



AGED CARE SERVICES SECTOR
NATIONAL CONSULTATIVE FEEDBACK

MACQUARIE UNIVERSITY & SKILLS IQ
DISCUSSION PAPER

PATHWAYS & TERTIARY EDUCATION IN AGED CARE

OCTOBER 2020

ABOUT ACSA

Aged and Community Services Australia (ACSA) is the leading aged-care peak national body supporting over 700 church, charitable and community-based not-for-profit organisations that provide accommodation and care to about one million older Australians.

We are committed to being a strong and effective advocate with a persuasive national voice that leads the national aged care agenda.

We represent, lead, and support our members to achieve excellence in providing quality affordable housing and community and residential care services for older Australians. ACSA is passionate about the quality and value of the services our members provide, regardless of their size, service mix, or location.

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AGED CARE SERVICES SECTOR

National Consultation Feedback Report

CONSULTATION FRAME OF REFERENCE

This Report outlines stakeholder feedback collected by ACSA about the Pathways Paper; which is one of a series of four interlinking discussion papers released by the ASIRC. With this Paper, the ASIRC is seeking input from aged care stakeholders to help:

1. develop better prospects for career pathways among aged care workers
2. look at opportunities to build capabilities across the aged care workforce beyond direct or personal care
3. identify gaps in qualification pathways within and between Vocational Education and Training (VET) and Higher Education (HE) to support careers in the aged care sector and establish pathways where gaps exist.

CONSULTATION PROCESS

To collect feedback from stakeholders ACSA promoted the opportunity via e-news to all members and direct email to network contacts with a vested interest. Given COVID19 challenges limiting stakeholder availability, ACSA provided several options to provide input as follows:

- **Short Survey** – completed by 30 respondents
- **Online Focus Group** – attended by 13 stakeholders representing Aged Care organisations, Registered Training Organisations, and one Government Agency
- **1:1 Phone Interview** – completed by 3 stakeholders who wanted to provide feedback, but were unable to attend the Focus Group

FEEDBACK RELATING TO: DEVELOPING BETTER PROSPECTS FOR CAREER PATHWAYS IN AGED CARE

100% stakeholders consulted strongly support the development of better prospects for career pathways in aged care

80% of stakeholders consulted felt they knew about existing qualification pathways and put them to good use in their organisation

80% of stakeholders consulted state they recognise and value skills and knowledge gained from experience outside of aged care

More detailed feedback from stakeholders indicates that career pathways are crucial for the Aged Care industry moving forward because they:

- assist with the attraction and retention of workers with the right skills and attributes for the diverse range of roles the aged care industry has available now and emerging.
- support employee engagement as workers can see they can have a good future with aged care and have different career and qualification pathways that are accessible, affordable and supported by organisations, the industry and government agencies who are willing to invest in the future of the aged care workforce
- help to ensure aged care is *viewed by all* levels of stakeholders as a dynamic and exciting place to work and construct a meaningful long term career.
- provide clear and accessible avenues for the workforce to develop required skills as well as qualifications that align with the evolving nature of the aged care sector, jobs and 'scope of work'.
- attract new workers looking for an interesting career with diverse prospects, or assist current workers looking for a new challenge, responsibilities or a change to fit life circumstances such as health, study or family commitments.
- Some organisations 'grow their own' by running in house career pathway programs and partnering with an RTO who tailors for organisational needs. Workers are fully supported through career development steps by both the Organisation and RTO and workers successfully articulate and move from Personal Care Worker (PCW) to enrolled Nurse (EN) to Registered Nurse (RN) roles. Those organisations continue to invest in pathways programs because it helps the retention of workers who are the right fit for their organisational culture.

- A provider based in a rural location who actively supports PCW - EN - RN pathways in their organisation has trouble finding good RTOs who deliver the VET training and qualifications in a way that enables a PWC worker to transition into a HE qualification. This organisation is currently looking for funding for an 'academic bridging course' that can support their workers.
- Clear and more accessible leadership training and qualification pathways would equip the aged care workforce for transformational changes ahead.

