Name: The Centre for Future Work at the Australia Institute

Submission date: 6/06/2025

Improve school student outcomes with the best available tools and resources

What (if anything) needs to be done to improve the use of edtech tools (including GenAI) in schools?

The participant did not respond to this question.

What more (if anything) needs to be done to improve awareness and access to high quality lesson planning and curriculum materials in schools?

The participant did not respond to this question.

Is there anything more you would like to say about edtech, GenAI or lesson planning and curriculum materials?

The participant did not respond to this question.

Which of the following best describes you?

The participant did not respond to this question.

Are you currently using any edtech tools (including learning games and GenAI) to support teaching and learning in the classroom?

The participant did not respond to this question.

If yes, what has been your experience with using these tools?

The participant did not respond to this question.

Are there things you would like to do with GenAI or edtech tools that you can't do currently? What's stopping you from doing these things?

The participant did not respond to this question.

If no, can you tell us why you are not using any edtech tools?

The participant did not respond to this question.

Do you access lesson planning and curriculum materials online?

The participant did not respond to this question.

If yes, what has been your experience with using these tools?

The participant did not respond to this question.

If no, can you tell us why you are not using online lesson planning and curriculum materials?

The participant did not respond to this question.

Support the workforce through a flexible post-secondary education and training sector

Credit transfer and recognition of prior learning

In your experience, how well does the credit transfer and recognition of prior learning system operate in Australia? Does it adequately support students to move between courses or have their work experience recognised as part of a qualification? Are there ways it could be improved?

The participant did not respond to this question.

Which of the following best describes you? Please select all that apply.

The participant did not respond to this question.

In the past 3 years, have you applied for credit recognition or recognition of prior learning (RPL)?

The participant did not respond to this question.

If yes, what was your experience in applying for credit recognition or RPL like?

The participant did not respond to this question.

If no, can you elaborate on why you didn't apply?

The participant did not respond to this question.

Work related training

What are the main reasons individuals and/or businesses do or do not participate in work-related training?

The participant did not respond to this question.

What role, if any, should businesses be playing to address any barriers and better support the offer of work-related training to employees?

The participant did not respond to this question.

What, if anything, could government do to address barriers and better support the offer of work-related training to employees?

The participant did not respond to this question.

Which of the following best describes you? Please select all that apply.

The participant did not respond to this question.

For business owners, managers and sole traders, how many employees do you have?

The participant did not respond to this question.

For employees/individuals, have you participated in any work-related training in the last 12 months that did not relate to general compliance (such as WHS)?

The participant did not respond to this question.

If yes, can you elaborate on the reasons for the training and any benefits you received from doing it?

The participant did not respond to this question.

If no, can you elaborate on any challenges or barriers you faced in attempting to undertake work-related training?

The participant did not respond to this question.

For business owners, managers or sole traders, have you provided or supported your employees to participate in work-related training in the past 12 months?

The participant did not respond to this question.

If yes, can you elaborate on the reasons for the training and any benefits you or your employees received from doing it?

The participant did not respond to this question.

Can you describe whether you accessed any government assistance, what type, and the amount received? If you didn't access any financial assistance, please tell us the reasons why.

The participant did not respond to this question.

If no, can you elaborate on any challenges or barriers you faced in attempting to provide or support your employees to undertake work-related training, such as the time or cost, availability of relevant or high-quality courses, and level of interest from your employees?

The participant did not respond to this question.

Balance service availability and quality through fit-for-purpose occupational entry regulations

What are the effects of occupational entry regulations? Please describe your experience and name the specific occupations you are referring to.

The specific occupations referred to in this response are disability support and care worker and aged care personal care worker. We believe entry regulations for these occupations must be strengthened. Our experience of these occupations, including knowledge of how they are performed, their skills requirements, impacts of training and lack of training, and dynamics of the workforce, industries and labour markets, is as expert care system and workforce researchers. This expert knowledge includes deep knowledge gained through intensive and lengthy primary field work research over several years. The harms caused by reliance on workers who are inadequately skilled to provide care and support in accordance with required quality and safety standards are significant for people reliant on care and support services. These harms have been documented widely. Further, lack of appropriate knowledge and skills in these occupations creates inefficiencies in care and support systems, including through contributing to high turnover, a high incidence of work health and safety incidents, and over-reliance on unpaid carers. It has been shown over many years that reliance on individual employers and workers to ensure skilled workforces able to provide safe and quality care is not good enough. There is no shortage of evidence demonstrating this in each of these sectors, including in the reports and recommendations of two recent royal commissions.

Do you believe current occupational entry regulations are proportionate to the level of risk associated with different professions? Why or why not? If not, do you have any suggested improvements to regulations to better reflect risks? Please name the specific occupations you are referring to.

Disability support worker and aged care personal care worker occupations require additional regulation. Workers in these occupations should be required to hold appropriate certificate qualifcations. In support of this view we provide the attached document, Professionalising the aged care workforce, which details the case for a mandatory Certificate III qualification for aged care personal care workers. Occupational entry regulations in these two occupations are inadequate in proportion to the level of risk associated with care and support practice. Quality and safety of practice in both occupations is critical to the well-being of hundreds of thousands of vulnerable aged people and people with significant disabilities. We note that, over many years, arguments have been advanced that introducing occupational qualifications requirements will impact negatively on service availability and lead to price increases in these sectors. However, we also note that research and multiple government and independent inquiries have shown inadequate skills. poor training and reliance on low-paid workers are at the heart of serious problems in the sectors, including neglect and abuse. These factors also contribute to workforce shortages, which in turn impact on services availability. Prices for care and support are largely set according to regulated minimum pricing arrangements. Absence of minimum qualification requirements enables cost savings and profits to be made by minimising labour costs through reliance on innappropriatley skilled, lower-paid workers.

Which of the following best describes your connection to occupational entry regulations? Please select all that apply.

Research body

Which state or territory are you predominantly based in?

Australian Capital Territory

Cover sheet: Supporting document #1

Professionalising the Aged Care Workforce:

The case for worker registration and a mandatory qualification

By Fiona Macdonald
Policy Director
The Centre for Future Work at the Australia Institute

March 2024

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Centre for FutureWork

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The Centre for Future Work is a research centre, housed within the Australia Institute, to conduct and publish progressive economic research on work, employment, and labour markets. It serves as a unique centre of excellence on the economic issues facing working people: including the future of jobs, wages and income distribution, skills and training, sector and industry policies, globalisation, the role of government, public services, and more. The Centre also develops timely and practical policy proposals to help make the world of work better for working people and their families.

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About the Author

Dr Fiona Macdonald is Policy Director, Industrial and Social at the Centre for Future Work.

The author thanks the numerous people who gave their time, insights and/or feedback on this project. The final report is the work and represents the views of the author and the Centre for Future Work.

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Summary

This paper presents the case for an aged care worker registration and accreditation scheme. In accordance with the recommendations of the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission) the proposed scheme includes a requirement for attainment of a Certificate III qualification and engagement in ongoing training or continuing professional development (CPD).

Increasing the status of care work is critical to building a sustainable workforce and a sustainable care system. Foundation skills standards and ongoing professional development requirements are important foundations for professionalising the workforce to increase workers' skills and status, along with other strategies for improving pay, job quality and working conditions.

A national care worker registration and accreditation (or occupational licensing) scheme with a minimum qualification and CPD requirements is necessary to ensure workers are adequately equipped to do their jobs and meet their obligations under existing aged care regulation. A national scheme will provide the basis for building the required capability for quality care. It can ensure ongoing learning and specialisation for responding effectively to the diversity and growing complexity of care needs across all aged care services.

Benefits of the scheme would accrue to people receiving care, aged care workers and providers, government and the general community. Benefits include higher quality and safe care, a foundation for better jobs and careers, and increased system responsiveness and stability to meet growing demand and complex needs. Combined with other strategies to ensure adequate staffing, fair pay and improved working conditions, the scheme can support reduced gender and other inequalities.

The most significant costs would be short-term establishment and initial training costs. Limiting costs is the fact that around two-thirds of care workers already hold relevant qualifications. Further, work is already underway to build national worker registration. Already new regulatory and organisational supports are in place for a more coordinated approach to ensuring skills and training that meets industry needs.

There are new aged care worker screening requirements and a new mandatory Code of Conduct for Aged Care (Aged Care Quality and Safety Commission [ACQ&S Commission] 2023b). However, these new requirements are only partial responses to the recommendations of numerous recent inquiries and other investigations and consultations. The screening system is designed to exclude unsuitable workers, while

the Code of Conduct places expectations–and obligations–on workers to behave in accordance with new standards. However, there is no system-wide positive recognition of the full range of skills and knowledge required by aged care workers, no requirements for workers to maintain and develop their skills and knowledge, and no recognition of workers who do. The current strengthening of risk assessment in relation to workers is not accompanied by any concrete initiatives to ensure professionalisation and career progression. Yet the objectives of the 2023 Draft National Care and Support Economy Strategy (the Draft National Strategy) include that '(j)obs are professionalised and there are pathways for skilling and career progression' (Australian Government 2023c, 5).

Minimum education and accreditation requirements can provide the basis for workforce professionalisation to improve workforce stability, support workforce growth and improve care quality. A minimum qualification requirement and opportunity for, and accreditation of, further learning can lead to better recognition of the skilled nature of care work, fairer valuation and reward for this work, and increased job satisfaction. Accompanied by strategies to improve recognition of work value and ensure adequate staffing of aged care services, they can provide the basis for pathways to higher-paid jobs and career opportunities. They are a key part of a broader professionalisation strategy that is essential for building workforce stability and growth through increased attraction and retention of workers.

Increased retention can reduce workforce turnover, support workforce capability and enable better continuity of care which is a key factor in care quality and consumer satisfaction. Along with improvements to care quality, other benefits include improved information for better workforce planning and system sustainability and reduced gender inequalities. The aged care workforce is a large and highly gender-segregated workforce in which work has long been undervalued and low paid. Professionalising the aged care workforce is critical for reducing gender inequality in Australia.

Possible risks and negative consequences of introducing mandatory requirements include restricting occupational entry and increasing worker exits, and a potential lack of regulatory alignment with the NDIS, which could negatively impact on attraction and retention of personal care workers. However, these risks can readily be mitigated. Action is already being taken to reduce risks associated with availability of suitable training that could be a potential barrier to an effective registration system.

Some key design and implementation considerations are identified, including who should be covered by the scheme, how best to regulate it, what CPD should look like, and how to ensure costs are shared. One key element of a new scheme will be a readily accessible and affordable workforce-specific process for recognition of prior

learning. It is also important for initial registration to be very low-cost or free for workers and, in the longer-term, for costs to workers to be reasonable.

The report summarises the costs and benefits (see Table 1 overleaf) and concludes that the potential for multiple ongoing and longer-term social and economic benefits strongly supports implementation of a new registration and accreditation scheme.

