leadership is required by all members of our aged care workforce regardless of their roles. Members have reported that extra education on how to build a team, how to motivate others, the importance of teamwork and orientating new employees would be beneficial to workers and workplaces. Skills such as coaching and mentoring are also deemed important, as is the ability to work with people across diversity and culturally linguistic backgrounds. The ability to manage priorities is considered an important skill. Members suggested that improving the confidence of workforce in recognising the importance of appropriate reporting, such as for the SIRS, should be included.

Question 16 - HLTHPS007 Administer and monitor medications

This unit is an elective in both the Certificate IV in Disability Support and Certificate IV in Ageing Support. Stakeholder feedback indicated that this unit is inappropriate for use at Certificate IV level due to the scope of the job role, jurisdictional restrictions on the administering of medications and the additional skills and knowledge that is required over and above what is in this unit and it should be removed from the elective banks of the two Certificate IV qualifications.

   a) **Do you agree or disagree and why?**
   b) **Should it be removed from one and not the other and why?**

Firstly, to reiterate our previous position regarding the Certificate III unit, optional elective HLTHPS006 Assist Clients with Medication, we believe that HLTHPS006 should be included in the group A elective as a third mandatory elective.

Feedback regarding the Certificate IV unit, suggests that it is beyond scope of a direct care worker within aged care, but is in scope for disability.

Question 17 - Mental health and comorbidities

   a) **Should a new unit be developed for workers at Certificate IV level with content relating to mental health and comorbidities?**
   b) **If so, what skills and knowledge should this unit contain?**

Members are supportive of mental health training but have suggested that the Mental Health First Aid (MHFA) training course is a possible option as it includes the required knowledge and skills. For example, MHFA has courses developed to support adults who are assisting people aged over 65yrs of age.

Concluding remarks

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 this 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 regardless of the living 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.

Thank you for the opportunity to comment. 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 or myself on kerril@lasa.asn.au.

Kind regards,

Kerri Lanchester

GM Member Relations

Leading Age Services Australia Ltd