FEEDBACK RELATING TO:

OPPORTUNITIES TO BUILD CAPABILITIES ACROSS THE AGED CARE WORKFORCE BEYOND DIRECT OR PERSONAL CARE

80% stakeholders consulted want further government funding support to cover the costs of upskilling workers

76% of stakeholders consulted want inclusion of aged care specific skills/component in both VET and HE qualifications

66% of stakeholders consulted want integrated and simplified RPL processes

- VET and HE aged care qualification pathways need to embrace a much more diverse range of capabilities which can be easily packaged together for a job role. Beyond direct or personal care, stakeholders mentioned allied health, hospitality, business, leadership, innovation, project management, exercise physiology, finance, operations, administration and marketing.
- CPD could have a role to help elevate aged care work as a 'profession', and motivate continued professional development like it does for the Nursing profession. However, who would pay for the CPD system when the majority of the aged care workforce have poor remuneration? How could CPD be fairly distributed so it is available to everyone rather than just those who can afford as a privilege rather than a right?
- Feedback Micro-credentialing was something stakeholders supported, however it was seen as too expensive and therefore out of reach for many.
- If RPL processes were improved and simplified, stakeholders think RPL would be relevant to the majority of roles in aged care, but less relevant for Primary Health and Acute/sub-acute roles. See Table 1 on next page

Table 1: RPL relevance to different roles in Aged Care

ANSWER CHOICES	RESPONSES	
Personal Care Worker roles	86.67%	26
Cooking and catering roles	73.33%	22
Enrolled nurses	66.67%	20
Registered nurses	60.00%	18
Primary health roles	43.33%	13
Acute/Sub acute roles	23.33%	7
In home care roles	56.67%	17
Total Respondents: 30		

FEEDBACK RELATING TO:

GAPS IN QUALIFICATION PATHWAYS WITHIN AND BETWEEN VET AND HE TO SUPPORT CAREERS IN THE AGED CARE SECTOR AND ESTABLISH PATHWAYS WHERE GAPS EXIST

Many stakeholders commented about the challenges in this industry created by the ageing workforce, rapidly changing 'scope of work', inadequate incentives for gaining a qualification or credentials, poor workforce remuneration and benefits, combined with a lack of affordable, quality, clear, flexible, and easy to navigate career and qualification pathways on offer.

Affordability

- Lack of funding and incentives for employers and employees for ongoing professional development in the aged care industry is a barrier to workforce development. Job roles and the 'scope of work' is changing rapidly, and one qualification or micro-credential will rarely meet the ongoing needs of an aged care worker in any role at any level in this industry.
- Increased funding and incentives are needed to support for aged care work 'foundation skills' such as Language, Literacy and Numeracy, Digital Literacy, and Occupational Health & Safety.
- Increased funding will help providers release workers for training in a cost constrained operational environment.
- Smaller service providers need funding support for both workforce planning and development. In some rural and remote locations service providers have to 'grow their own'

as well as 'grow the aged care workforce for their region'. An example provided was the RN shortage in rural and remote areas and one provider knows the fastest way to address is gap is through a pathway offer that supports the quick uplift of PCW to EN to RN.

Quality

- Feedback indicates that qualifications and associated pathways are not keeping up with the needs of a rapidly changing industry. Stakeholders recommend that qualifications are developed at a faster rate with a focus on contextualisation, so they meet both current and emerging models of care and practice.
- There are still RTOs operating who are not delivering quality aged care training and qualifications, which means new entrants are entering aged care without the required skills, knowledge or attributes. Many providers provided very good feedback about TAFE's delivery of aged care qualifications.
- Feedback indicates that quality controls for RTOs are actually working against the delivery of high quality, engaging and meaningful training delivery.
- The quality controls, administration and rules also makes RPL overly bureaucratic and difficult especially for those wanting to gain RPL for a higher level qualification.
- When providers invested in 'growing their own' they were much more successful when they partnered with a high-quality RTO with aged care experienced educators.
- Feedback suggests that timelines to complete qualifications are sometimes too short and unreasonable for workers trying to balance work/life commitments.
- While online learning has benefits in regard to making training accessible, it should not be seen as a 'single' solution. Effective online learning in aged care includes a blended learning approach that combined face to face, online, and on the job learning experiences with a buddy, coach or mentor.
- If online learning is to be a viable option there is a need to support organisations and workers so they can become more IT enabled with skills and hardware.

Clear

- Feedback indicates that qualifications pathways are not clearly defined or understood by stakeholders so opportunities are lost, and time and money is wasted on training that is not relevant to the job role, the workers career prospects, or the provider's needs.

- Feedback indicates that RPL could be improved with a clearer and simpler system with reduced paperwork.

Flexible

- Feedback indicates that qualification pathways are not flexible enough to meet the diverse range of needs in aged care. Providers need to be able access to a range of ‘development’ options to build the workforce capabilities required for high quality, safe and sustainable aged care services.
- Some providers prefer a ‘scattergun’ approach to training their workers/workforce which means they can mix and match to organisational and consumer needs quickly and efficiently – whilst knowing the training approach they choose/invest in is also fit for purpose.

Easy to navigate

- Feedback indicates that qualification pathways are difficult to navigate for stakeholders, especially RPL processes which are viewed as overly bureaucratic.
- Suitable workers (with the right attributes for aged care) who are from Non-English backgrounds or with limited LLN, or digital literacy skills face the biggest barriers to qualification pathways in aged care. Solutions through quality and accessible foundational skills programs is required to address the barriers.

