



AGED CARE SERVICES SECTOR
NATIONAL CONSULTATIVE FEEDBACK

SKILLS IQ DISCUSSION PAPER

THE RE-IMAGINED PERSONAL CARE WORKER

AUGUST 2020

ABOUT ACSA

ACSA is the leading national peak body supporting not for profit church, charitable and for purpose providers of retirement living, community, home and residential care for more than 450,000 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 Consultative Feedback

FEEDBACK ON THE REIMAGINED PERSONAL CARE WORKER

The Discussion Paper is focused on the role of a Personal Care Worker in the context of the modern aged care workplace and seeks input into the skills base for the personal care worker job role now and into the short term future (5 to 10 years).

The objective is to identify what skills and attributes a Personal Care Worker will need to meet the changing needs of a diverse care recipient base and how that will impact on models of service delivery.

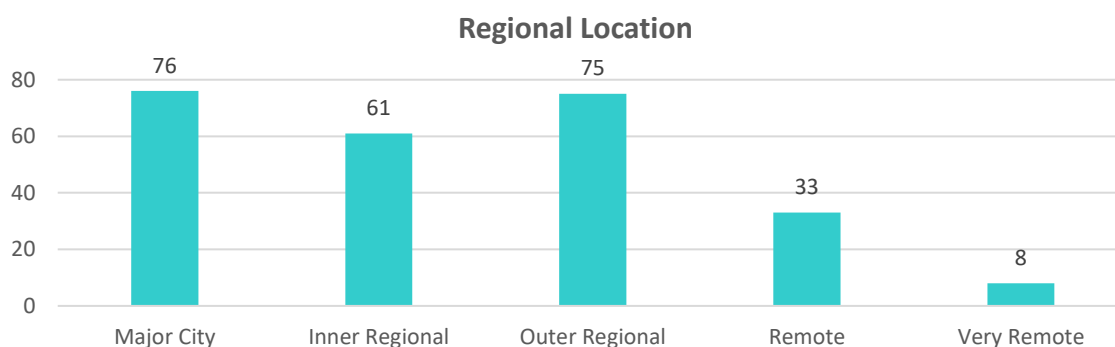
The discussion paper asked a series of questions under three broad themes:

- The breadth of care recipient's needs.
- The range and complexity of the skills and capabilities required to meet those needs; and
- The extent to which an individual worker can meet those needs versus the scope of the role as part of a multi-disciplinary team.

ACSA consulted with the sector in two ways, the first was via an [on-line survey](#) designed to gather information on a number of questions raised in the discussion paper.

A total of 178 service providers responded to the on-line survey with a breakdown of the geographical coverage of their service provision as follows:

Figure 1.



The organisations responding to the survey ranged from small to large businesses and were representative of a range of service delivery types including Commonwealth Home Service Providers, Home Care Providers and Residential Aged Care Providers, in each of these service contexts the majority of the direct care workforce employed are Personal Care Workers.

The second approach was to allow a deeper discussion with service providers about the skills and attributes for a Personal Care Worker to do the work across both community and residential aged care services; the potential for one person to be able to meet both the social and health needs of a diverse care recipient base; the changing expectations of customer service; and the scope of practice for the Personal Care Worker in the modern Australian Aged Care workplace. Consultation sessions with aged care providers were grouped in geographical regions aligned to the Accessibility Remoteness Index Australia (ARIA); Major Cities; Inner Regional; and Outer Regional and Remote.

