Aged Care Training Package Development Project
Phase 1 Consultation Findings

1.0 Introduction

Arising out of the Age Care Workforce Strategy Taskforce Recommendations the Aged Services IRC has been tasked with developing a stand-alone and specialised qualification for entry-level workers in the Aged Care sector, with the objective of equipping workers with the skills required to work effectively in the sector and provide quality care to their clients.

This objective has been supported via the establishment of the Aged Care Training Package Product development project, comprised of two phases:

• **Phase 1**: Examine how current Units of Competency from the *Certificate III in Individual Support (Ageing)* can be re-packaged into a stand-alone, Draft 1 *Certificate III in Ageing Support*

• **Phase 2**: Conduct a comprehensive and complete review and update of all Units of Competency relevant to Aged Care, including determining appropriate career pathways and development opportunities.

2.0 Methodology

During the period 29 March 2019 to 24 May 2019, extensive national consultations in various formats were undertaken to examine Draft 1. These were promoted across SkillsIQ’s networks and among stakeholders (representing approximately 17,000 contacts on the database) and the Aged Services IRC members’ networks.

The Draft 1 of the *Certificate III in Ageing Support* was published and available via SkillsIQ’s Feedback Forum webpage together with a step-by-step consultation guide for individuals to download and review. The Feedback Forum alone received **1,986 unique views** during the consultation period.

In addition to collecting feedback via the Feedback Forum, consultation activities involved two webinars and eight face-to-face workshops held during April and May in:

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<th>Sydney</th>
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<td>Melbourne</td>
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<td>Perth</td>
<td>Canberra</td>
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<td>Adelaide</td>
<td>Darwin</td>
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3.0 Feedback Overview

Feedback revealed mixed views regarding the development of a specialised qualification which focussed on Ageing Support, and the separating out of the existing Individual Support (Ageing) qualification.

Whilst approximately half the responding stakeholders were supportive of a dedicated qualification as proposed, the other half felt it was not necessary, stating that the Certificate III in Individual Support (Ageing) was sufficiently fit-for-purpose in its current form. This polarisation, interestingly, is very similar to the results of similar consultation that took place four years ago where outcomes were split in roughly the same proportion, then as now, between stakeholders who favoured a more generic approach and those who wanted a more specialised qualification.

A disproportionately large amount of feedback obtained from the consultation process this year came from representatives of Registered Training Organisations (RTOs). It should be borne in mind that any implementation of new Units of Competency or qualifications creates flow-on impacts and costs for RTOs in relation to administrative systems, training resources and assessment materials, and there is therefore an administrative burden on RTOs as they transition to the delivery of any new Training Package Products and update their scope of registration, resources and assessment tools. This is, however, unavoidable. It should also be borne in mind that some Aged Care service providers are also RTOs who deliver the training.

Despite the unequal weighting of stakeholders who participated in the consultation, all feedback was received in good faith and participants from major urban areas had, for the most part, specific expertise or experience within the Aged Care sector. However, in regional and rural areas, it became apparent that carers very often looked after both people with disabilities and the elderly, and that workers were not restricted in scope to either the Aged Care or Disability sectors. In short, regional and rural workers were required to assist people from both of these groups in need of support.

During the consultation, attention was therefore drawn to the implications that the proposed qualification would have with regards to other workforce streams such as Disability and Home & Community Care (HACC), bearing in mind that this very concern was the driver behind the creation of the Individual Support qualification. Furthermore, the creation of the proposed Certificate III in Ageing Support would result in ‘splitting’ the existing Certificate III in Individual Support and would require minimal modifications to support worker mobility between both sectors.

This discussion gave rise to a dilemma relating to the recommendation of the Taskforce: namely, whether to proceed to the proposed Aged Care-specific qualification, which the Taskforce recommended, or whether to retain the Individual Support model and stream it in such a way as to remedy the performance and delivery issues with a better approach in terms of its packaging.

Some of the reasons cited for supporting the change included the opinion that the new title addressed industry confusion when interpreting what ‘Individual Support’ entailed in terms of skills and knowledge levels. Ageing Support was deemed to be clearer for employers and was sector-specific, whereas Individual Support was viewed as being too broad.

Issues/concerns raised regarding the new proposed qualification included the following:

- ‘Ageing Support’ is too narrow in scope and will limit the employment options of students who will need to have different qualifications (e.g. Ageing Support, Disability, etc.) in order to transition across sectors. Please note that while the provisional title refers to Ageing...
Support, the content contains Units that address cross-sectoral skills. Additionally, other Units may be incorporated if required to facilitate the cross-sectoral transition of workers.