SUMMARY

In summary, stakeholders who provided feedback believe that improved pathways between VET and Higher Education with the addition of needs based micro-credentialing, and affordable training and development to upskill workers will enable the industry to effectively adapt and transform to meet consumer needs.

ACSA wants to thank the 46 aged care stakeholders who provided input to this Report – the organisations that participated are listed on the following page. While the timing during the COVID 19 challenges made it a challenge for many to participate, there were many who felt so strongly about this subject they made the time to make a valuable contribution.

AGED CARE ORGANISATION'S THAT CONTRIBUTED FEEDBACK:

- Suncare - QLD
- Ozecare - QLD
- Bendigo Health - VIC
- Integrated Living - VIC
- Arpad Aged Care - VIC
- Baptcare- VIC
- Village Baxter - VIC
- Vasey RSL Care - VIC
- CASS RACF - NSW
- Holy Family Services - NSW
- Dougherty Apartments - NSW
- Mission Australia - NSW
- Anglicare - NSW
- Maroba Caring Communities - NSW
- Three Tree Lodge – NSW
- MLHD Integrated Care & Allied Health Directorate - NSW
- West Coast Homecare - SA
- Dunbar Homes Inc - SA
- Toosey - TAS
- Emmerton Park Inc - TAS
- Uniting AgeWell Limited – VIC & TAS
- Community Home Care Inc - WA
- Chorus Australia Limited - WA
- St. Francis Hostel - WA
- Adria Care - ACT
- St Andrews Village - ACT

Other organisations or agencies that contributed feedback:

- TAFE - NSW
- Department of Education & Training NSW

ACSA PATHWAYS PAPER SURVEY DATA

Q1. My organisation knows a lot about existing qualification pathways and puts them to good use?

ANSWER CHOICES	RESPONSES	
Strongly disagree	3.33%	1
Disagree	13.33%	4
Somewhat disagree	0.00%	0
Neither agree nor disagree	16.67%	5
Somewhat agree	13.33%	4
Agree	33.33%	10
Strongly agree	20.00%	6
TOTAL		30

Comments

We know all about the existing pathways but they are not effective, so knowing about them doesn't change anything
There is room to improve the professional development of our staff
I am new to the organisation, but agree at this stage that the organisation is informed
Knowledge of existing qual pathways exist however there is ongoing debate on qual and skill reqs for personal care workers which impacts utilisation of such pathways
We have many staff studying here and host students from CIT and the University sector in care, clinical placement and hospitality
Policy states staff must have a minimum Certificate 111 in Individual Support, no recognition of other levels of Aged Care are required in our Organisation to provide home care support. As an RN I find this a massive issue to the care and support provided to all clients from CHSP to L4 HCP
Only trained staff know how to care appropriately for the aged, especially those with dementia and mental illness
I do not know about qualification pathways
Recent partnership with Monash University
Improvements occurring with appointment of new CEO

Q2. What is working with qualification pathways?

Some RTOs are doing this beautifully in a very challenging, overly bureaucratic and broken system
The Cert III course is a great starting point, however quality differs greatly between RTO's. the EN/RN pathway can work well however there is a lot of negativity in the sector from acute sector nurses who feel that Aged Care is a dead end.
A clear and transparent and accessible policy are available in recognizing student (staff) of their qualification and be able to offer the suited position(s)
Combination of practical and theory based training
Carer quals - Certificate 3 level - effectiveness of training depends on the training institution/RTOs. TAFE training still regarded as better quality. Pathways in aged care depend on the individual person and their drive to advance; the opportunities available within organisations; opportunities for scholarships; mentoring of more senior staff encouraging individuals to advance; flexibility of the workplace for students attending Uni needing