The report is organised as follows: After Table 1, a background section provides context for the establishment of a positive worker registration scheme. The next section discusses the benefits of worker registration with minimum qualification and continuing professional development (CPD) requirements. After this, the perceived risks of a registration scheme are considered, along with ways to mitigate any real risks. Key details of a positive worker registration scheme with a mandatory minimum qualification are discussed. The final section outlines key costs, which are weighed up against the scheme's benefits.

Table 1: Weighing up the costs and benefits	
Costs	**Benefits**
Aged Care worker registration scheme with mandatory Cert. III and CPD Short-term: Establishment (funded by government and mitigated by ACQ&S oversight). Ongoing: (shared) Year 1: up to $200 per worker* (mitigated by phase-in across service types). Thereafter around $100 per worker p.a. (or less if combined with screening). * initial fee-free period for workers.	**Valued work, better jobs and pay** Long-term benefits for workers: - Higher pay, higher status*. - Professional community of practice. - Career pathways & mobility. - More secure jobs*. - Greater job satisfaction. *In conjunction with other strategies to improve pay and job quality.
Certificate III training costs Medium-term: Training places – as per current govt. investment in free VET (minimal additional costs). Short-term: Scholarships for Cert. III attainment by current workers. Short-term and ongoing: Employer investment in paid training time. Short-term: Establishment of sector RPL (costs to be borne by Jobs & Skills Council)	**Workforce stability and sustainability** Long-term system benefits: - Increased attraction. - Increased job tenure/reduced turnover generating savings on recruitment, induction, supervision and training, - Reduced reliance on migrant worker programs, and their costs, - Increased public confidence in system.
Continuing professional development Ongoing: Little additional cost, mostly to be borne by employers, in line with current practice standards (with increased incentive for employers to provide to maintain worker registration).	**Workforce planning** Ongoing: Improved ability to plan to meet growing care needs and complexity and to ensure quality and safety
Possible reduced occupational entry: Short-term: Potential exacerbation of workforce shortages (mitigated by phase-in arrangements including provisional registration)	**Better quality care** Ongoing: A high quality, effective care system with reduced incidents, better health outcomes, greater user satisfaction.
	Reduced inequalities Long-term: Social and economic benefits of reduced gender inequality incl. pay gap, reduced gender segregation. More opportunities for disadvantaged groups.

Background

THE PERSONAL CARE WORKFORCE IN AGED CARE

There are around 370,000 aged care workers in Australia working in residential aged care, home care and home support and in Aboriginal and Torres Strait Islander aged care. Workers in direct care roles include personal care workers, health and welfare support workers, support staff, social professionals, registered and enrolled nurses, and allied health practitioners and assistants and medical practitioners. Around four in every five direct care workers are women (Australian Government 2021, 15, 30).

Historically, there has been little regulation of personal care workers – the largest aged care occupation – and no formal qualification requirement, for these roles. At the same time there has been a growing reliance on these workers. Low pay, poor bargaining power, overwork and insecure work are all problems for these aged care workers. Employee turnover is high.

Personal care work in aged care is undervalued in relation to the skills and knowledge it requires relative to other occupations that have similar level skills requirements. Nursing in aged care is also undervalued, with registered nurses in the sector paid less than nurses working in health care. The problem of undervaluation has been recognised by the Fair Work Commission (FWC) in a case fought by three unions covering aged care workers: the ANMF, HSU and UWU. So far, the FWC has awarded an interim 15% pay increase in this continuing case. However, long-term systemic recognition of skills requirements for personal care cannot be achieved without formalising recognition in workforce training and development requirements and in government and sector investment.

THE ROYAL COMMISSION AND AGED CARE POLICY

The Australian government has committed to establishing a national registration scheme for aged care workers that is consistent with Recommendation 77 of the Royal Commission into Aged Care Quality and Safety (the Aged Care Royal Commission) (Australian Government, 2023b). The National Aged Care Worker Registration Scheme is intended to 'add additional safeguards to manage risk of harm to older people and further professionalise' the aged care workforce (Australian Government 2023a, 24).

A full response to the recommendations of the Aged Care Royal Commission would see a national registration scheme with a mandatory minimum qualification of a Certificate

III, ongoing training or continuing professional development (CPD) requirements, and minimum levels of English language proficiency, along with the planned screening requirements and code of conduct that are now being established**.** Government policy documents make reference to the government's commitment and actions to implement the Aged Care Royal Commission's Recommendations 77. This is also consistent with Recommendation 78, which reiterates that Certificate III should be the mandatory minimum qualification for personal care workers performing aged care work. In addition, the government has made the professionalisation of care and support jobs an objective in the 2023 Draft National Strategy (Australian Government 2023c). However, to date, there has been no move by the Commonwealth government to include a minimum education qualification requirement in the aged care worker registration scheme as recommended by the Aged Care Royal Commission (2021, vol 1, 260-61).

The Aged Care Royal Commission recommendations followed those of numerous other inquiries, studies and policy consultations that identified the need for centralised registration, training and accreditation for personal care workers in aged care. These include a 2016 Senate inquiry that recommended nationally consistent accreditation standards and continuing professional development requirements (Australian Parliament 2016, xv) and the Aged Care Workforce Strategy Taskforce that recommended centralised registration and accreditation and 'transitions to new competency standards and qualifications' frameworks (2018, 24-29).

The government is implementing a registration scheme including a new code of conduct that sets standards for behaviour and requires workers to be able to apply a broad range of knowledge and skills. This new quality and safety regulation places obligations on workers but is yet to be matched by any system for recognition of workers' capabilities. Nor have there been enough concrete actions and investment to support workers to attain required capabilities. The registration system is a 'negative' one which has as its key focus the exclusion of workers deemed unsuitable.

A Certificate III requirement would provide for formal recognition and establish the basis for a systemic approach to building workforce capability though continuing professional development, including to create clear pathways to attainment of Certificate IV and higher-level qualifications. As noted in the discussion that follows, without a mandatory requirement it is likely that the provision of poor quality care will continue.

HISTORIC APPROACHES AND CURRENT ARRANGEMENTS

Successive Australian governments have been reluctant to mandate a minimum Certificate III qualification for personal care workers in aged care, despite the Aged Care Royal Commission's clear recommendations to do so.

Multiple inquiries, reviews and studies prior to the Aged Care Royal Commission found existing arrangements – where reliance is mainly on employers to build workers' skills through training and supervision – have not been effective. There are many reports of poor quality care and support and accounts of workers' lacking access to training and supervision. While workers in other direct care occupations, such as registered and enrolled nurses and many allied health occupations, must undertake professional registration and accreditation via professional bodies this is not the case for personal care workers.

Further, diverse working arrangements and the continuing growth of home-based care and support services mean increasing numbers of workers are located at a distance from day-to-day organisational oversight and from employer-provided opportunities for on-the-job training and peer support. Multiple job-holding and the use of independent contractor models of worker engagement in this sector are anticipated to grow (Australian Government 2022), and will likely exacerbate these issues.

In response to the Aged Care Royal Commission's workforce recommendations the direct regulation of workers has recently been increased. Since 2023, strengthened regulatory arrangements are in place to ensure aged care workers are suitable for their roles. These are largely preventative and corrective measures that place obligations on workers, and exclude some people from the workforce. There is little evidence of system-wide action directed to ensuring personal care workers are supported to gain knowledge and skills, or to have their qualifications, knowledge and skills recognised.

At present, the more positive and developmental element of the current regulation scheme is a broad requirement placed on aged care providers to provide training. To comply with quality standards, aged care providers must ensure workers have training. Yet, there is no foundation standard underpinning training requirements.

Further, similar requirements were in place prior to the Royal Commission and were found to be ineffective. Without strong accountability mechanisms, as could be provided through a professional registration scheme requiring CPD, reliance on employers to initiate and ensure ongoing training will not be enough.

Current *direct* worker regulation includes new worker screening requirements and a new Aged Care Code of Conduct. Worker screening enables the exclusion from the workforce of people considered unsuitable. The focus is on screening for criminal convictions and on certain identified problems with conduct or performance (e.g. upheld complaints, disciplinary findings). The Code of Conduct applies to approved aged care providers of residential, home care and flexible care services, their governing persons, and aged care workers employed by and contracted to these services. The Code of Conduct is intended to strengthen protections for consumers, including through providing the ACQ&S Commission with the ability to ban certain workers entirely from working in the aged care sector (ACQ&S Commission 2023a).[1] Worker screening is clearly a 'negative' form of registration as its purpose is not to accredit workers as suitably qualified; rather, it is to exclude people considered to be unsuitable or non-compliant with obligations to behave in accordance with certain standards. Although, clearly, certain skills and knowledge are required to meet these standards, these have not been articulated.

Home care workers who provide domestic assistance and support (e.g. with mobility) to aged care consumers in their homes through the Commonwealth Home Support Programme (CHSP) are not required to comply with the Code of Conduct. This appears to be based on an assessment of reduced risk due to the assumed lesser vulnerability of CHSP consumers and the nature of the services being provided (see Appendix A for proposed provider registration category service types). However, there is a strong argument that the Code of Conduct should apply to these homecare workers, in part because these workers are undertaking their roles away from direct supervision, mostly without direct support and are in ongoing care relationships in circumstances requiring application of independent judgement and decision-making. Stage 3 of the Aged Care Work Value case being heard by the Fair Work Commission (2023) is considering evidence and submissions relating to the classification definitions and structures in the relevant industrial awards. The outcomes of this case may provide some clarity, by articulating current work requirements.

The ACQ&S Commission's (2022) draft revised aged care quality standards make clear that service providers are responsible for ensuring their workers are skilled and competent in their role, hold relevant qualifications and have relevant expertise and experience to provide quality care and services. Providers are required to take actions to achieve this outcome including by engaging the right people, ensuring workers have access to supervision, support and resources, and providing workers with competency-

[1] The Code of Conduct does not apply to workers with the Commonwealth Home Support Programme (CHSP) or the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) providers. See ACQ&S Commission (2023a).

based training. These requirements appear to be little different from those in place before the Aged Care Royal Commission. The Royal Commission found that 'inadequate staffing levels, skill mix and training are principal causes of substandard care in the current system' (2021, vol. 1, 76) and that 'not all personal care workers have the level of education and training required to provide safe and effective care services to older people (2021, vol. 2, 215).

The 2023 draft strengthened aged care quality standards clarified providers' responsibilities (ACQ&S Commission 2023c). 'Workforce planning' outcomes require aged care services providers to 'identify the skills, qualifications and competencies required for each role' and to 'engage suitably qualified and competent workers'. 'Human resource management' outcomes require that workers have access to supervision, support and resources, and that the provider maintains and implements a training system that 'includes training strategies to ensure that workers have the necessary skills, qualifications and competencies to effectively perform their role'. All workers must 'regularly receive competency-based training in relation to core matters, at a minimum' including 'the delivery of person-centred, rights-based care'; 'culturally safe, trauma aware and healing informed care'; 'caring for people living with dementia'; and 'responding to medical emergencies and the requirements of the Code of Conduct, the Serious Incident Response Scheme, the Quality Standards and other requirements relevant to the worker's role' (ACQ&S Commission 2023c, 44-45).