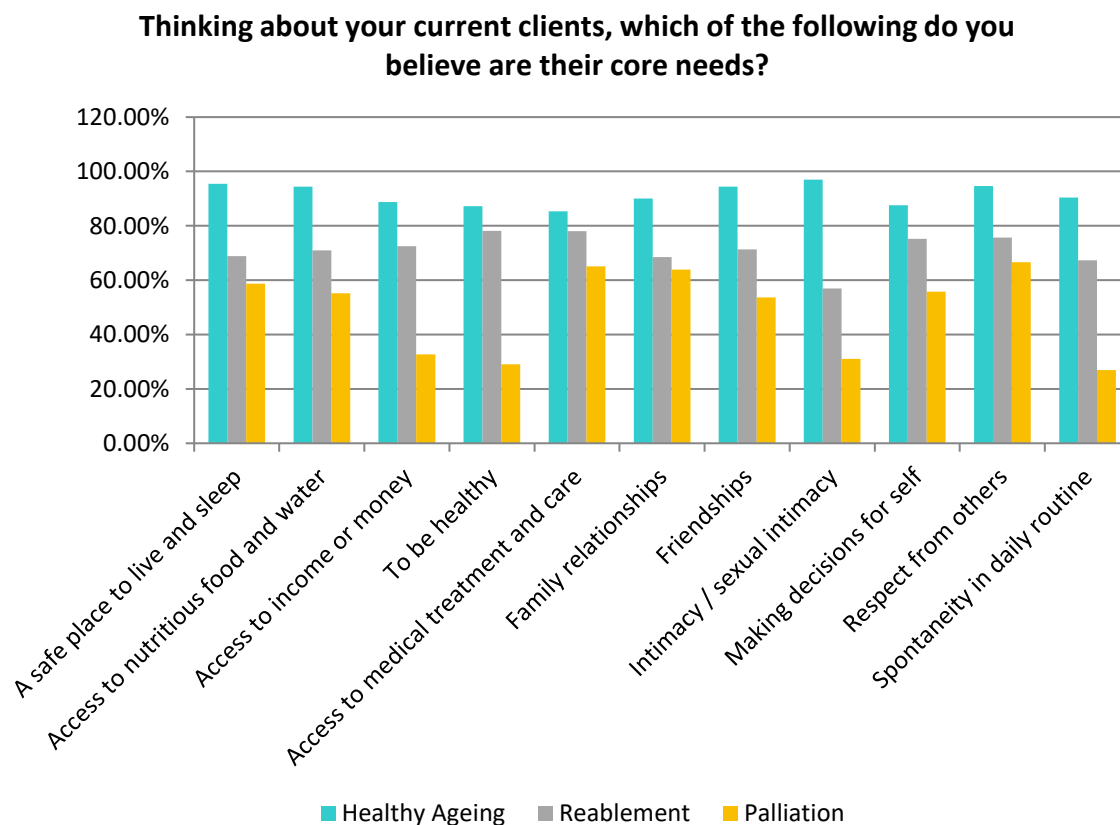
THE BREADTH OF CARE RECIPIENTS NEEDS AND EXPECTATIONS

Support and Care

There are theories about a person's fundamental core needs, our survey design focused on basic human needs as presented in Maslow's Hierarchy of Needs; these potential core needs are presented in Figure 2. The discussion paper asked whether the importance of the core needs of a person would change across three specific life stages; healthy ageing; reablement and palliative care. Respondents were able to select all the options they felt were important for each life stage. For the purposes of the use of the term palliative care, industry consultations agreed we would refer to palliative care as "end of life care".

Service providers felt there were some areas of significant difference in terms of priority of core care for a person who is at end of life, including; access to income or money; to be healthy; intimacy or sexual intimacy; and, spontaneity in daily routine.

Figure 2.