to go on leave periodically for Clinical placements/assisting with study leave for staff attending post-graduate courses/ organisational leadership programs
It is not working, which is resulting the shortfall in workers entering the industry
Provides recognised quals for those seeking a career in aged care, supporting their ongoing career development and quality of care provision to clients. More online opportunities for students to complete whilst gainfully employed in the sector
Honestly unsure of this
Certificate 111 qualifications seem to be working quite well, Cert IV could have some more leadership focus as they are often responsible for teams and this is missing in their training, RN pathway is established. Traineeships have also worked quite well for us
Subsidies for students to access Cert III Individual Support
partnerships with quality training organisations to ensure that you can influence the end results and have staff educated in areas that support your consumers through person centred care delivery as well as supporting the staff's career aspirations
Student placement enables Providers to determine if a newly graduated worker would be a good fit with the right aptitude to work in aged care.
Having a minimum Certificate 3 in Individual Support prepares the staff at a minimum level for entry into the workforce, ongoing in house training and development has improved recently which is also beneficial. Very often, every day the minimum is enough, but when it's not it falls far short of what is expected in "Home Care".
Flexible approach with a number of providers offering courses
The articulation between TVET and the Cert III Individual Support in most areas works well.
work experience component helps you to assess whether the person really has an interest and is passionate, those who are doing it for a job are often problematic
Non-qualified carers can get funding to do their certificates in individual support, carers on cert 3 can upgrade to cert 4 or even to enrolled nurse. Office can do many different certificates to improve
The only thing that is working is that there is a distinction between the capability statements for a Cert 3 and Cert 4 aged care worker.
Directors talk to Care workers about further their careers and qualifications
The opportunities, pathways and support are there if organisations want to utilise them. People stop having to make excuses for their own inaction and work and encourage their teams to take up the opportunities already provided by the government and through our peak bodies.
New Longevity WA training program for chefs, UA have three chefs in the pilot program.
Having a registered nurse on every shift is vital. However, RNs upon graduation are looking for new graduate programs in acute care settings, not in aged care. We, as a small provider do not have a Nurse Educator and do not have the resources to take on new grad RNs
Small numbers of staff see opportunities in aged care and are able to progress from PCW through to RN. These staff become exceptional Aged Care Specialists - the hands on component of their experience gives them a great grounding as they become leaders.
Staff can move from PCA to EN to RN over time IF they have the intellectual capacity
Occasionally there are some incentives that are offered to the aged care workforce with state/federal funding . My employer currently is partially funding a degree for me with no state or federal assistance.
Placement in organisations that are able to provide practical understanding and experience

Q3. What ISNT working with existing qualification pathways in aged care?

Variability of quality of content and context, skills sets etc. Learners should be truly work ready at end of course including how to apply for positions, interview skills, responding to Key selection criteria.
CertIII has no linkage with nursing qualifications. The sector seems to be moving away from EN's in Aged Care, so we either need to beef up this qualification, or make RN training more affordable and attractive for Aged Care.
without clear policy in recognizing one's qualification / skills

Variation among providers
Carer quals - Certificate 3 level - effectiveness of training depends on the training institution/RTOs. TAFE training still regarded as better quality. New Grad RNs - cream of the crop are selected by Acute Hospitals; there needs to be better New Grad programs for our new RNs; it would be useful for students in RN programs at university with English as a second language to have compulsory English language and grammar lessons and attain a specific standard in English language fluency prior to graduation; RNs ongoing development - regular ongoing clinical education needs to be available and relevant to aged care. Opportunities for gerontological specific education would be great - these units need to be affordable for staff as individuals and for organisations to enrol their staff. Developing our care staff so they can proceed to become RNs and RNs become Care Managers and Managers. Lifting the profile and medical/nursing professional opinion of Aged Care speciality would greatly enhance our industry to attract RNs into our workforce. There isn't an industry standard/regulation for qualifications -aged care workers need to be regulated /registered with specific qualifications before entering the workforce. Universities need to have a much more active program of studies about aged care speciality. There needs to be more time spent on clinical placements during RN training.
Needs to be funded appropriately (Federal)
No mandatory entry level requirement for personal care workers in the sector so not seen as career enhancement. Debate on relevance of existing content within Cert III and Cert IV for many personal care roles currently. Pathways from SW to other clinical roles or team management
Honestly unsure
The Cert IV qualification needs to elevate employees to a leadership focus for clinical reasoning and team leadership.
The quality of placement is lacking. A placement lab, especially in the regions, would be beneficial.
Too many non-result focused RTOs and the churn that comes through is useless to industry and require many years of education and training to rectify the poor training being undertaken. There needs to be closer attention paid to the learning outcomes and the quality of the training and trainers. Students with english as a second language needs to have important concepts explained in language such as the Charter of Rights, Accreditation Standards etc. They do not understand human rights for older people and the older persons cultural journey as they don't have the historical concepts that have formed our populations beliefs and influence actions
Students complete a qualification and then require significant orientation to prepare them for work in aged care. They are not work ready. Courses are very short and provide very basic information and skills.
Identification of client's needs, based on their health and wellbeing due to lack of health educated management. Experience and training in a range of different environments and with a range of different client base. Training conducted by for profit RTO's and unskilled or irrelevant trainers
RPL - way too expensive and time consuming.
it is not recognised fro RPL, inconsistent model, variable outcome
Poor articulation between Cert III Individual Support and Cert IV Qualifications to Enrolled Nursing is poor. Often students do not have the academic foundations to transition smoothly and there is little recognition of existing knowledge and skills. Poor alignment between qualifications. Limited formal training pathways for non-clinical or care workers. Cost of formal qualifications is a significant barrier for many workers in the sector
language skills are not up to standard, written English and spelling is poor, understanding and comprehension is difficult, no confidence to make safe decisions, always hear, "refer to RN". There are none who are interested in working in aged care.
with English as a second language it is more difficult also funding on eg partner visas isnt approved
There are too many overlaps between the Cert 3 and Cert 4 - the same units are delivered in both courses.
Allowing time and really supporting staff to undertake further training
People not taking advantage of the opportunities out there.