It is hard to see how the clarification of providers' responsibilities and the establishment of the Code of Conduct will lead to any significant building of worker capabilities. There is a continued reliance on employers and limited articulation of the basic standards and capabilities underpinning some of the core matters that workers are to receive training in.

Most, if not all, of the training required under the new arrangements is in the required skills areas of the Certificate III in Individual Support (Ageing).[2] If providers were required to engage and support workers who had attained or were making progress towards attaining the Certificate III this should strengthen the incentive for them to ensure workers have access to suitable training and development opportunities. As noted, without any mandatory qualification requirements, reliance on employers to ensure workers are adequately trained has proven to be ineffective to date. Australia is not alone in this, with similar problems identified in the United Kingdom's (UK) social care systems (Hayes et al. 2019; Needham and Hall 2023).

[2] See Appendix C for structure and content of the Certificate III in Individual Support.

Employers have few incentives to invest in training. Pricing, market settings and existing regulatory arrangements do not always support ongoing learning or career development for workers, especially for workers in the diverse employment arrangements that have grown in this workforce. Some of the training that has been provided to workers leaves them without 'the specific knowledge and skills to meet the needs of older people who require care' (Aged Care Royal Commission 2021, vol. 2, 215).

It has been proposed that the mandatory Code of Conduct will support 'best practice' in care (Australian Government 2022, 26s). The Code of Conduct guidance directed to care workers runs to 50 pages, comprising mainly case studies and examples of what not to do, while providing little or no guidance on how to behave in accordance with best practice in the types of circumstances many care workers encounter every day: for example, needing to complete set tasks in a limited timeframe, working in isolation and making decisions without access to guidance from a supervisor. While the Code of Conduct establishes national standards for behaviour, the determination of capabilities required for workers to attain competence to meet these standards and the responsibility for assessing whether workers are competent, continues to be left almost entirely to individual providers, and to workers themselves. There is no systemic positive recognition of the skills and knowledge required by workers.

The strengthening of risk assessment in relation to workers is not accompanied by any concrete initiatives to ensure professionalisation of jobs and pathways for skilling and career progression as required to meet the objectives of the National Care and Support Economy Strategy. Consultations continue on a national registration scheme without any progress towards establishing a mandatory minimum qualification requirement.

THE INTERNATIONAL EXPERIENCE

Much of what is known about the impacts of occupational licensing is not especially relevant to personal care worker occupations due to particular features of care systems and labour markets, including public management, and public funding systems that can largely determine workers' pay. However, a recent review of countries' experiences of professionalisation of care workers published by the British Nuffield Trust (Hemmings et al. 2022) provides some valuable insights that are highly relevant to aged care in Australia.

Professionalisation can be defined to include registration and regulation; education, training and development; values and vocation; pay and progression; working terms and conditions; and elevation of status (Hemmings et al. 2022, 9-10). Thus, registration

with a mandatory qualification is just one dimension of a larger professionalisation process. This is important for consideration of the potential benefits and risks of a worker registration scheme with a qualification requirement, as those benefits and risks of a scheme will depend in part on the broader professionalisation reform process. For example, a worker registration scheme with a qualification requirement has potential to lead to better pay and progression; but, if there are no other strategies in place to improve pay and progression, a registration scheme alone will probably have limited impact (Hayes et al. 2019, Hemmings et al. 2022).

In most countries moves to professionalise the care workforce are fairly recent and lessons are still being learned about the best way to implement requirements. However, there is clear evidence of benefits of registration and mandatory training for workers, service users and system stability. On the basis of the experience of the four UK nations[3], Hemmings et al. (2022) conclude that registration and professional regulation of the occupation, including mandatory minimum training requirements, can reduce risk to the public, improve outcomes for service users, improve confidence in the workforce, and drive up workforce standards. There is also emerging evidence of the risks of schemes if they are not implemented with care.

Specific lessons from the international experience are noted in the relevant sections of this paper. First, the question of the need for formal qualifications and training in the person-centred aged care system is addressed. While the Aged Care Royal Commission was clear on this requirement, arguments continue to be made that formal qualifications and training are unnecessary, must be balanced against personal qualities or may even be counter-productive and stifle innovation in a person-centred care system. In fact this is far from being the case, as person-centred care requires more skills and knowledge than a task-based care system, as outlined below.

QUALIFICATIONS AND TRAINING IN PERSON-CENTRED AGED CARE

A mandatory minimum Certificate III requirement for personal care workers was recommended by the Aged Care Royal Commission in 2021 on the basis of extensive consultations, investigation and hearings over more than two years. Since then, aged care reforms responding to the Royal Commission's recommendations have strengthened the need for a comprehensive, systemic approach to building a skilled

[3] See Appendix B for detail of social care worker registration schemes in the UK.

and professional aged care workforce, with a minimum education requirement as its foundation.

Requirements of aged care workers are articulated in the behavioural expectations outlined in the recently implemented Code of Conduct for aged care. These expectations are identified as being 'consistent with community expectations, consumer rights and existing standards and expectations' and as reflecting similar standards of behaviour to the NDIS Code of Conduct (NDIS Quality and Safeguards Commission [NDIS Commission] 2022a).

The implementation of the NDIS Code of Conduct was accompanied by the development of the NDIS Workforce Capability Framework that details the skills and knowledge requirements of workers necessary to meet behavioural expectations in the NDIS Code (NDIS Commission 2022b). The NDIS Workforce Capability framework describes skills and knowledge that would be extremely difficult for workers to acquire without formal training such as provided in a Certificate III or IV level course. Content from the training modules developed for the NDIS Code of Conduct have been integrated into the Certificate III in Individual Support.[4] While no framework for the aged care personal care workforce has yet been developed, the NDIS Workforce Capability Framework provides some guide to the type and level of foundational skills and knowledge required by aged care workers under the new Code of Conduct for aged care.

In short, the introduction of the Code of Conduct in aged care strengthens the argument made in the Royal Commission final report that a mandatory minimum Certificate III qualification is required to ensure minimum standards for care quality and safety and to recognise the skills and knowledge requirements of personal care work. The NDIS experience demonstrates the likely congruence between the attainment of a Certificate III in Individual Support and the attainment of competencies care workers require to comply with their obligations to behave in accordance with aged care standards.

Despite this, some resistance to the implementation of a mandatory qualification arises from a view that person-centred care *reduces* the need for formal qualifications. One version of this argument is that training is important but it does not need to be gained through a formal qualification. This argument plays down the extent and level of the skills required. It reflects the current situation under proposed new provider practice standards whereby workers will be required to have undertaken training but there will be little formal oversight of training quality. Moreover, the training offered

[4] The Certificate III in Individual Support has two streams: 'Ageing' and 'Disability'. See Appendix C.

may not provide any credit towards a recognised education qualification. Of course, existing workers without qualifications who have gained required skills and knowledge through a variety of means, including lengthy experience, should be able to have their skills and knowledge recognised and this can happen through RPL and provision of alternative pathways to registration for such workers.

Another version of the argument that workers do not need qualifications is that workers do not need to be formally trained. Rather, it is considered that, first and foremost, workers need to be responsive and flexible to meet individual needs and preferences and that this does not require training to attain a Certificate III. However, this argument may fail to recognise that the provision of person-centred care does require skills and knowledge. As social care workforce experts in the UK have argued:

> Personalisation challenges orthodox understandings of what it means to be 'a professional' because the professional care worker is not a 'know-it-all' expert. Instead, the expertise of the care worker must be deployed to enable service-users in complex circumstances, with complex care or support needs, to co-design or direct their support and care. (Hayes et al. 2019, 6)

In Box 1 on the next page the basis for person-centred aged care in Australia and some of the ways in which this changes the nature of care are described. The box also includes a checklist, developed by Hayes et al (2019), showing what workers are required to do to provide person-centred care. As shown, person-centred care requires considerable skills and knowledge as it shifts work requirements from task-based functions to require the greater exercise of judgement, independent decision-making and negotiation, among other skills.

The demands of person-centred care provision and the findings and recommendations of the Aged Care Royal Commission provide very strong rationales for establishing mandatory qualification and CPD requirements. In addition there are many other benefits of establishing a registration or licensing scheme with these requirements, as outlined in the section that follows.

Box 1: Person-centred care requires a trained, skilled workforce

The legislative reforms taking place in aged care in Australia, including the introduction of a new Aged Care Act, are introducing new requirements for a skilled professionalised workforce.

The proposed new model for regulating aged care contains four foundations: it is rights-based, adopts a person-centred approach, a risk-based approach and a continuous improvement approach (Australian Government 2022).

The reformed aged care system places new demands on the aged care workforce that are in addition to the critical competencies identified by the Aged Care Royal Commission.

Person-centred care, whereby people requiring care are expected and supported to have greater control over their daily lives and to take reasonable risks, entails greater risks for workers: it entails greater ambiguity than task and rules-based care, increasing requirements on workers to exercise judgement and apply specialised knowledge.

Workers need to be empowered and skilled to provide person-centred care. Appropriate regulatory standards and investment in education and training for the care workforce are essential to achieve this.

For person-centred care to be effective 'it must be evident in the day-to-day interactions between care workers and service-users' (Hayes et al., 2019).

Person-centred care requires workers to:

- *Be open to direction by service-users instead of prioritising managerial instruction.*
- *Be confident in making their own professional judgements.*
- *Respect and understand human rights.*
- *Support people who lack capacity in making some decisions.*
- *Balance risk-taking with the need to help some people stay safe. Support others to understand, and manage, risks.*
- *Know how to achieve outcomes that individuals want to pursue.*
- *Involve service-users in the design of their care and support as appropriate.*
- *Help others make complex, as well as straightforward, decisions.*
- *Assist others to express their views and facilitate choices by people who find it hard to communicate with others.*
- *Be highly skilled at conversation.*
- *Engage in complex negotiations about matters of personal health and wellbeing.*
- *Be innovative.*
- *Be flexible in order to adapt care plans in response to service-user requests, sometimes diverting efforts to tasks that are not on a care plan.*
- *Manage time and adapt established ways of doing things.*
- *Be a co-facilitator of solutions, not a fixer of problems.*

Source: Hayes et al. (2019, 10).

Benefits of worker registration with a qualification and CPD

A minimum qualification requirement is an important measure to raise the skill level of the workforce to support aged care workers in complying with quality and safeguarding requirements, as well as formally recognising existing capabilities. In addition, benefits of a registration scheme with a mandatory qualification and CPD requirements include improving the value of the work, quality of jobs and prospects for higher pay. Increased retention reduces workforce turnover, supporting greater workforce capability and sustainability and enabling improving continuity of care -- a key factor in care quality and consumer satisfaction with care. These and other benefits are discussed in more detail in this section. Following that, consideration is given to the possible risks and negative consequences of introducing these requirements.