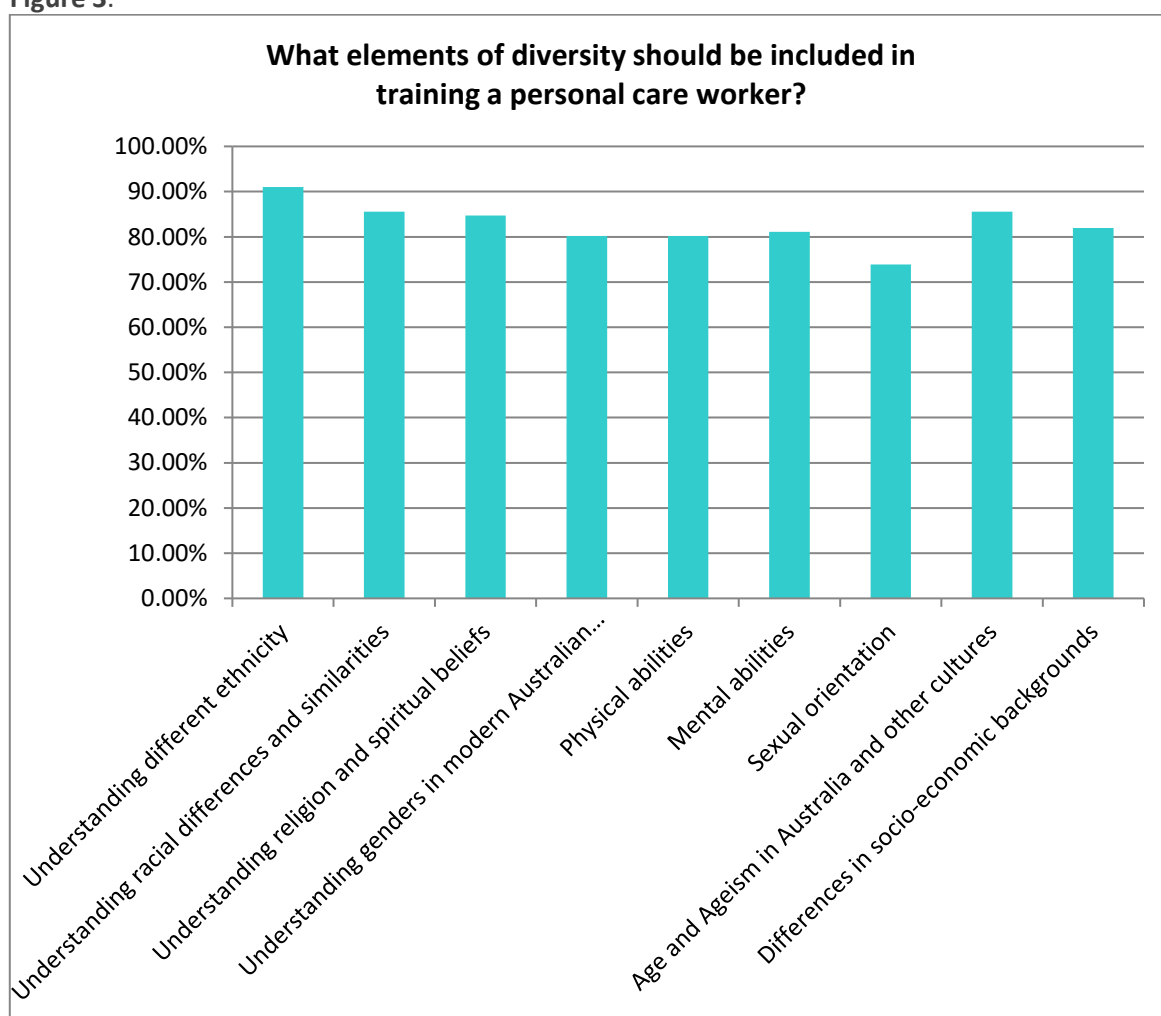
- Service providers were asked if they felt there would be any fundamental changes to those core needs into the future, there was little if any difference in the perception of care recipients core needs now compared to those in the future.

Diversity and Inclusion

- On average, 25.4% of service providers felt the core needs of a care recipient would vary based on elements of diversity including whether or not they identified as Aboriginal or Torres Strait Islander; were culturally or linguistically diverse; identified as a member of the Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex people and those of other sexualities (LGBTQI); lived in regional, rural or remote communities; were a veteran or belonged to another underrepresented or excluded community.

- When compared to other diverse communities, areas of perceived higher importance for both Aboriginal and Torres Strait Islander peoples and those living in regional, rural or remote communities, included; access to nutritious food and water; access to money or income; to be healthy; and access to medical treatment and care.
- Service providers also felt that members of the LGBTQI community would have significantly different or higher core needs in relation to intimacy and sexual intimacy when compared to other diverse groups.
- 99% of Service Providers felt that a unit of competency within the Certificate III in Individual Support or its replacement needed to be a unit of competency focussed on developing awareness about diversity and working with diverse people.
- Service Providers widely acknowledged that whilst the breadth and depth of knowledge to work effectively with older people from a range of diverse backgrounds was desirable, it was agreed that if a Personal Care Worker was respectful, then learning about a care recipients individual needs and preferences would follow. Providers felt being respectful was an attribute that could not be taught but was a personality trait that is essential to working with older people.
- Elements of diversity were presented to Service Providers from the [Aged Care Diversity Framework](#), the priorities highlighted in Figure 3. were identified by most respondents.

Figure 3.



- 95% of Service Providers also felt that teaching the concept of Cultural Safety and how that can be achieved when working with older people was a core requirement of any

training or induction program for anybody working in the aged services sector, as this element is fundamental to delivering person centred care.

Customer Service

- It was generally felt that customer service expectations have changed significantly over time, corresponding with a shift from a medical model of care and support to one that promotes individual choice and preferences.
- Service Providers reported that they currently do have significant interactions with the care recipients of the future, as they are the children of the current care recipient base.
- Health literacy and service experience of “Baby Boomers” will mean the care recipients of the future are well educated about what services and support are available to them, along with their rights as consumers.
- There was consensus that Baby Boomers will seek to age in place (in their own home or a place of their choosing) and that the need for or desire to enter a residential aged care facility would be as a last resort.
- There was high value placed on the “personality” of the personal care worker and the need for them to be a “good fit” with the care recipient; this then needed to couple with the personal care workers skills and knowledge (ability) to support the care recipients individual health and social needs.