Focus on Carers and extend their skills
Certificate II & IV trained staff do not fully understand the role and expectations around basic care provisions in an aged care setting. English may not be their primary language and this adds to their potential ambivalence, uncertainty and confidence in performing primary care for the elderly in the aged care setting. More OTJ training should be required and the courses should be longer with a small exam at the end to ensure proficiency at the most basic level is achieved
The opportunities are very limited related to skills mix and roster; there is no resource to support staff succession planning and no roles.
they are solely focused on "care" Lifestyle staff have no real clear pathway and a heap of tafe courses that all lead to nothing really. Support staff are often forgotten and can obtain general qualifications that have no aged care focus as part of their training.
Too few and far between with funding opportunities for aged care staff. RTOs are often of a poor standard and are not held to account for the quality of training they produce for students.
Remuneration for staff, casualised work force and not flexible enough for higher qualified workers
The focus is not on getting the right people interested and suited for aged care; it's about hitting targets and obtaining fund grants. Some people very unsuited to aged care are gaining qualifications and really should never work with vulnerable people regardless of the piece of paper they've obtained.

Q4. With recruitment processes, are candidate skills and knowledge gained from experience outside of aged care recognised and valued?

ANSWER CHOICES	RESPONSES	
Always	43.33%	13
Usually	33.33%	10
Sometimes	16.67%	5
Rarely	6.67%	2
Never	0.00%	0
TOTAL		30

Comments

However many roles require a minimum qualification to work with specific skills
Life experience, good customer service skills, an empathic nature and a "can do" attitude are the big 4 skills we look for and value the most.
RNs and Allied health professionals from outside community aged care settings are a good example of where we source skills and knowledge from outside aged care.
we encourage a wide variety of applicants and the consumers of our facility choose staff that resonate with them

A person who has volunteered in the industry or gained OSH experience outside of the aged care sector are definitely recognised.
Experience in the field helps us to decide on the correct applicant.
Customer service is a good one to be recognised
However the industrial instruments under which we operate do not have flexibility in giving an employer capacity to create a level or position title that reflects the skills an employee brings to the service
We generally have long standing employees. Always good to have an injection of new ideas and thoughts into the organisation.
Chefs can be trained into aged care, but require a longer induction, it is worth the time and effort but in we have some real success with this.
At our facility, we seek out previous aged care experience for all clinical staff, do not take new graduate RNs, and offer yearly medication management training for PCAs to ensure they are competent in administering medications. However, finding experienced PCAs is rare and sometimes we are forced to take on those who are newly finished a placement at the end of their course
Aged care is a Specialised area of care that is not recognised as such. Nursing staff who have had no RAC experience struggle with the enormity of the task, the realisation of the responsibility - that in RAC RN staff are all things to all people.
I have been doing this for 20 years and I have had no issues with being employed for the entire duration of my career.
It's balancing the expectation that people are "qualified" with those that are genuinely suited to working with vulnerable people. A piece of paper does not qualify someone to work in aged care. Similarly, lack of that paper doesn't mean someone isn't naturally gifted and has the right skills and attitude. It goes back to, what do we want people to be doing "with" older people and what we want them to do "for" older people? Where do we want the line between providing "care" and providing "engagement" or "quality of life" to sit?

Q5. What following types of work experience from outside of aged care are likely to be 'recognised' in your organisation as part of recruitment processes?

ANSWER CHOICES	RESPONSES	
Tourism work experience	40.00%	12
Hospitality work experience	96.67%	29
Retail work experience	66.67%	20
Event management work experience	43.33%	13
Finance work experience	50.00%	15
Total Respondents: 30		

Other work experience not listed above?

With COVID 19, in the area that I work we have had applications for PCAs from all of the above areas. We are not in a position to train in specific skill sets ie. personal care and unfortunately have had to decline some very good applicants. It is not feasible to provide this training on the job in community with a relatively small workforce that has further been decimated by staff working in one 'facility' frequent COVID tests and low paid remuneration.
Other health care experience (disability, child care, specialised acute such as paediatric or geriatric)
All of the above dependant on the position applied for.