VALUED WORK, PROSPECTS FOR BETTER PAY

Formal recognition of the foundational skills and knowledge requirements of aged care work is necessary to address long-standing undervaluation of the work and meet the government's objective to professionalise care and support workforces. Aged care labour is currently poorly valued and has a low status. Occupational licensing would not guarantee improved wages for aged care workers, but it can facilitate improved recognition of the skilled nature of the work, and, combined with other strategies, can lead to higher wages.

Requirements for minimum education and ongoing CPD provide the foundation for better remuneration through providing for better evaluation of skills relative to other occupations, increased bargaining power of workers, and facilitating skills-based progression pathways. The Aged Care Royal Commission heard considerable evidence that many employers have taken 'low road' human resource (HR) strategies. Requirements for a minimum qualification and CPD require investment in the provision of ongoing training, along with mentoring, supervision and peer support, which can support worker retention and encourage high-road HR strategies that include progression and careers paths.

New requirements may provide a basis for reviewing industrial award classifications. At the time of writing the Fair Work Commission is reviewing the Aged Care and

SCHADS Awards classification structures as part of the Aged Care Work Value case hearing unions' claims for higher pay to address undervaluation of the work.[5] With recent legislative changes that make gender equality an objective of the Fair Work Act 2009 *(Cth)*, there is greater potential for ensuring wages and progression pathways are better linked to skills and experience (see Jericho et al. 2023).

Occupational licensing has potential for enhancing the professional status of care work, including as it requires clearer specification of the role and of specialisation pathways. As noted in the Draft National Strategy (2023, 40), workers 'value sectors where they see they can build a strong professional identity, have opportunities to specialise or enjoy a diverse career while they become more senior'. The international experience supports this view, with Hemmings et al. arguing:

> The symbolic meaning attached to a title and licence to practice should not be underestimated – removing vague job titles and identifying what is distinct about a role compared to others may help strengthen and validate a sense of collective professional identity. (2022, 18)

GREATER WORKFORCE STABILITY AND SUSTAINABILITY

Reducing employee turnover is extremely important for the aged care sector, in which high turnover undermines workforce sustainability, increases costs and is damaging to quality care and service users' experience.

Workforce stability and sustainability can be enhanced by occupational licensing, in conjunction with other strategies to improve jobs and support workers' engagement in training, including ensuring paid work time for training. The international experience has been that '(c)are workers who receive relevant, high-quality training are more likely to stay in their role' leading to reduced turnover (Hemmings et al 2022, 22). In Australia there is plenty of evidence that job satisfaction is strongly associated with care workers feeling they are able to do their jobs well and provide good care (Isherwood et al. 2018, p. 14). Engagement in meaningful training provides confidence in skills that underpins this retention and stability.

At the workplace level, improved retention and greater investment in appropriate training can build competencies that support better work health and safety (WHS) outcomes in a sector with very high levels of WHS injuries (Safe Work Australia 2018).

[5] For detail see Fair Work Commission, Work value Case – Aged Care Industry. https://www.fwc.gov.au/hearings-decisions/major-cases/work-value-case-aged-care-industry.

Safer work means better quality jobs and care, better worker retention, and reductions in the overall costs of providing care services.

IMPROVED WORKFORCE PLANNING

New aged care screening arrangements will see the introduction of a central registry of aged care workers. In other countries central registries have been valuable sources of data for workforce planning (Hemmings et al. 2022, 13). The absence of a register in Australia during the Covid-19 pandemic demonstrated the risks of inadequate information on the workforce. A scheme with a mandatory qualification can provide important additional information to enable planning to ensure workforce capacity building is well-targeted to respond to changing care needs across the diversity of service types and geographic regions.

The benefits of having good data can extend to the education and training system. As noted in the recent Employment White Paper, '(i)mportantly, workforce planning grounded in data and insights from industry and educators can drive a responsive skills and training sector' (Australian Government 2023f, 97).

BETTER QUALITY CARE

Training to consistent minimum standards means all aged care workers are equipped to uphold the same standard of care. Sector-wide minimum standards make expectations clear for workers, and provide the basis for further skills development to respond to diverse needs and more complex care. Quality care is not guaranteed by a mandatory minimum qualification requirement. However, without a minimum qualification there is no solid basis for establishing a standard on which to build skills necessary for an effective response to the growing complexity of needs of aged care clients and acknowledged need for specialisation. Without CPD requirements workers may receive no support at all to keep up to date with good practice or to develop their capabilities to meet changing demands and needs. Improved practice can also lead to increased productivity.

Experience to date has shown that reliance on providers and provider practice quality standards has not ensured workers have the necessary skills to provide quality care and ensure people being cared for are safe. The logic of the market-based system includes assumptions that providers of good quality care will thrive while providers of poor quality care will not survive, as consumers exercise choice to access the best quality care that meets their needs. However, largely publicly-funded human services markets for essential care services, including aged care in Australia, do not conform to

this idealised market model of demand and supply, as the Royal Commission findings made clear. One of the clearest findings, as detailed above, is that not all aged care workers will gain the necessary skills and knowledge needed to provide quality care without positive system-wide action to ensure workers are trained to a consistent benchmark. Given past experience and the size, diversity and complexity of the aged care system – and the expectations this complexity places on the quality and safety regulator – it is unrealistic to rely on strengthened practice standards alone to produce the necessary changes, including as incentives to minimise labour costs are still present in the aged care market.

The review of international evidence by Hemmings et al. supports the case for a mandatory qualification, with key findings including:

> … workers who receive relevant, high-quality training are more likely to be equipped with the skills and confidence to deliver better care. Mandatory minimum training, or the right to receive training, are approaches used internationally to good effect. Benefits to these approaches include improved outcomes for people drawing on services, improved confidence and status among workers, improved person-centred care, and reduced turnover. (2022, 2-3)

Hemmings et al. (2022) cite survey evidence from the UK suggesting that most providers believe mandatory qualifications lead to improved care outcomes. In addition, registration and qualification requirements contribute to worker confidence and can influence employers to improve their performance monitoring and appraisal. Of course, adequate staffing and decent working conditions are also critical for quality care. Nevertheless, to the extent that professionalisation strategies, including formal recognition and accreditation of skills and knowledge, do support better quality jobs, this will also support better quality care.

REDUCED INEQUALITIES

Addressing the low status of aged care work and workers will address some of the gendered and other (including racialised) inequalities that are perpetuated through low pay and poor quality jobs in this sector. Revaluing work and professionalising the workforce can reduce gender segregation and impact positively on the gender pay gap across the economy. Providing opportunities for training and development for all workers should act to reduce the current overrepresentation of recent migrants and other disadvantaged groups in the sector's lowest-paid and insecure jobs (Charlesworth and Isherwood 2021).

Perceived risks of registration with a mandatory qualification

In their review of the international experience Hemmings et al. (2022) point to several risks of mandatory training – including that it may introduce unnecessary rigidity that leads to loss of some staff if not implemented carefully (for example, by providing flexible pathways to registration). They also caution that having the appropriate infrastructure and governance in place is important to the success of registration and mandatory training.

In Australia, concerns about the introduction of registration and accreditation with a mandatory qualification and CPD requirements include fears that the requirements may exacerbate workforce shortages, concerns about available training, and uncertainty that formal training will indeed improve the quality of care. There are also some concerns about possible negative impacts if there is a lack of alignment between aged care worker and disability support worker regulation. These issues are considered in this section. Most of these risks can be mitigated with careful implementation of the registration system. Subsequent sections include a closer look at some of the design and implementation considerations for establishing an effective system in which the potential for unintended negative consequences is minimised.

RESTRICTING OCCUPATIONAL ENTRY AND INCREASING WORKER EXIT

One of the main concerns about a mandatory minimum qualification requirement for aged care workers is that it might create barriers to recruitment and retention of workers. In consultations over the past few years, underlying concerns have been voiced relating to: the costs to workers of gaining qualifications; that registration and qualifications requirements may deter occupational entry; and that the introduction of a regulated minimum qualification in aged care would not be consistent with the NDIS regulation (MP Consulting 2020b). Concern that a mandatory qualification requirement will act as a disincentive to entry to the aged care worker occupation is amplified in the context of current workforce shortages and a clear need to grow the workforce to meet growing demand.

Occupational licensing can generally be expected to restrict entry to an occupation, although this depends on the level of the qualification in relation to the qualifications

currently held by workers in the occupation, and the costs to workers of registration and acquiring the qualification. Many aged care employers already require new workforce entrants to hold a relevant Certificate III qualification, and the majority of existing workers (estimated at between 60% and 71%) hold a relevant Certificate III or higher level qualification (Australian Government 2021). Given this, and with staged implementation of a mandatory education requirement and ongoing support for affordable access to training, the introduction of a mandatory qualification requirement need not be a significant barrier to workforce entry or retention. The majority of the workforce should not require additional training to meet the mandatory minimum Certificate III qualification requirement for registration. Transitional and grandfathering arrangements, along with an aged care worker Recognition of Prior Learning (RPL) scheme, will be needed to minimise losses of existing workers by formally recognising existing skills and assisting workers to upskill to meet registration standards. Targeted strategies will be needed to ensure support for pathways into care work and attainment of a Certificate III qualification for people from culturally and linguistically diverse groups and others from disadvantaged groups. Meanwhile, the broader professionalisation project, including better pay and working conditions, can be expected to slow occupational exits through improved job quality and satisfaction and opening up progression opportunities in areas of specialisation, countering negative impacts of any decline in entry.

The risk that fees act as a barrier to registration must be mitigated during the scheme's implementation phase and potentially also in the longer term if costs to workers are disproportionately high in relation to earnings. The UK social care experience points to these risks where there is no funding support for training. However Hemmings et al. (2020, 20) conclude findings are not clear that registration fees and mandatory qualifications have had any negative impact on turnover.

LACK OF ALIGNMENT WITH NDIS

There have been concerns expressed that the introduction of a minimum qualification and CPD requirements will impact adversely on the aged care labour market as it may divert potential aged care workers into the disability support workforce (unless mandatory registration is introduced in the NDIS).

Existing regulation of NDIS support workers is highly uneven. There are worker screening requirements but these are not universal, and only some providers are required to be registered and meet associated service standards. There are no mandatory qualifications requirements for many NDIS support workers. All workers and providers are required to comply with the NDIS Code of Conduct.

However, the direction of future reform is towards increased regulation and professionalisation of the disability support workforce. The 2023 Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) recommended a national disability support worker registration scheme be established by 1 July 2028. The recommendation included that the design of the scheme should consider 'recognition and accreditation of workers' qualifications, experience, capabilities and skills' and 'continuing professional development requirements for disability support workers' (Disability Royal Commission 2023, 333).