- Aged Care goes beyond what the title incorporates and co-exists within multiple areas, including Home & Community Care (HACC) and Disability.
  - Home Care is not sufficiently covered in the newly proposed qualification.
- There is an ever-increasing requirement for support emerging in the Home Care sector and therefore a need for Units that support Aged Care in the elderly person’s own home.
- Concerns were raised regarding the inability to be able to import Units from other Training Packages which could limit options. Please note that this was a deliberate decision by the IRC Sub Group in order to ensure that only Aged Care-specific Units would be used. When the reasoning behind this decision was made clear to participants, in general they found it to be reasonable. However, the importation of additional Units could be considered during Phase 2 of industry consultation.
- There is a need to increase the number of elective Units from three to five to provide greater flexibility and to ensure the qualification matches the skill level required of today’s workforce.
  - A supportive argument acknowledged that it was easier to make changes to electives while retaining the core Units as currently structured to avoid undue disruption to learners currently enrolled in the existing Certificate.
- Some respondents asked that elective Units become core, but others requested the reverse, i.e. that core Units be made elective. This reflects the general diversity of opinion between responding stakeholders.
- Questions were raised regarding having an optimal mixture in terms of core, elective and imported Units. (The Draft 1 combination was used as a starting point for Phase 1.)
- Feedback on the Medication Unit suggested there was no consensus as to whether it should be included in the core or elective group. Several suggestions were made regarding improving the content of this Unit in terms of issues around the subjects of Mental Health and Health Care, and discussions took place as to whether it was better to embed contextualised content or simply import Units to adequately address these subject areas.
  - Those who wanted to see the medication Unit in the core versus those wanting it to be elective presented in similar numbers and ratios to stakeholders who were involved in similar conversations that took place four years ago.
- The timing of this development work was queried, as the Royal Commission has not yet concluded nor disclosed its findings or recommendations. Some respondents suggested that the training development should take place only once the Royal Commission has released its recommendations. Please note that this is the reason for the two-phased approach to consultation, with this first phase only addressing feedback regarding separating out the Aged Care qualification to make it a sector-specific Certificate. The second phase will commence later this year and will be therefore able to incorporate any interim findings of the Royal Commission.
- Concerns were raised that there might be a disconnect between the actual skills needs of job roles as advertised and the qualifications required of graduates. For example, certain job roles may be advertised as being at a Certificate III or Certificate IV level but the work required may, in actual fact, involve activities or require skills at a level higher than a Certificate IV-level qualification. This issue will need to be further examined given that current workers are in many cases already employed in the areas of Disability, Aged Care and Home Care.
It is anticipated that Phase 2 of the consultation will result in significant changes, including changes to job roles.

- There was a consensus of opinion that the location of individuals requiring care was much less important than the actual skills required to care for them, whether they were in their own homes or in a residential or institutional setting.
- It was agreed, however, that learners should have the ability to choose electives that might be specific to Home Care.

There were several subject matter areas that stakeholders felt were not adequately addressed in Draft 1. These were:

- The ability to identify mental health issues
- The basic skills for providing essential services to those living in the community
- The customer service element in each core Unit
- The need to maintain rigorous documentation
- Support in the areas of domestic needs (such as cooking, ironing and cleaning)
- Food, nutrition and hydration (including screening for malnutrition)
- Mandatory reporting
- Note taking
- First Aid courses for the carers of older people (including a mental health First Aid component)
- Professional boundaries
- Support for complex communication needs
- Supportive decision-making
- The transportation of older people
- The use of technology.

It may be that these issues can be addressed by adding purpose-written Units of Competency. However, any skills gaps that cannot be addressed in this manner will need to be tabled for action in Phase 2.

4.0 Phase 2

Although the consultation was focussed on Phase 1, a significant amount of feedback was provided by stakeholders that will be of relevance in Phase 2, and this feedback has been retained for consideration during the second phase of the project.

Issues/concerns/recommendations raised to feed into Phase 2:

- There is a need to include language around ‘consumer-directed care’ to be placed in the application statement
- Work placement hours need to be mandated – there needs to be engagement with employers to facilitate work-based learning and assessments.
- Nutrition knowledge should be included in much greater depth with specific Units and updates to existing Units
- Further discussions around the Medication Unit will reintroduced during Phase 2
• Language, Literacy and Numeracy (LLN) skills proficiency needs to be considered and addressed in the core Units
• An update of the Medication Unit needs to be made to ensure it can be included in the core, without disadvantaging learners due to jurisdictional requirements.
• Home Care will be revisited during Phase 2.

5.0 IRC’s Suggested Next Steps

The feedback obtained from stakeholder consultation prompted the IRC to look at ways of drafting a qualification that would be flexible enough, yet still remain sufficiently targeted, to achieve the objective as set out in the Taskforce’s recommendations.

Further discussion led to the IRC suggesting three possible options, as follows:

Option 1: Leave things as they are: One existing Individual Support qualification, pending Phase 2.

Option 2: Have a separate qualification, the Certificate III in Ageing Support, and make changes to core and elective Units based on feedback received via the consultation process. (This would be the proposed qualification but with some changes to the choice of electives.)