It depends on the position you are recruiting for
Particular for personal care workers, client focus and service mentality is critical
The need for more WHS experience is a must, particularly (but not limited to) the home care sector. Processes the provide for the safety and health of the workforce in an unsupervised environment should be paramount in this sector.
Community service work, volunteer work.
Life experience - maturity.
Depending on the actual role if it is clinical or administrative. However, generally people who have worked in catering or laundry (hotel experience) are sought after as they are usually able to time manage, have experience and have some front hand customer experience
Certainly any customer service industry is valuable - nursing staff, PCW staff do not receive education that supports our approach to care; holistic care covers a very broad range of diverse skills; management of staff, contractors, environment, budgets to name but a few.
Customer facing industries such as retail or tourism should be more highly valued but are not.
Child care; allied health; home care; disability services

Q6. Please rate your organisation's level of knowledge of Recognition of Prior Learning (RPL) in Vocational Education & Training

	NO KNOWLEDGE	LOWEST KNOWLEDGE	MEDIUM KNOWLEDGE	GOOD KNOWLEDGE	HIGH LEVEL OF KNOWLEDGE	TOTAL	WEIGHTED AVERAGE
☆	10.00% 3	10.00% 3	30.00% 9	30.00% 9	20.00% 6	30	3.40

Comments:

Varied. It may be that the organisation sees this as an individual employee responsibility to navigate RPL with the RTO involved
Previous trainer and assessor of the Certificate III Individual Support
RPL is often available, however due to the cost and time required the actual overall investment often exceeds the costs of doing the training course.
I am a certified trainer and assessor
None - I am aware of RPL however
The theory and framework is all fine, its the application of that framework by RTO's seeking \$\$ to churn through students where the industry is let down time and time again. RPL should be independently assessed OUTSIDE of the RTO responsible for the training and should involve previous employers
Organisation is improving knowledge through appointment of a new CEO with industry links

Q7. Please rate your organisations level of knowledge about Recognition of Prior Learning (RPL) in Higher Education

	NO KNOWLEDGE	LOWEST KNOWLEDGE	MEDIUM KNOWLEDGE	GOOD KNOWLEDGE	HIGH LEVEL OF KNOWLEDGE	TOTAL	WEIGHTED AVERAGE
☆	10.00% 3	6.67% 2	36.67% 11	33.33% 10	13.33% 4	30	3.33

Comments:

I assume it's similar to the VET programs where you have to demonstrate skills and knowledge of the assessment areas to a qualified assessor, but I have not heard of RPL being used at this level of education.
None, although I am aware of RPL
The theory and framework is all fine, it's the application of that framework by RTO's seeking \$\$ to churn through students where the industry is let down time and time again. RPL should be independently assessed OUTSIDE of the RTO responsible for the training and should involve previous employers
Organisation is improving in this area.

Q8. Please select the types of roles in aged care that your organisation thinks that Recognition of Prior Learning (RPL) and accreditation would apply to:

ANSWER CHOICES	RESPONSES	
Personal Care Worker roles	86.67%	26
Cooking and catering roles	73.33%	22
Enrolled nurses	66.67%	20
Registered nurses	60.00%	18
Primary health roles	43.33%	13
Acute/Sub acute roles	23.33%	7
In home care roles	56.67%	17
Total Respondents: 30		

Other roles?

I think it would be the individual employees responsibility to navigate this with the RTO
Enrolled Nurses and Registered Nurses need to be qualification requirement of APHRA. We do recruit these staff from the Acute and other sectors without previous aged care experience.
Regional Assessment Services/ ACAT
Other service areas, including maintenance / grounds and administration.
RPL can apply anywhere in any course if robust and independent assessment is undertaken. It should never be assessed by the employer or RTO that the student is going through the course with.

Q9. There are many methods that can help facilitate career pathways. Please confirm from the following list of options, the methods that you think would be viable for aged care.

ANSWER CHOICES	RESPONSES	
Standardised job descriptions and designations across Aged Care	53.33%	16
Integrated and simplified Recognition of Prior Learning (RPL) processes	66.67%	20
Inclusion of aged care specific skills/components in both VET and HE qualifications	76.67%	23
Practical, easy access, learning and development, including online learning solutions, that enable workers to take on new roles	60.00%	18
Simplified RPL processes in VET and HE so workers can fast track relevant career moves	60.00%	18
Government funding to cover the cost of upskilling workers	80.00%	24
Use of micro-credentials, short courses, digital 'badges'	53.33%	16
Total Respondents: 30		

Comments:

On line courses do NOT ensure that employees have the required practical application, underpinning knowledge and skill to deliver appropriate care. To provide quality care in the Aged care field is highly skilled, and until this is recognised, valued and resourced appropriately, this sector will not gain any traction and fundamental change
On line learning is a risk to this sector. It is great for facilitating some of the administrative components of a course, however there need to be much more of an "on site" component with a provider as this is where student can gain the most. This of course needs to be structured in a way that some providers don't use students as "work experience".
Government funding sounds great -but unaffordable by the Government in the long term. There does need to be a greater focus on training our workforce in aged care so perhaps - targeted funding for this purpose where organisations have to provide evidence of how the funding was used would be useful. But that would probably involve another level of regulation/red tape and we already have more than enough of that!!
We still need to ensure the training provides the skills and knowledge necessary for the role. We still see too many courses and qualifications that do not provide this. This survey has me concerned we're looking to grant people qualifications beyond their actual level of practical competence.
All education is of value; RAC requires funding to be able to support staff to continue education - the current elearning; use if Train the Trainer and so on is all well and good but places additional burden on an already limited workforce - it is incredibly difficult to offer significant education on site and to somehow cover a roster at the same time. We love education but we need the resources to support staff in a genuine manner - it so often feels as though we are ticking boxes. We drown in the 'ticking box' mentality that does not necessarily produce the desired quality outcome.
Pay the workforce better at all levels; screen for aptitude and attitude towards vulnerable population groups; acknowledge that there is a level of literacy and intelligence (IQ & EQ) required for all levels of this workforce to translate knowledge and themes into proper outcomes for older people in care, quality of life and engagement.

Q10. Would you prefer aged care specific qualifications?

ANSWER CHOICES	RESPONSES	
Yes	75.86%	22
No	13.79%	4
Don't know	10.34%	3
TOTAL		29

Comments:

Aged care has similarities with disability, health service assistant etc. and transferrable skills. There are specific requirements of aged care that are stand alone
Aged Care needs to become a sought after career, and as such needs a specialised component
Qualification should include aged care specific units. There are a core number of skills that can apply across all health sectors
Standardised qualifications for entry level of Carers, Cleaners, Catering staff Further qualifications can be attained on the job for these staff as well as other staff - specifically RNs, Lifestyle staff, Chefs, Cooks, Admin staff and so on.
Dependent on many factors such as access, funding, impact on attraction to the sector. Ideally yes in future once there is clarity on the above issues.
In some roles CSE and CERT IV not necessarily in RN level but this is where short courses are beneficial
the sectors are too different to cross over workers It just leaves them confused if their English isn't good enough
inclusive of disability support
Aged Care, Mental Health and Disability Services are often provided by the same organisations. I believe the qualifications should span all 3 areas.
The sector is unique as it has to deal with residents and be supportive of their families to achieve positive outcomes. There is an enormous amount of time trying to meet expectations and being able to do so in a timely manner.
Not necessarily, good communication and interpersonal skills are a valuable asset for working in Aged Care
We need to work and encourage people from all employment backgrounds - this would only make things harder for us to attract good people.
Updated to reflect current requirements
As aged care is a specialty field, as is paediatrics, emergency, intensive care nursing, and for the kudos it so rightly deserves in caring for one of our most vulnerable populations, I believe it should be specific. However, I strongly am opposed to aged care being likened to "acute" care as it is NOT. It is caring for the old, frail, chronically and terminally ill in their last years of life which should be focused on the quality of life over the ticks and crosses of an exhaustive accreditation process geared solely towards a bureaucratic, regulatory framework set by a government who has really no idea how our elderly should be cared for in the residential setting. Community living is very different from staying at home
Absolutely! Aged Care needs to be recognised a specialised area of care - not where staff go when they cannot do anything else! Trained in London with dual qualifications I fell into aged care accidentally and let me tell anyone who likes to listen - it is the hardest job I have ever had - my background being neonatal intensive care, surgical.
Aged care is a complex field involving whole of person care, the needs of Residents and complex, often multidisciplinary, for example in any one shift an RN usually needs to apply skills in psych, ED, cardiac, rehab, respiratory medicine, pharmacy and counselling. There is no other field of health care where this level of complexity and diversity is required EVERY SINGLE SHIFT . and this applies across all of the departments, even gardening. The grounds team need to know how to deal with a Resident with dementia, what kinds of plants to include in a sensory garden, what kinds of grasses have smaller blades and are less slippery if damp, what flowers are non-toxic etc etc

We need to recognise the unique body of knowledge and vast skillsets needed to work in the sector. It is a specialisation in its own right.

Q11. Would you prefer more generic aged care qualifications?