The NDIS Review panel has recognised the need for workers to be supported to engage in training to build skills and support retention. The May 2023 NDIS Review workforce report identified a lack of access and incentives for investment in training as problems and canvassed a range of approaches for increasing access to training for accredited qualifications, including traineeships and micro-credentials (NDIS Review 2023a, 2).[6] The final report of the NDIS Review (2023b) recommended 'a risk-proportionate model for the visibility and regulation of all providers and workers', and a strengthened regulatory response to quality and safeguards issues. A taskforce has been established to provide advice on the design of a new regulatory model for provider and worker registration (Australian Government 2024, 15).

NDIS support workers do have some well-established qualification requirements for progression in their occupation which potentially would limit any negative impacts of a mandatory qualification requirement on aged care staff recruitment. Further, the establishment of grandfathering arrangements and a transition phase would reduce the potential for this to be a barrier.

Another uncertainty is that wage relativities between aged care and disability support workers are in flux due to the ongoing aged care work value case. However, recent increases in aged care workers' award rates have reduced the wage disadvantage faced by these workers and, in all likelihood, further review of the SCHADS Award pay rates and classifications for disability support workers will see some evening out of other disparities between aged care worker and disability support worker wages.

Taking a longer-term view, while it may be important to align conditions and requirements across the care and support sectors, this should not derail aged care reforms for improving standards that are responding to clear and urgent needs. The

[6] Note, within the NDIS there is a commitment to developing accredited micro-credentials that can be recognised for credit towards AQF qualifications. See DSS (2021) *NDIS National Workforce Plan: 2021 – 2025. https://www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf.*

NDIS also has significant problems of poor quality support and lack of skilled workers, and is in the early stages of reform that will include strategies to address these problems. Aged care reform cannot wait for this to occur.

Over time, an aged care worker registration scheme should support opportunities for increased mobility between care and support sectors. There should be few barriers to building a national scheme that fully aligns the regulatory requirements for aged care workers and support workers in the NDIS.

WHAT DIFFERENCE DOES A QUALIFICATION MAKE?

While recognising that professionalisation will require changes to education and training, the Draft National Strategy also cautions against use of 'rigid' or 'prescriptive' regulation, including 'minimum qualifications', on the basis that such measures of 'inputs' are 'proxies for good outcomes' that 'limit new and different approaches' (Australian Government 2023c, 49). This argument misses the point that minimum qualifications are a measure of acquired skills and knowledge. Nor does it recognise that good outcomes cannot be left to chance when workers need to keep up with changing care practices and new knowledge.

Certainly, good care outcomes – including outcomes related to care aspects as diverse as wound care, caring for a person with dementia, or understanding the human-rights basis and implications of person-centred care – are not guaranteed by inputs. But, if workers do not have the necessary 'inputs' of skills and knowledge, quality of care is left to chance. Time and again it has been demonstrated that some aged care workers do not have the skills required for the provision of care that meets people's needs and keeps them safe.

The argument made in the Draft National Strategy cannot reasonably be applied to the current situation of aged care workers, to whom no formal requirement for foundation skills, knowledge and abilities applies. Yet, despite this, workers are required to provide care in accordance with regulated behavioural standards that assume the application of specific – including specialised – knowledge and skills.

Moreover, the argument that regulating for particular 'inputs' might limit new and different approaches echoes arguments that have been made for years that good care does not require training or skills, but rather simply requires the right attitudes, or even can be assumed to exist on the basis of women's supposed natural tendency to care. The introduction of person-centred care has seen the re-emergence of this type of claim that regulated training standards are not required for care workers. It has also been suggested that 'the need for formal qualifications must be balanced with the

need for workers to also have other competencies and qualities that are important to consumers' (MP Consulting 2020a, 13). Considerations are also often plagued by assumptions that training leads to standardisation of service provision. To the contrary, as outlined in Box 1 on page 15, person-centred care requires workers to demonstrate a wide range of expertise, predicated on the acquisition of skills through training, that equips them to respond to consumer preferences.

Linked to concerns such as those raised in the Draft National Strategy about a focus on inputs are questions about the suitability and quality of available training. These are considered in the next section.

ACCESS TO SUITABLE, GOOD QUALITY TRAINING

While the need to build workforce capability through training has been acknowledged, discussions of mandatory qualifications requirements for workers have often been dominated by a focus on shortcomings of the training systems, training providers and concerns about outmoded training packages. Recent aged care, jobs and skills and vocational education and training (VET) reforms and initiatives are responding to these concerns, although it is too early to judge their effectiveness.

For example, the revised Certificate III of Individual Support represents a major update of the training package to reflect contemporary expectations and standards in a person-centred care system. Core units include 'Provide individualised support', 'Facilitate the empowerment of people receiving support' and 'Support independence and wellbeing' (see Appendix C for full course details). The new Certificate III aligns with the NDIS Workforce Capability Framework and takes in the recommendations of the Aged Care Royal Commission. The Certificate III comprises core units and electives that provide for specialisation in 'Ageing', 'Disability' or 'Ageing and Disability'. The structure provides a clear pathway to a certificate IV qualification to advance skills in care and support or management (NDS 2022).

New Jobs and Skills Councils have been established as not-for-profit industry-led tripartite (employer, union and government) bodies with responsibilities for workforce planning, training product development, implementation and monitoring and industry stewardship roles. HumanAbility (2023) is the Jobs and Skills Council for Children's Education and Care, Health, Human Services, and Sport and Recreation; it has established an Industry Advisory Committee for Aged Care and Disability Support. The introduction of mandatory training can provide the basis for better identification, and possibly accreditation, of quality training.

There are Commonwealth and some state initiatives in place to increase access and affordability of VET, including fee-free TAFE and industry-specific initiatives responding to workforce shortages (including in the aged care sector). Care and Support remains a priority critical 'industry' in the new National Skills Agreement between the Commonwealth and the states (Australian Government 2023d).

An aged care worker professional registration scheme

An effective registration system that enhances workforce capabilities and is part of a broader strategy to professionalisation must be designed to maximise the benefits of the scheme while avoiding unintended negative consequences. Important considerations include who should be covered by the system, the design and delivery of CPD, how best to regulate the system, and how to ensure costs are reasonable and fairly shared. Along with implementation, pathways to registration and key costs, these issues are considered in the sections that follow.

SCHEME COVERAGE

As a key principle, a national registration scheme, including requirements for a minimum qualification and ongoing training, should cover all aged care workers providing personal assistance, support and care in all aged care service contexts. In full implementation it should apply to all workers in roles that are directly involved in the delivery of holistic care. In residential care, this would include workers in areas such as food and laundry services and cleaning; However, this inclusion should not create barriers to entry for workers who have little or no personal interaction with aged care residents; and it will require further development of qualifications and pathways appropriate to these roles. In home care services, workers providing domestic assistance and social support should be included. So, the eventual full rollout of a scheme would see workers in all provider categories included (see Appendix 1 for details).

A staged approach to implementation could first require attainment of Certificate III for workers in all types of aged care services who provide personal care. Requirements for completion of accredited training for key competencies could subsequently be established for other homecare workers providing direct assistance and support to aged care consumers in their homes (including domestic assistance and social support), with completed modules providing building blocks towards qualification in the full Certificate III in Individual Support. Full implementation over a number of years would eventually see all workers providing personal care and/or assistance covered by a minimum Certificate III qualification requirement. However, this would not necessarily mean the 30-40% of workers currently lacking a relevant qualification would need to complete a Certificate III. The scheme could offer a professional

experience pathway for workers with lengthy experience and specific CPD requirements that could apply for a limited or unlimited period.

The current aged care regulatory reform process is establishing a risk-based approach whereby different regulatory requirements will apply to different services, based on perceived levels of risk to aged care consumers. This is the approach that has been taken in determining which groups of workers are covered by the new Code of Conduct. As argued in relation to the Code of Conduct, workers providing domestic assistance in private homes and providing social support should not be excluded from regulatory standards, including a minimum qualification requirement. Minimum requirements are needed to ensure that workers can meet baseline standards for better quality care and support, and to build a more skilled and sustainable workforce. Without mandatory standards and training pathways for all aged care workers, this will not be achieved. The exclusion of a large category of aged care workers who provide direct assistance and support to aged care consumers would create new barriers to mobility within the aged care workforce; mobility that is critical to building a skilled and sustainable workforce. Professionalisation of the aged care workforce, as aspired to in the Draft National Strategy, will require the creation of pathways for workers matched by adequate investment in education and training, and recognition of skills and work value, for all aged care workers.

The introduction of a mandatory minimum Certificate III qualification for personal care workers should include transitional provisions and recognition of existing skills and knowledge of the current workforce. This could be achieved by providing multiple pathways to registration for a transition period to accommodate the skills and knowledge of the existing workforce.

Aged care workers, such as allied health professionals and nurses, who hold an approved qualification and are registered under other system-wide worker regulations, such as under a Board of the Australian Health Practitioner Regulation Agency (AHPRA), would be deemed to be registered. For other care and support workers in occupations not covered by the existing National Registration and Accreditation Scheme (NRAS) for health professionals or another professional body, standards of equivalence should be established to enable inclusion of those occupations in the new regulatory scheme. This could apply to some allied health professions and other roles generally requiring certificate, diploma or degree qualifications.

CPD REQUIREMENTS

Ongoing registration should include a requirement for continuing professional development to ensure knowledge and skills are current and pathways for advancement and specialisation are supported, including to provide access to better paid work and to improve workforce retention. CPD requirements must support pathways to higher level qualifications, with accredited formal training made available to all workers. However, CPD involves both formal and informal learning, and opportunities for the latter should be available providing alternative means for workers to demonstrate their skills (Byrne 2016, Hemmings et al. 2020). The exact nature of CPD requirements could change over time.

It will be important for CPD arrangements to be designed to ensure there are clear, accessible training pathways allowing all workers to gain Certificate IV and higher-level accredited qualifications – and employment at higher classification levels with higher pay rates. HumanAbility (2023, n.p.) has responsibility for developing qualifications and training packages 'that are responsive to and meet the needs of industry and lead workforce development initiatives'. These requirements should be reflected in the Aged Care Quality Standards, ensuring sector-wide investment in competency development opens pathways for personal care workers. Regulation or guidance should ensure that CPD time is paid work time (Hayes et al. 2019). CPD pathways should include higher-level apprenticeships.

The costs and often onerous and complicated processes for gaining Recognition of Prior Learning (RPL) certification are likely to continue to be barriers to skills recognition for experienced workers who do not hold a Certificate III qualification. A specific RPL scheme including an assessment process should be established for the sector to facilitate registration of current aged care workers.

THE REGULATOR

A positive aged care worker registration and accreditation scheme with mandatory qualification and CPD requirements would ideally be regulated by a professional body that was separate from the aged care system regulator. This would ensure the scheme's consistent focus on professional development and standards. However, it may be more practical to initially establish a scheme using the ACQ&S Commission as regulator.