Option 3: Certificate III in Care Support (title yet to be identified): Have a separate qualification, very similar to the Certificate III in Individual Support, but with changes to the packaging and the structure of electives, so it achieves the same outcomes as was intended in the proposed Aged Care qualification.

The IRC, after discussion, agreed to proceed with Option 3, and to communicate this option to the Disability IRC, as this is something of which they will want to be aware.

6.0 Suggested Additional Units of Competency

Suggestions were made regarding additional material or content for both core and elective Units. Please see Appendix A for a list of the Units that have been suggested for inclusion.

Appendix A: Suggested Units for inclusion in Draft 2 of the proposed Certificate III in Ageing Support

The following lists are a compilation of all Units suggested by stakeholders throughout the consultation period for inclusion. Some of the Units are already in the qualification as either core or electives, and this has been noted next to each Unit title.

Suggestions for addition to the core

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<tr>
<th>Unit code</th>
<th>Unit title</th>
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<tbody>
<tr>
<td>CHCAGE002</td>
<td>Implement falls prevention strategies (with suggestions that this be moved to core from elective)</td>
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<tr>
<td>CHCCCS001</td>
<td>Address the needs of people with chronic disease (with suggestions that this be moved to core from elective)</td>
</tr>
<tr>
<td>CHCCCS021</td>
<td>Respond to suspected abuse (with suggestions that this be moved to core from elective)</td>
</tr>
<tr>
<td>CHCCCS023</td>
<td>Support independence and wellbeing (with some stakeholders advising that this includes knowledge of food, nutrition and hydration to support physical wellbeing)</td>
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CHCCCS025 Support relationships with carers and families (with suggestions that this be moved to core from elective)

CHCDIS002 Follow established person-centred behaviour supports

CHCDIS004 Communicate using augmentative and alternative communication strategies

CHCHCS001 Provide home and community support services

CHCLEG001 Work legally and ethically

CHCMHS001 Work with people with mental health issues (to replace CHCCCS015 Provide individualised support)

CHCPAL001 Deliver care and services using a palliative approach (although some felt that this was adequately covered in CHCCCS011 Meet personal support needs)

HLTAAP001 Recognise healthy body systems

HLTAID003 Provide First Aid (with some stakeholders considering this essential for Home Care)

HLTHPS006 Assist clients with medication (although, while many stakeholders considered this essential for Home Care, others were concerned with the attendant jurisdictional issues)

HLTINF001 Comply with infection prevention and control policies and procedures (with suggestions that this be moved to core from elective, although some felt that this was adequately covered in HLTWHS002 Follow safe work practices for direct client care)

HLTOHC001 Recognise and respond to oral health issues

HLTOHC003 Apply and manage use of basic oral health products

SITXCOM003A Deal with conflict situations (Superseded by SITXCOM401 Manage conflict)

Suggestions for addition to the electives

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<tr>
<th>Unit code</th>
<th>Unit title</th>
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<tr>
<td>BSBLDR511</td>
<td>Develop and use emotional intelligence</td>
</tr>
<tr>
<td>CHCAGE005</td>
<td>Provide support to people living with dementia (currently in core)</td>
</tr>
<tr>
<td>CHAPSH001</td>
<td>Provide support to people with HIV in Aged Care settings</td>
</tr>
<tr>
<td>CHCCOM005</td>
<td>Communicate and work in health or community services (currently in core)</td>
</tr>
<tr>
<td>CHCCCS002</td>
<td>Assist with movement</td>
</tr>
<tr>
<td>CHCCCS011</td>
<td>Meet personal support needs (currently in core)</td>
</tr>
<tr>
<td>CHCCCS017</td>
<td>Provide loss and grief support</td>
</tr>
<tr>
<td>CHCCCS020</td>
<td>Respond effectively to behaviours of concern</td>
</tr>
<tr>
<td>CHCCCS023</td>
<td>Support independence and wellbeing (currently in core)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>CHCLAH002</td>
<td>Undertake leisure and health programming</td>
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<tr>
<td>CHCDIS003</td>
<td>Support community participation and social inclusion</td>
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<tr>
<td>CHCDIS004</td>
<td>Communicate using augmentative and alternative communication strategies</td>
</tr>
<tr>
<td>CHCCCS001</td>
<td>Provide home and community support services (also suggested for core)</td>
</tr>
<tr>
<td>CHCLEG001</td>
<td>Work legally and ethically (currently in core)</td>
</tr>
<tr>
<td>HLTAAP001</td>
<td>Recognise health body systems (currently in core)</td>
</tr>
<tr>
<td>HLTAHA013</td>
<td>Provide support in dysphagia management</td>
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</table>
| HLTCSD306C | Respond effectively to difficult or challenging behaviour (Superseded by CHCCCS020)
| HLTOHC001  | Recognise and respond to oral health issues (also suggested for core)        |
| HLTOHC004  | Provide or assist with oral hygiene (also suggested for core)                |
| BSBCUS301  | Deliver and monitor a service to customers                                    |