ANSWER CHOICES	RESPONSES	
Yes	17.24%	5
No	55.17%	16
Don't know	27.59%	8
TOTAL		29

Comments:

Generic qualifications don't recognise the specialised nature of the Aged Care sector
Sometimes people with generic care qualification may be benefit and so it depends
There are some units that may be generic but there are other care needs that are aged care specific especially caring for a person with dementia. Residential aged care has become more complex with the majority of residents having comorbidities and increased health needs. Certificate III in Individual Support needs to equip students with the skills and knowledge to support and care for the increased need of these residents.
need to cover specific Aged care areas
We need specific skills for aged care including a complete understanding of the Aged Care Standards -It takes many hours of training and educational time and costs to get staff up to speed with Human Rights concepts and actions from staff with varied personal experiences of life that were at times brutalizing.
Aged care is a specialty and should be treated that way, with specialty nurses and carers.
Focused on dementia and being able to deal with challenging behaviours.
Need to identify the understanding of caring for aged care. Important to understand the needs of emotional and physical care. Hospitality workers have good interpersonal skills but being able to assess a deteriorating patient requires clear knowledge
Depends on how generic and across what areas. Some specific knowledge still required.
Geared towards palliation, Alzheimer's disease, chronic morbidities and co-morbidities that are life limiting
No, Aged Care is a specialised area of care and staff require education appropriate to the industry.
All RNs and ENs are taught how to undertake "tasks" such as bathing and assisting with meals. What they are not taught is how to apply those skills to situations where a person has dementia or other cognitive or physical impairment. Specialised qualifications need to incorporate those skillsets for that person to be a functional specialist in aged care whether they are a carer or a qualified nurse.

Q12. Do you prefer a scaffold approach to learning and obtaining qualifications such as a worker starting with a Cert II leading to a Cert III then skill sets?

ANSWER CHOICES	RESPONSES	
Yes	58.62%	17
No	27.59%	8
Don't know	13.79%	4
TOTAL		29

Comments:

Not necessarily, what are the skills/previous experience by learners that can be RPL'd - clearly demonstrating the skill set required on the job - not reliant on documentation only. Documentation can say anything people want it to. Skills need to be clearly demonstrated and validated. A complex system and interplay between employment, education and individual requirements, which are complex, each in their own right. Greater heads than mine required in this space.
a career path needs clear structure and staff should see early on that they can start with a CERT III (no place for CERT II), and perhaps go to CERTIV, Diploma, EN, RN with options to bypass EN and go straight to RN
yes, although the starting point should be Cert3
building on micro credentialing that leads to higher qualifications would be ideal
But Cert III leading to Cert IV would be more beneficial than a Cert II in aged care
I believe the graduating student will have a more in-depth view of potential hazards, conflicts, boundaries and what is required in the job role with increased education in these basic areas
This approach would benefit the employee to determine a "passionate" worker is employed and not wasting time for something better to come along.
Build up confidence and skills and having the ability to support suitable staff to further their skills is really important.
Depends on the individual - due to many factors including prior learning and life experience, some people suited to starting at a higher level than others.
Not sure but possibly. For those who are bright and ambitious, is this limiting.
Yes, this is a great approach - learn from the grass roots up definitely provides a deep understanding - also allows staff to mature into the industry, develop their emotional intelligence that supports longevity in a very demanding industry.
I only hire cert three as a minimum.
Do not further complicate the already complex system. Pseudo qualifications help no one; least of all the care recipients.

Q13. Do you prefer the offer of one qualification that covers everything that is required, rather than having a scaffolding option as mentioned in Q12?

ANSWER CHOICES	RESPONSES	
Yes	34.48%	10
No	41.38%	12
Don't know	24.14%	7
TOTAL		29

Comments

Unsure, there is an increasing amount of MUST know and demonstrate. For a learner to acquire and use that knowledge in a short time frame is unreasonable. If credentialing is proposed for staff, perhaps credentialing at a number of levels. i.e. Graduate PCW have a designated set of skills, and levels increase with experience and skill sets

scaffolding is a good move as many new students don't know how far they want to go in their careers, and this gives them a chance to find their "niche"

It depends very much of how one's attitude during training and their eagerness in learning. There were new graduate who had not gained the necessary skills on completion of their learning curve.

should start with Cert IV in aged care cert III doesn't provide enough skills

Introduction to the differing requirements between Home Care and residential care, the increasing push for high care clients to remain in home and the higher care needs of the community need a multi-faceted education and exposure for new carers.

I like to provide options to people. With the change in the economic environment people may not know if they like working in Aged Care and by introducing option as an introduction to this field as a career option may entice more people to work in the sector.

Again depends on the individual - some people not up to meeting the requirements of a higher level qualification.

Again, depending on what this entailed and if the student had the capabilities and they were tested both in theory and practical to ensure they are a good fit, and capable, then maybe yes

Could work but the practical component needs to be significant.

We know the "big ticket" matters that affect positive outcomes in aged care; behaviour management, cognitive support, engagement, quality of life, support for carers for physical and cognitive impairment, palliative care, chronic pain, etc,.... Every person dealing in aged care needs those basic skills to be safe and effective.