The ACQ&S Commission is to be the national registration body for the new worker screening scheme to commence in mid-2024, with screening to be undertaken by states' and territories' worker screening units. Work is currently underway to build a

cross-sector centralised registration system for both aged care and NDIS worker screening, as part of aligning regulation across sectors, supporting mobility and reducing duplication. As with worker screening arrangements, states and territories would hold responsibility for managing registration requirements while the ACQ&S Commission manages the central database.

These arrangements could provide the foundation for inclusion of a mandatory minimum education qualification requirement as part of the national registration scheme for aged care workers that is to be overseen by the ACQ&S Commission. To some extent, the scope of care worker practice and specification of capabilities is now set by this body through its governance of aged care quality standards and the Code of Conduct (although alignment of these requirements with education qualifications needs to be articulated clearly). Having the ACQ&S Commission as occupational regulator could provide a basis for alignment of regulatory approaches in aged care and disability services.

However, if the ACQ&S Commission's functions were expanded to incorporate the requirement for a minimum qualification for workers and continuing professional development, the Government would have to fully implement the recommendations of the recent independent capability review of the body (Tune 2023). The ACQ&S Commission has not been a strong and effective regulator in the past. Further, a quality care system requires a regulator that supports providers and workers to achieve high standards of care. This requires strong, open and positive engagement across the sector and it requires a positive approach that supports capacity building for best practice. Even with recommended changes, it may not be reasonable to expect that the ACQ&S Commission with its focus on exclusion and compliance– including responding to complaints and screening to exclude unsuitable workers – can be an effective regulator for a positive occupational licensing scheme that aims to build the professional value of care work and status of care workers.

In summary, any advantages of having the ACQ&S Commission as single regulator for the sector should be weighed up carefully against the benefits of alternative options for occupational licensing via a professional body, such as professional regulation through AHPRA. Existing bodies such as the Australian Nursing and Midwifery Accreditation Council (ANMAC) and the Australian Community Workers Association (ACWA) could perform skills and qualifications assessments and manage CPD requirements, while the ACQ&S Commission maintains the central registration function. Currently, both ANMAC and the ACWA undertake skills assessments for migrant workers employed under new Aged Care Industry Labour Agreements (Australian Government 2023e). The most practical option may be to establish the

scheme (through tripartite arrangements) under ACQ&S Commission oversight with a plan for it to transition to a professional body once implementation issues are settled.

REASONABLE COSTS FOR WORKERS

Achieving the maximum social and economic benefits from a worker registration and accreditation scheme that supports professionalisation and quality care requires investment and ongoing secure funding through shared arrangements. A shared arrangement recognises the value of a skilled professional workforce to the state, to providers and to consumers, as well as workers.

Implementation costs should be minimised. Recent aged care reforms have established the building blocks for a registration and accreditation scheme. While public funds are key to the establishment of a scheme, Hemming et al. (2022) note there are lessons from the English experience where financial dependence on the government led to challenges to the registration scheme's effectiveness.

At the outset, registration should be fee-free for workers. Once the scheme is well established, fees to be paid by workers should be proportionate to wages. It should be anticipated that the scheme will require funding in addition to any fees paid by workers on an ongoing basis. The Aboriginal and Torres Strait Islander Health Practice Board of AHPRA collects annual fees for practising registration of about $150. This level of fee may be appropriate for aged care workers, although a lower fee may be possible due to economies of scale given the large size of the workforce. Unlike occupational licensing for some health professionals through AHPRA, it is not feasible for the scheme to be fully-funded by fees – due to the low wages of care workers. Costs of CPD may be a particular problem for lower-paid workers, as has been the case for Aboriginal Health Practitioners (New South Wales Government 2019, 38).

Nationally consistent screening for aged care and NDIS workers is currently under development. Costs to workers of screening must be taken into account, whether registration with a minimum qualification operates separately or as a part of the planned national aged care registration process. The costs to workers of NDIS worker screening checks (by states and territories) currently range from $80-$146 with most checks valid for five years.[7] Employers must be responsible for supporting workers'

[7] See https://www.service.nsw.gov.au/transaction/ndiswc-apply; https://www.service.vic.gov.au/services/national-disability-insurance-scheme. Scope and fees for screening checks vary in each state and territory

access to ongoing training and development, including through providing this in paid work time. This is currently a responsibility employers have that many are not meeting.

SYSTEM IMPLEMENTATION AND REGISTRATION PATHWAYS

Effective transition arrangements will be critical for the successful implementation of an accreditation and registration scheme based on a minimum qualification of Certificate III in Individual Support (Ageing) and CPD. Arrangements must be established in consultation with all stakeholders across the sector. To support recruitment and retention without disruption to labour supply, phased introduction should apply to both new and existing workers.

For example, during a transition period multiple registration pathways should be available to workers. International experience suggests such an approach offering flexibility of registration pathways can be key to successful implementation of a registration system (Hemmings et al. 2022, 19).

The Victorian Disability Worker Registration Scheme provides a model that could be adapted to aged care worker registration transition arrangements. The Victorian scheme provides for workers to register under a qualification pathway, a training pathway or a professional experience pathway. The scheme also provides for limited registration (Victorian Disability Worker Commission 2023).[8]

In aged care **a qualification pathway** would require attainment of the Certificate III in Individual Support (Ageing) or equivalent (such as the predecessor Certificate III in Aged Care). Registration based on other qualifications (such as disability support or community services qualifications) would be assessed on a case-by-case basis.

A training pathway would require completion of significant and relevant training in aged care that aligns with the outcomes of the Certificate III in Individual Support.

A professional experience pathway would provide for registration on the basis of work experience as an aged care worker. For example, the Victorian Disability Worker Registration Scheme requires a minimum of 15 hours per week over a period of two years within the past 10 years.

A limited or provisional registration type could allow workers who do not currently meet the registration requirements to practice as care workers. The circumstances in

[8] See Appendix D for details of the Victorian scheme.

which provisional registration would apply should include to allow workers to undertake training or supervised practice, or where there is an area of particular need (to be determined by the Minister). Provisional registration may be required across the sector beyond the transition period to meet growing demand. Continuation of a worker's provisional registration would be on the basis of engagement in CPD, and this could include a requirement for progress toward attainment of a Certificate III. In the longer term it may be appropriate to require all new workers to register via a qualification pathway only. However, this will likely require better recognition of work value and competency requirements in these roles, in order to achieve better pay, mobility, and career pathways for care workers.

Transition arrangements could provide for variations in requirements across aged care programs with, for example, a longer transition period, and/or graduated requirements for homecare workers who provide domestic assistance in CHSP. Variation in transition arrangements may be needed to enable the continued engagement of migrant care workers in Australia under Aged Care Labour Agreements, to address temporary worker shortages.[9]

The international experience highlights the importance of engagement with workers – including older workers who may not hold formal qualifications – at the outset to ensure workers understand requirements. The role of trade unions was seen as important for engagement. In the UK (in Scotland, Northern Ireland and Wales), starting out with a voluntary scheme and phasing in mandatory requirements was seen 'to have potentially mitigated against an initial loss of staff' (Hemming et al. 2022, 19).

KEY COSTS

An aged care worker registration scheme with a requirement for a minimum Certificate III level qualification and CPD entails additional costs beyond existing commitments that have been made for centralised worker registration, screening and managing compliance with the Code of Conduct by the ACQ&S Commission.

Significant costs of establishing and maintaining a mandatory Certificate III qualification and CPD elements include establishing the scope of professional practice

[9] Under current Aged Care Labour Agreements a worker is required to hold a relevant AQF Certificate III or equivalent, or higher qualification or to have 12 months of relevant work experience or part time equivalence. A positive skills assessment must be obtained from the Australian Nursing and Midwifery Accreditation Council or the ACWA for overseas-obtained qualifications overseas and where work experience is claimed in lieu of the formal qualifications. See *https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program/recent-changes/new-aged-care-industry-labour-agreement*

and practice standards, and maintaining professional registration and accreditation processes. Investments to establish a sector-specific RPL system should be borne largely by HumanAbility. Funding to establish an accessible and affordable system should be provided to TAFEs and professional bodies. With the establishment of a centralised worker registration body the foundations will be in place for a system of regulatory oversight. Training and CPD costs should not require large-scale new investment beyond that already required and/or anticipated under current and planned arrangements (which should already include additional funding in response to the Aged Care Royal Commission's recommendation 114 for funding for additional training). A lengthy transition phase and grandfathering arrangements should minimise the costs of registration and training for the existing workforce.

The registration system

The introduction of registration and accreditation based on a mandatory minimum qualification and CPD, even if managed and overseen by the ACQ&S Commission, would require establishment of a new body to develop practice standards, manage the assessment of worker applications, and manage compliance functions.

Indicative costs can be gleaned from the schedules of fees for occupational licensing under AHPRA's various practice boards which operate on a full-cost-recovery basis. Annual fees for practising registration through the Aboriginal and Torres Strait Islander Health Practice Board of AHPRA are $154 a year, in addition to a one-off initial application fee of $94. This level of fee may be appropriate for aged care workers although it may be onerous for part-time workers. Annual fees for practicing registration for workers in other occupations range from $123 for occupational therapists, to $180 for occupations covered by the Nursing and Midwifery Board (AHPRA 2023).

Training and development

At the present time, most of the direct costs of training new entrants to the aged care workforce to attain a Certificate III qualification are borne by the Commonwealth and/or some state/territory governments, and by individual workers (including the opportunity cost of foregone income while enrolled in training). Continued access to subsidised or free training will be necessary during the transition phase, and for as long as significant workforce shortages exist.

According to the 2020 Aged Care Workforce Census, the proportion of personal care workers that has attained a Certificate III/IV or higher in a relevant direct care field is

71% in the Home Care Packages Programme (HCCP), 66% in residential aged care and just over 60% in Commonwealth Home Support Program (CHSP). An additional 2-4% of the workforce were studying for a Certificate III or higher (Australian Government 2021, 17, 32, 45).

Therefore, the majority of the workforce should not require additional training to meet a mandatory minimum Certificate III qualification requirements. Grandfathering and transitional or ongoing arrangements allowing for workers without relevant qualifications to gain initial registration via a professional experience pathway would limit any surge in demand for training by current care workforce member. This should include full-pay traineeships and scholarship programs to assist current aged care workers engage in training.

Currently, aged care providers are expected to provide training to their employees to ensure they have relevant competencies. In the new *Draft Strengthened Aged Care Standards* this requirement now includes core matters for which workers must 'regularly receive competency-based training … at a minimum' (ACQ&S Commission (2023c, 46). Hence the introduction of CPD requirements for workers should not require enormous additional investment by employers unless to remedy underinvestment in workforce training.

Conclusion: Weighing up the costs and benefits

This report has examined the case for an aged care worker professional registration or occupational licensing scheme, including a mandatory qualification requirement, and the likely benefits and costs of a scheme. The Aged Care Royal Commission's findings provide strong grounds for establishing a mandatory requirement for aged care workers to attain a Certificate III qualification and to engage in ongoing training and development. Workers must be adequately skilled to be able to provide quality care safely and meet their obligations under aged care regulations. This report has identified multiple additional benefits of a registration system with mandatory training requirements. These benefits far outweigh the likely costs of a scheme.