Continuity between Home Care and Residential Care

- Personal Care Workers require a generic set of skills to allow them to provide direct care and support to care recipients irrespective of whether the care and support is delivered in the community or in a residential care setting.
- Recruiting Personal Care Workers based on their personal values and attributes was generally seen as a requirement in both Community Care and Residential Aged Care to ensure the relationship between the care recipient and the Personal Care Worker was going to be a “good fit” and would contribute towards customer service and quality care interactions.
- Service Providers agreed that Personal Care Workers currently working in residential care settings were working with care recipients with a higher level of acuity and complex care needs including cognitive decline or dementia. However, they generally have access to Registered Medical Professionals to provide specialist skills and support to meet care recipient’s needs. They do currently work to support both the health and social needs of care recipients within their delegated scope of responsibility.
- Personal Care Workers in community settings are working with care recipients with lower levels of care and support through to care recipients with very complex needs and would currently be working with Registered Medical Professionals who are potentially at arm’s length from immediate access to support.
- Personal Care Workers in community settings are currently expected to be meeting both social and health needs of care recipients in their regular work, within the scope of their delegated responsibility.
- Access to support and specialist advice is more difficult in remote areas as access to medical and allied health professionals is disparate.
- Into the future, service provision and the complexity of care being delivered into the community would continue to increase in line with consumer choice and preference to age in place. Service Providers felt that this will lead to a greater need for specialist skills to be developed in the Personal Care Worker, particularly in dementia care and support, working with complex behaviours, mental health and well-being; and end of life care and support at home.
- In both settings it was felt that a hospitality model of service delivery was inevitable with care recipients being better informed and wanting options to choose from, making their

own decisions to meet their personal preferences. Personal Care Workers play a crucial role in being the link between service provider and care recipient.

THE RANGE OF SKILLS REQUIRED

- 29% of Service Providers currently employ Personal Care Workers with no formal qualifications, the majority of these were large employers (more than 100 employees) who operated services across major cities, inner regional, outer regional and remote locations.
- 67% of Service Providers advised that their organisation had a policy in place to only employ Personal Care Workers who have a Certificate III in Individual Support or equivalent qualification.
- Residential Aged Care Services or services just providing Commonwealth Home Support Programs were more likely to be flexible with employment of Personal Care Workers with no formal qualifications. Most of these providers placed limitations or restrictions on the types of services being provided for a care recipient. For example, a person with no formal training in personal care would not be aiding with activities like showering, toileting and assisting with manual handling.
- Service Providers were divided about whether the scope of the role for an ideal re-imagined Personal Care Worker would change, with 42% advising they felt nothing should change in the current scope and that working under the delegation of a Registered Nurse was appropriate. 41.5% of Service Providers felt that the Personal Care Worker should be autonomous, working with the care recipient about what they need and reporting changes in support and care needs back to a manager. A small number of providers (3%) felt that it would be appropriate for a re-imagined Personal Care Worker to be employed directly by the care recipient and working under their direction; and another 3% of Service Providers felt that a Personal Care Worker should work under a health professional but that this should be appropriate to the care recipients needs e.g.: someone working with a care recipient focussed on reablement should be working under the delegation of an Occupational Therapist or Physiotherapist; whilst someone working with a care recipient at end of life should be working under the delegation of a Registered Nurse.
- The majority of Service Providers (78%) believe the autonomy and responsibility for a Personal Care Worker should be dependant on their level of experience.
- 97% of Service Providers wanted to see the use of Psychometric Screening Tool/s used to screen for ideal attributes during recruitment, however only 6% of them currently had access to a formal screening tool in their organisation.
- The following attributes were listed as being ideal personality traits for a Personal Care Worker, they included recruiting someone who was: patient; caring; compassionate; responsible; supportive; flexible; respectful; honest; resilient collaborative; able to problem solve; a team player; have a willingness to learn and be able to ask advice when needed; be proactive and observant; and have a love of older people.
- Service Providers felt that it was imperative for a Personal Care Worker to have a broad range of skills, but a fundamental requirement was the ability to effectively communicate both in spoken and written English. This skill was necessary for communication with the care recipient, to develop their skills and knowledge and to work effectively within the multidisciplinary team delivering care and support.
- Service Providers felt that there were some preferential traits in meeting care recipient needs for some diverse groups, particularly recruiting Personal Care Workers from the same cultural backgrounds where first languages or cultural expectations would impact on the quality of care interactions.