Table 1 overleaf provides a summary of the main costs and benefits of a registration system with mandatory qualification and CPD requirements. The costs of the system consist mostly of short-term fiscal costs of system establishment, and these costs are limited due to the large share of current workers and new entrants already holding Certificate III qualifications. Other potential economic costs can be mitigated through careful implementation. Ongoing costs would be shared between Commonwealth and state/territory governments, TAFEs, employers, and workers. The most attractive benefits of this reform would be the ongoing and longer-term social and economic benefits of a better-trained, better-motivated, more stable, and ultimately better-paid aged care workforce. These benefits would accrue to people receiving care, aged care workers, aged care providers, government and the general community. Higher quality and safe care, better jobs and careers in aged care, system responsiveness and stability in the face of growing demand and increasing complexity of care, and reduced gender and other inequalities offer ample motivation for moving forward with this proposal.

Table 1: Weighing up the costs and benefits	
Costs	**Benefits**
Aged Care worker registration scheme with mandatory Cert. III and CPD Short-term: Establishment (funded by government and mitigated by ACQ&S oversight). Ongoing: (shared) Year 1 up to $200 per worker* (mitigated by phase-in across service types). Thereafter around $100 per worker p.a. (or less if combined with screening). * initial fee-free period for workers.	**Valued work, better jobs and pay** Long-term benefits for workers: - Higher pay, higher status*. - Professional community of practice. - Career pathways & mobility. - More secure jobs*. - Greater job satisfaction. *In conjunction with other strategies to improve pay and job quality.
Certificate III training costs Medium-term: Training places – as per current govt. investment in free VET (minimal additional costs). Short-term: Scholarships for Cert. III attainment by current workers. Short-term and ongoing: Employer investment in paid training time. Short-term: Establishment of sector RPL (costs to be borne by Jobs & Skills Council)	**Workforce stability and sustainability** Long-term system benefits: - Increased attraction. - Increased job tenure/reduced turnover generating savings on recruitment, induction, supervision and training, - Reduced reliance on migrant worker programs, and their costs, - increased public confidence in system.
Continuing professional development Ongoing: Little additional cost, mostly to be borne by employers, in line with current practice standards (with increased incentive for employers to provide to maintain worker registration).	**Workforce planning** Ongoing: Improved ability to plan to meet growing care needs and complexity and to ensure quality and safety
Possible reduced occupational entry: Short-term: Potential exacerbation of workforce shortages (mitigated by phase-in arrangements including provisional registration)	**Better quality care** Ongoing: A high quality, effective care system with reduced incidents, better health outcomes, greater user satisfaction.
	Reduced inequalities Long-term: Social and economic benefits of reduced gender inequality incl. pay gap, reduced gender segregation. More opportunities for disadvantaged groups.

References

ACQ&S Commission (Aged Care Quality and Safety Commission) (2022). Revised Aged Care Quality Standards, Detailed version of public consultation. ACQ&S Commission

ACQ&S Commission (2023a). *Code of Conduct for Aged Care: A fact sheet for aged care workers*. ACQ&S Commission. https://www.agedcarequality.gov.au/sites/default/files/media/code_of_conduct_for_aged_care_worker_fact_sheet_0_0.pdf.

ACQ&S Commission (2023b). *Code of Conduct for Aged Care: Guidance for aged care workers and governing persons.* ACQ&S Commission. https://www.agedcarequality.gov.au/resources/code-conduct-aged-care-guidance-aged-care-workers-and-governing-persons.

ACQ&S Commission (2023c). Strengthened Quality Standards framework analysis. ACQ&S Commissions. https://www.agedcarequality.gov.au/resources/strengthened-quality-standards-framework-analysis.

Aged Care Royal Commission (Royal Commission into Aged Care Quality and Safety) (2021). *Final Report, Care, Dignity and Respect, Executive summary,* vol 1. Aged Care Royal Commission. https://www.royalcommission.gov.au/aged-care.

Aged Care Workforce Strategy Taskforce (2018). *A Matter of Care Australia's Aged Care Workforce Strategy*. Department of Health and Aged Care. https://www.health.gov.au/resources/publications/a-matter-of-care-australias-aged-care-workforce-strategy?language=en.

AHPRA (Australian Health Practitioner Regulation Agency) (2023). National Boards and Ahpra announce fees for 2023/24, AHPRA webpage. https://www.ahpra.gov.au/News/2023-09-20-Boards-and-Ahpra-announce-fees-for-2023.aspx

Australian Government (2021). *2020 Aged Care Workforce Census*, Department of Health. https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census?language=en.

Australian Government (2022). *A New Model for Regulating Aged Care, Consultation paper No. 1*, Department of Health and Aged Care.https://www.health.gov.au/our-work/new-model-for-regulating-aged-care.

Australian Government (2023a). *A New Model for Regulating Aged Care, Consultation paper No. 2, Details of the proposed new model,* Department of Health and Aged Care. https://www.health.gov.au/sites/default/files/2023-04/a-new-model-for-regulating-aged-care-consultation-paper-2-details-of-the-proposed-new-model.pdf

Australian Government (2023b). *Budget 2023-24 Aged Care Regulatory Reform,* Services Australia. https://www.servicesaustralia.gov.au/sites/default/files/2023-05/budget-2023-24-may-health-and-disability-2.pdf.

Australian Government (2023c). *Draft National Strategy for the Care and Support Economy*, Department of Prime Minister and Cabinet. https://www.pmc.gov.au/domestic-policy/national-strategy-care-and-support-economy.

Australian Government (2023d). Overview of the new National Skills Agreement: Reforming the national VET system. Department of Employment and Workplace Relations. https://www.dewr.gov.au/skills-reform/resources/national-skills-agreement-overview.

Australian Government (2023e). 'Skilled Migration Program', Department of Home Affairs webpage. https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program/recent-changes/new-aged-care-industry-labour-agreement.

Australian Government (2023f). Working Future: The Australian Government's White Paper on Jobs and Opportunities, The Treasury. https://treasury.gov.au/employment-whitepaper/final-report.

Australian Government (2024). NDIS Provider and Worker Registration Taskforce. Department of Social Services. https://www.dss.gov.au/disability-and-carers-standards-and-quality-assurance/ndis-provider-and-worker-registration-taskforce.

Byrne, C. (2016). Ready or not? Statutory registration, regulation and continuing professional development for social care workers in Ireland. *Administration*, *64*(2), 9-29.

Charlesworth, S., and Isherwood, L. (2021). 'Migrant aged-care workers in Australia: do they have poorer-quality jobs than their locally born counterparts?' *Ageing & Society*, *41*(12), 2702-2722.

Disability Royal Commission (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability) (2023). *Final Report, Executive summary, Our vision for and inclusive Australia and Recommendations*, Disability Royal Commission. https://disability.royalcommission.gov.au/publications/final-report.

Fair Work Commission (2023). 'Reasons for Decision'. Fair Work Commission. https://www.fwc.gov.au/hearings-decisions/major-cases/work-value-case-aged-care-industry/decisions-statements-work-value

Hayes, L., Johnson, E., and Tarrant, A (2019). *Professionalisation at work in adult social care*, London: GMB. https://kar.kent.ac.uk/77269/1/Professionalisation_at_Work_0309.pdf.

Hemmings, N., Oung, C., and Schlepper, L. (2022). *New Horizons: What can England learn from the professionalisation of care workers in other countries?* Nuffield Trust. https://www.nuffieldtrust.org.uk/sites/default/files/2022-09/1662995727-nuffield-trust-new-horizons-web.pdf.

HumanAbility (2023). 'What is HumanAbility?'. HumanAbility webpage. https://www.humanability.com.au/.

Isherwood, L., Mavromaros, K., Moskos, M., and Wei, Z. (2018) Attraction, Retention and Utilisation of the Aged Care Workforce. Working paper. University of Adelaide https://www.adelaide.edu.au/future-employment-skills/system/files/2020-04/research-attraction-retention-utilisation-of-aged-care-workforce-2018.pdf

Jericho, G., Joyce, C., Macdonald, F., Peetz, D., and Stanford, J. (forthcoming). 'Labour Policies', *Journal of Australian Political Economy*, 92: 5-25.

MP Consulting (2020a). *Aged Care Worker Regulation Scheme Consultation Paper*, Report prepared for the Department of Health. https://consultations.health.gov.au/aged-care-reform-compliance-division/aged-care-worker-regulation-scheme-consultation/.

MP Consulting (2020b). *Aged Care Worker Regulation Scheme (Final Report)*, Report prepared for the Department of Health. https://consultations.health.gov.au/aged-care-reform-compliance-division/aged-care-worker-regulation-scheme-consultation/.

Needham, C., & Hall, P. (2023). *Social Care in the UK's Four Nations: Between Two Paradigms*. Bristol: Policy Press.

National Disability Services (2022). 'New versions of support qualifications available', NDS webpage 21 December. https://www.nds.org.au/news/new-versions-of-support-qualifications-available.

New South Wales Government (2019). *Consultations Report: Aboriginal Health Practitioners*, NSW Ministry of Health Aboriginal Workforce Unit. https://www.health.nsw.gov.au/workforce/aboriginal/Publications/consultation-aboriginal-health-practitioners.pdf.

NDIS Commission (NDIS Quality and Safeguards Commission) (2022a). *NDIS Code of Conduct – Guidance for Workers*, NDIS Commission. https://www.ndiscommission.gov.au/about/ndis--conduct.

NDIS Commission (2022b). *NDIS Workforce Capability Framework,* NDIS Commission. https://workforcecapability.ndiscommission.gov.au/.

NDIS Review (2023a). Building a More Responsive and Supportive Workforce. https://www.ndisreview.gov.au/resources/paper/building-more-responsive-and-supportive-workforce.

NDIS Review (2023b) Working Together to Deliver the NDIS. https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis

Parliament of Australia (2016). Future of Australia's aged care sector workforce, Senate Committee, Community Affairs Reference Committee.

Safe Work Australia (2018). *Priority industry snapshot: Health care and social assistance*. Safe Work Australia. https://www.safeworkaustralia.gov.au/system/files/documents/1807/health-care-social-assistance-priority-industry-snapshot-2018.docx

Tune, D. (2023). *Report of the Independent Capability Review of the Aged Care Quality And Safety Commission*, Department of Health and Aged Care. https://www.health.gov.au/resources/publications/final-report-independent-capability-review-of-the-aged-care-quality-and-safety-commission?language=en.

The Victorian Disability Worker Commission (2023). 'Registration Standards Scheme'. Victorian Disability Worker Commission webpage. https://www.vdwc.vic.gov.au/registration-standards.

Appendix A: Proposed Provider Registration Category Service Types

Six proposed registration categories group aged care services 'based on common characteristics, the associated service risks, and the provider obligations to address the risks' (Australian Government 2023a).