Technology

- The technological skills (digital literacy) currently expected of Personal Care Workers included the ability to use a tablet or mobile phone to record progress notes or operate enterprise specific care management (information systems about care recipient needs) and learning management (software used to deliver training and education) software.
- There was also a need to have an appropriate level of skill to enable a care recipient to use FaceTime or some other form of technology. This had become a higher level of skill requirement of Personal Care Workers during the current COVID-19 pandemic.
- Approximately one third of Service Providers felt a Personal Care Worker required the skills to administer or operate remote monitoring or intelligent health information systems, and robotic or mobility devices to support care recipient's needs.
- Telehealth was seen as an essential component to delivering appropriate care to older people, particularly in rural, regional, and remote areas of Australia. The current COVID-19 Pandemic has also seen an increase in telehealth use and a requirement for Personal Care Workers to provide more support to care recipients in the community to access medical support via its use.
- 98% of Service Providers believe a Personal Care Worker will require a broader range and higher level of capability to work with technology in the future.

INDIVIDUAL WORKERS VS MULTIDISCIPLINARY TEAMS

- 90% of Service Providers would like to see the aged care industry have a mandated industry induction program, similar to the requirements of other industries where there is high risk in terms of workplace health and safety, infrastructure, or risk to community health and well-being (Mining, Construction and Hospitality Industries).
- It was felt that a mandated program could be non-accredited or a skill set, with most providers agreeing that the following areas needed to be covered in such a program (listed in order of priority):
 - The concept of Person-centred Care (98%)
 - Communication with older people (96%)
 - Infection control (94%)
 - Basic documentation (94%)
 - Professional Boundaries and self-awareness (94%)
 - Aged Care Quality Standards (93%)
 - Manual handling (93%)
 - Understanding dementia (93%)
 - Workplace, Health & Safety (91%)
 - Coping with loss and grief (87%)
 - Nutrition and hydration (84%)
 - Introduction to safe food handling (81%)
 - Communication with colleagues (80%)
 - Introduction to the different types of aged care services in Australia (64%)
 - Domestic Assistance – laundry and cleaning (60%)
 - Domestic Assistance – hospitality and food services (57%)

The T-shaped Personal Care Worker

- The majority of Service Providers (70%) agreed that a Personal Care Worker requires a broad general skills base with one or more areas of specialisation according to the care recipient's needs.
- The range of generalist skills required for a Personal Care Worker varied between Service Providers however it was generally agreed that the skills base had to be broader when service delivery is occurring in rural, regional, and remote environments.

- Areas of agreement amongst service providers (irrespective of geographical location or service provision type) for a broad general skills base include:
 - Communication
 - Infection control
 - Workplace, health, and safety
 - Manual handling
 - Literacy and numeracy skills
 - Digital literacy
 - Understanding aspects of ageing and how that impacts on service provision
 - Being able to assist an older person with tasks of daily living
 - Identification of triggers (being able to identify loss of capacity) for referral to clinical specialists / supervisors
 - Basic understanding of cognitive impairment and dementia
 - Understanding the Aged Care Quality Standards and the concept of continuous improvement
 - Being able to deal with or respond to complaints
 - Continence care
 - Basic food preparation and cleaning skills
- Areas of specialisation identified for Personal Care Workers included:
 - Medication assistance
 - Dementia support – particularly with challenging behaviours
 - Palliative care
 - Continence support
 - Psychosocial and mental health
 - Higher level or specialist communication skills
- It was generally felt that the broad range of skills should be covered in any vocational qualification aligned to the job role of Personal Care Worker (Cert III) and that the specialist skills should be additional units of competency or skill sets that could build towards recognition as a Certificate IV level qualification.
- Service Providers believe that additional units of competencies or skill sets should attract government funding or subsidy via Registered Training Organisations for delivery to the industry.
- 83% of Service Providers believe a Personal Care Worker with a broad general skills base and specialisation in one or more areas should be paid more than one with a general skills base or no formal qualification.