Table 1 The proposed six (6) provider registration categories

Provider	Description	Service Types	Rationale for grouping services into this registration category
Category 1	Home and community services	• Domestic assistance • Home maintenance and repairs • Meals • Transport	• Service provision in the person's home broadly relates to communication, companionship, housework, meal preparation, home maintenance and some movement assistance around and outside the house, e.g., stairs and transport • Services are more readily available in the private market. • Services do not require clinical skills. • Other regulators generally regulate services; therefore, a system of mutual recognition of regulatory requirements will be implemented to reduce red-tape and ensure older people's safety.
Category 2	Assistive technology and home modifications	• Digital technologies • Digital monitoring, education, and support • Goods, equipment, and assistive technologies (non-digital) • Home modifications	• Services involve the provision of equipment, aids, and modifications to assist the older person in activities of daily living. • Provision of equipment/modifications is often one-off (e.g., home modification) or for a time-limited period (e.g., while the provider is working with the person to identify the most appropriate aid and assisting them in using it). • Some of the risks relating to aids, equipment and home modifications are managed by other regulators (e.g., compliance with building codes, fair trading legislation, and medical devices regulation).
Category 3	Social support	• Social support	• Service provision is likely to be of high frequency and relationship driven. • Services are usually required for a more extended period, and trust is built through the relationship. Workers generally require greater access to the older person and their personal information.
Category 4	Clinical and specialised supports	• Personal care • Care management • Transition care services in the home • Specialised supports • Assistance with care and housing (hoarding and squalor support) • Nursing • Allied health	• Some workers require specific qualifications and professional registration (or need to be supervised by those that do). • Workers generally require greater access to the older person and their personal information. Service provision often requires communication and coordination with other family members and care providers (where this is the older person's preference). • Workers need to have the necessary skills and attributes to safely deliver the care (e.g., skills relating to dementia care, gentle care, and person-centred care). • Older people in need of clinical care are generally mildly, moderately, or severely frail and may have a degree of cognitive impairment. • There will likely be a stronger focus on coordination of care, including with medical practitioners. • The most common signs and symptoms to manage are breathing difficulties, pain, incontinence, movement disorders, disorientation and amnesia, speech disturbances, complex medication regimes, urinary/ faecal incontinence, malaise, and fatigue. • A system of clinical governance to mitigate clinical risks to ensure safety and quality of care is likely required.

Provider	Description	Service Types	Rationale for grouping services into this registration category
Category 5	Home or community based respite	• Respite (home and community based)	• Care is delivered through a service environment that needs to be assessed as suitable. • A number of older people generally receive this care at the same location and the provider needs to manage their interactions to ensure the provision of safe, quality care to all of them. • There may be a heightened risk of restraint being used. • Older people often receive this care over a longer continuous period (e.g., for 5-8 hours at a centre). • This care generally requires several staff on site and for work to be coordinated. It is unlikely to be able to be delivered by an individual to meet safety requirements.
Category 6	Residential care	• Accommodation Services • Residential respite • Care and services • Transition care services (residential) • Transition care support services (residential)	• This category includes all services and support delivered in a residential aged care setting. • Provider is responsible for 24/7 ongoing care of the older person and meeting all their needs (food, accommodation, personal care, clinical care, social activity etc.). • A number of older people generally receive this care at the same location and the provider needs to manage their interactions to ensure the provision of safe, quality care to all of them. • The presence of effective incident management systems, care planning systems, systems for monitoring staff, emergency management systems etc. are critical to the delivery of safe and quality care. • Services are higher risk due to the more significant levels of frailty of older people accessing them. Risks include the inappropriate use of physical or chemical restraint, lack of health or other staff on-site resulting in unmet needs.

Source: Australian Government (2023a). *A new model for regulating Aged Care Consultation Paper No. 2. Details of the proposed new model.* Department of Health and Aged Care, Table 1, The proposed six (6) provider registration categories, pp. 27-29.

Appendix B: Social care worker registration in the United Kingdom

While professionalisation of the social care workforce is generally seen as an important mechanism for care policy reform in the United Kingdom, progress on professionalising the workforce varies significantly across its four jurisdictions: England, Northern Ireland, Scotland and Wales (Hayes et al. 2019, Hemmings et al. 2022, Needham and Hall 2023). [10] Only Wales has adopted a mandatory registration scheme with a qualification requirement.

In England, problems of high staff turnover and unfilled vacancies have worsened over the past decade and are associated with insecure work, especially zero-hours contracts. Lack of training is considered to be a major factor in poor service and negative user experiences. (Hayes et al, 2019, 33). A licensing scheme was proposed in 2010 by the then-Labour government but never happened.

In Scotland, registration is mandatory for most care workers (and in all aged care settings) with workers having to register with the Scottish Social Services Council (SSSC) within six months of starting work. There is no mandatory qualification requirement for registration, but workers are required to acquire a relevant qualification within five years.

Registration of social care workers has been mandatory for residential care workers in Northern Ireland since 2017 and this requirement is being extended to home care workers. Registration does not include a qualification requirement.

In Wales, registration is mandatory for social care workers in all care settings and includes qualification requirements and a professional standards code. The Welsh Government describes registration as 'serving the dual purposes of professionalising and raising the status of the social care workforce, and reassuring service-users and their families that workers have the qualifications and skills required to perform their work professionally' (Hayes et al, 2019: 20).

[10] In the UK the social care workforce includes aged care and disability support workers.

Appendix C: Certificate III in Individual Support

Qualification Description

This qualification reflects the role of individuals in the community, home or residential care setting who work under supervision and delegation as a part of a multi-disciplinary team, following an individualised plan to provide person-centred support to people who may require support due to ageing, disability or some other reason.

These individuals take responsibility for their own outputs within the scope of their job role and delegation. Workers have a range of factual, technical and procedural knowledge, as well as some theoretical knowledge of the concepts and practices required to provide person-centred support.

The skills in this qualification must be applied in accordance with Commonwealth and State/Territory legislation, Australian standards and industry codes of practice. To achieve this qualification, the candidate must have completed at least 120 hours of work as detailed in the Assessment Requirements of the units of competency. No licensing, legislative, regulatory or certification requirements apply to this qualification at the time of publication.

Packaging Rules

Total number of units = 15 consisting of 9 core units, and 6 elective units consisting of:

- at least 3 units from those units listed under Group A or B
- the remaining units from any of the Groups A, B or C below.

Any combination of electives that meets the rules above can be selected for the award of the *Certificate III in Individual Support*. Where appropriate, electives may be packaged to provide a qualification with a specialisation

Packaging for each specialisation:

All Group A electives must be selected for award of the *Certificate III in Individual Support (Ageing)*.

All Group B electives must be selected for award of the *Certificate III in Individual Support (Disability)*.

All Group A and all Group B electives must be selected for award of the *Certificate III in Individual Support (Ageing and Disability)*.

All electives chosen must contribute to a valid, industry-supported vocational outcome.

Core units

CHCCCS031	Provide individualised support
CHCCCS038	Facilitate the empowerment of people receiving support
CHCCCS040	Support independence and wellbeing
CHCCCS041	Recognise healthy body systems
CHCCOM005	Communicate and work in health or community services
CHCDIV001	Work with diverse people
CHCLEG001	Work legally and ethically
HLTINF006	Apply basic principles and practices of infection prevention and control
HLTWHS002	Follow safe work practices for direct client care

Elective units

Group A electives – AGEING specialisation

CHCAGE011	Provide support to people living with dementia
CHCAGE013	Work effectively in aged care
CHCPAL003	Deliver care services using a palliative approach

Group B electives – DISABILITY specialisation

CHCDIS011	Contribute to ongoing skills development using a strengths-based approach
CHCDIS012	Support community participation and social inclusion
CHCDIS020	Work effectively in disability support

Group C Other electives

CHCAGE007	Recognise and report risk of falls
CHCAGE012	Provide food services
CHCAOD001	Work in an alcohol and other drugs context
CHCCCS001	Address the needs of people with chronic disease
CHCCCS017	Provide loss and grief support
CHCCCS033	Identify and report abuse
CHCCCS034	Facilitate independent travel

CHCCCS035	Support people with autism spectrum disorder
CHCCCS036	Support relationships with carer and family
CHCCCS037	Visit client residence
CHCCCS042	Prepare meals
CHCCCS043	Support positive mealtime experiences
CHCCCS044	Follow established person-centred behaviour supports
CHCDIS011	Contribute to ongoing skills development using a strengths-based approach
CHCDIS013	Assist with communication using augmentative and alternative communication methods
CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety
CHCGRP001	Support group activities
CHCMHS001	Work with people with mental health issues
HLTAID011	Provide First Aid
HLTHPS006	Assist clients with medication
HLTOHC007	Recognise and respond to oral health issues

Source: Training.Gov.au https://training.gov.au/Training/Details/CHC33021.

Appendix D: Victorian Disability Worker Registration Scheme

The Victorian Disability Worker Registration Scheme is a voluntary and currently no-fee scheme. It has three pathways to general registration for disability support workers: on the basis of qualification, work experience, or a combination of qualifications and experience.

1. **Registration based on qualifications requires:**

    - a Certificate III level or higher in individual support or disability or a related field, **and**
    - relevant work experience providing disability services (which may include placement hours completed as part of the qualification). Other qualifications such as ageing support or community services will be assessed on a case-by-case basis.
      or
    - training as a disability worker equivalent to a Certificate III in Individual Support (Disability), **and**
    - relevant work experience providing disability services.

2. **Registration based on professional experience requires:**

    - at least 1,440 hours (38 weeks at 1 EFT) of relevant work experience providing disability services over at least two years in the past 10 years.

3. **Registration based on a combination of qualifications and relevant experience requires:**

    - a qualification in community services, health or a related field that is relevant to the worker's experience providing disability services, **and**
    - at least 120 hours of relevant work experience providing disability services.

Source: Victorian Disability Worker Commission.
https://www.vdwc.vic.gov.au/disability-worker-registration

Appendix E: The Aged Care Royal Commission Recommendation 114

Recommendation 114: Immediate funding for education and training to improve the quality of care

1. The scheme should operate until independent pricing of aged care services by the Pricing Authority commences. The scheme should reimburse providers of home support, home care and residential aged care for the cost of education and training of the direct care workforce employed (either on a part-time or full-time basis, or on a casual basis for employees who have been employed for at least three months) at the time of its commencement or during the period of its operation. Eligible education and training should include:

    a) Certificate III in Individual Support (residential care and home care streams) and Certificate IV in Ageing Support.

    b) continuing education and training courses (including components of training courses, such as 'skill sets' and 'micro-credentials') relevant to direct care skills, including, but not limited to, dementia care, palliative care, oral health, mental health, pressure injuries and wound management.

2. Reimbursement should also include the costs of additional staffing hours required to enable an existing employee to attend the training or education. The scheme should be limited to one qualification or course per worker.

Source: Aged Care Royal Commission (2021a, 287).