Multi-disciplinary Teams

- 93% of Service Providers completing the survey and 100% of Service Providers attending the face to face consultations stated they already delivered care and support to care recipients through a multi-disciplinary approach as outlined on pages 8-10 of the Discussion Paper.
- However, 39% of the Service Providers responding to the survey believed that current Personal Care Workers did not understand the roles of other members of the multi-disciplinary team.
- Service Providers were divided on whether they felt there was adequate supervision of Personal Care Workers currently delivering care and support to care recipients, with 55% feeling there was currently inadequate supervision.
- The majority of Service Providers felt there was a need for more time spent buddying and onboarding Personal Care Workers but that workforce shortages and the current system of funding was prohibitive in that being possible.
- Supervision in delivering Home Care services was perceived as more difficult by some Service Providers due to the nature of the work, working in isolation in people's homes.

- There was consensus that more funding was required to pay Personal Care Workers at a higher rate in recognition of both the nature of the work and the range of skills and expertise required to deliver appropriate care and support.
- Funding models also needed to make provision for Service Providers to be able to employ more registered professionals to be able to supervise Personal Care Workers appropriately in delivering care and support.

Other Feedback

- On the job training was highlighted as being critical in developing appropriate skills in Personal Care Workers and this should be a focus of all pre-employment and vocational qualifications.
- The quality of training and Registered Training Organisations also impacted on the quality of the Personal Care Workers knowledge and skills base. Service Providers felt that the vocational education and training sector had to be held to account for the quality of graduates with a Certificate III in Individual Support and needed to take more responsibility for:
 - Screening potential students for the attributes the industry is looking for.
 - Working with industry to design appropriate elective options to suit care recipient needs and develop specialist skills in the Personal Care Worker.
 - Ensure that generalist skills qualifications (Certificate III) provide adequate and appropriate on the job vocational placements that provide the breadth and depth of experience expected of a Personal Care Worker by industry.

SUMMARY

Personal Care Workers currently make up more than 70% of the aged care industry workforce. Current models of care and support have shifted from a medical model to an individualised person-centred model of care.

Subsidised aged care from the Commonwealth Government has driven a model where reliance on Personal Care Workers for most of the care and support provision to care recipients is the only option available for service providers to operate efficiently. However recent reviews by Stewart Brown (2020) indicate that this level of funding is now inadequate for even this level of service provision with more than 60% of Service Providers operating in a deficit.

We can reimagine what a Personal Care Worker can be, but without appropriate funding for service provision and an overhaul of the vocational education and training sector, we will continue to face workforce shortages where there may be too high an expectation placed on the Personal Care Worker without appropriate recognition and remuneration for such responsibility.

The aged care industry operates under public scrutiny and heavy regulation, many Service Providers have developed policies around the employment of Personal Care Workers with a minimum Certificate III vocational qualification, relying on this approach as being a risk mitigation strategy. However the quality of vocational training and its value (free training provided by the Commonwealth via the States) has seen a competitive vocational education and training market boom at the expense of both the industry and potential students who are not suited to this type of work or who have been inadequately prepared for the job role and industry expectations. This results in high turnover and wasted resources both for the Service Provider and the Commonwealth investment in skill shortage development.

The industry is calling for a change to the way in which we recruit Personal Care Workers based on their attributes and soft skills, then training them in the skills needed to provide appropriate care now and into the future. If we can achieve this we will be able to continue to deliver quality care and support services, but there are many parts to this equation and they are co-dependant on funding and reform to both this industry and the vocational education sector.

ACSA and the industry through our consultations are supportive of a minimum entry level qualification for the industry, but one that meets the needs of the sector, developing a broad general skills base in people who have the right personal attributes, attitude and commitment to provision of quality care and support.

Service Providers consulted during face to face zoom sessions included:

- Anglicancare (NSW)
- Warrigal Aged Care (NSW)
- Integrated Living
- Three Tree Lodge (NSW)
- Hammond Care (NSW)
- Silver Chain Group (WA)
- Mayflower (VIC)
- South Australia Independent Care (SA)
- Country Home Services (SA)
- Southern Cross Care (SA, NT & VIC)
- PresCare (QLD)
- Juniper (WA)
- Kindred Living (SA)
- Kalyra (SA)
- Resthaven (SA)
- Gummun Place (NSW)
- Helping Hand (QLD)
- Bay to Basin Community Resources (NSW)
- Suncare (QLD)
- OzCare (QLD)
- Centacare (QLD)
- Estia Health
- Churches of Christ (QLD)
- Barkly Shire Council (NT)
- Gwydir (NSW)

Other interested parties included in face to face zoom consultations:

- Community Services Industry Alliance (QLD)
- Community Services and Health ITAB (NSW)
- Industry Skills Advisory Council Northern Territory (NT)
- Community Services & Health Industry Training Board (VIC)
- TAFE NSW
- Fox Consulting (NT)