

Australian Nursing And Midwifery Federation

**REIMAGINED PERSONAL CARE  
WORKER (PCW) WORKFORCE  
SUBMISSION**

**3 AUGUST 2020**



Australian  
Nursing &  
Midwifery  
Federation

**Annie Butler**  
**Federal Secretary**

**Lori-Anne Sharp**  
**Assistant Federal Secretary**

**Australian Nursing and Midwifery Federation**  
**Level 1, 365 Queen Street, Melbourne VIC 3000**  
**T: 03 9602 8500**  
**F: 03 9602 8567**  
**E: [anmffederal@anmf.org.au](mailto:anmffederal@anmf.org.au)**  
**W: [www.anmf.org.au](http://www.anmf.org.au)**



## INTRODUCTION

---

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 290,000 nurses, midwives and carers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
4. With regard to care of older people, ANMF members work across all settings in which aged care is delivered. Beyond more than 40,000 employed directly in the aged care sector, many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, community and in-home care), depending on their health needs. Being at the fore-front of aged care, and caring for older people over the twenty-four hour period in acute care, residential facilities and the community, our members are in a prime position to make clear recommendations to improve the care provided and enhance processes for access to that care.
5. On behalf of our members, the ANMF welcomes the opportunity to contribute to the discussion on the best way forward to 'reimagine' the role of the personal care worker and to provide comment on the options presented in this regard by the discussion paper from the Centre for Workforce Futures at Macquarie University and SkillsIQ.
6. This submission is presented in two parts. The first part provides an outline of the ANMF's views on the three key areas identified in the paper: the breadth of care recipients' 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 the multi-disciplinary team. The second part provides more detailed responses to the groups of questions posed by the paper.



## PART ONE

---

7. The ANMF's position is that all elderly Australians should have access to and experience safe, best practice care appropriate to their specific needs, regardless of their location, health status and conditions, personal circumstances, and background. Care should be evidence-based and holistic in addressing physical, mental, social and emotional well-being and should also be delivered in a manner that is appropriate and consistent with the individual preferences, values and beliefs of each person.
8. Holistic care does not mean that every one of the range of needs of an older person must, or could, be met by an individual worker. The ANMF rejects the notion that the role of the personal care worker (PCW) in the aged care sector must be broadened or 'reimagined' to widen beyond direct care to include all 'touchpoints'. We do not consider that a PCW's role, particularly as a Certificate III entry level worker, could or should be 'reimagined' in any way to ensure appropriate service and *care at every stage of the ageing journey, from supporting their independence and re-ablement, to acute disability and palliative care*. There simply is no such thing as a 'one-size-fits-all' worker.
9. In fact, the ANMF submits that such a proposal would not only further dilute the skills needed to provide safe and quality direct care to older persons, but would also risk increased harm and injury, as has been highlighted by the Royal Commission into Aged Care Quality and Safety and brought into even sharper focus by the current COVID-19 crisis in Victoria.
10. Caring for elderly people, especially those with behavioural and psychological symptoms of dementia and other disabling health conditions, is a challenging area requiring a team of the right people with the right skills and knowledge, in the right place at the right time, to develop and implement holistic care plans customised to individual needs.
11. This will be best achieved by improving the training and education of the PCW and ensuring they are working in well-staffed multidisciplinary teams, which are underpinned by mandated minimum staffing levels and skills mix requirements. This applies to both those working in residential care settings and community and in-home care settings, where PCWs could be required to provide complex care in an uncontrolled environment, potentially placing care recipients and themselves at even greater risk.
12. Improving the overall skill, knowledge and competencies of care workers must include the following:
  - a. There should be a regulated minimum education requirement for care workers. A Certificate III in Individual Support provides baseline training which is suitable for the role of care worker.
  - b. The quality of delivery of the Certificate III qualification is variable and needs to be reviewed and regulated. There are many instances of the program not meeting the requirements for the role of a care worker due to poor delivery. Certificate III trained care workers do not always have the skills necessary for entry to the aged care sector due to poor quality or non-aged care specific training. There should be a national accreditation scheme for qualifications leading to working in aged care for care workers.



- c. Training for care workers, supported by an accreditation scheme, must provide programs that prepare care workers for aged care work. Recognition of program units identified as desirable in aged care should be made core units rather than elective, for example dementia care, palliative care, diversity training and how to recognise and report elder abuse and issues of concern.
- d. Care workers must be subject to a registration scheme.
- e. Regulation through registration of care workers will provide greater opportunity for care workers to articulate into nursing and other health professional qualifications as well as into higher level certificate qualifications and relevant training packages.
- f. Care workers should have clearly identified competencies and vocational pathways that lead to certificate III qualifications and thereafter higher level certificates and the opportunity to move to a Graduate Diploma (e.g. enrolled nurse) and Bachelor Degree (e.g. registered nurse or other health professional).
- g. All direct personal care workers in aged care should be supported during training via work placements. Registered Training Organisations should develop relationships with providers that ensure quality placements. Once in employment, providers should be required to offer continuing professional development to ensure currency of knowledge and ongoing development, relevant to care and worker needs.
- h. In order for work placements, transition to the workforce and ongoing professional development to be successful and meaningful for the participants, staffing levels and skills mix must be appropriate. Resources must be dedicated to ensure staff have reasonable workloads, can work within the scope of their training and practice and are appropriately supported in delegation, supervision and mentoring. There must be time and funding allowed for all direct care workers both to access training and development and to offer training and development support where required.

## **PART TWO**

---

13. As outlined above, the ANMF's position is that there is a need to improve the PCW role to become a more effective component of the direct care workforce in the aged care sector, rather than embark on an unrealistic reimagining of the role as proposed by the paper. This section therefore provides broad responses to the questions posed by the paper as they relate to the ANMF's position on the PCW role.



### ***Breadth of care recipients' needs***

14. The ANMF considers that PCWs, when working in appropriately structured teams, may contribute to the provision of care encompassing all aspects of health care as well as in providing clinical and functional assessments and assistance and support with activities of daily living. This includes health promotion, prevention of illness and injury, care of the ill, disabled and dying. Care should be evidence-based, person-centred, and holistic in addressing physical, mental, social, and emotional wellbeing and should also be delivered in a manner that is appropriate and consistent with the individual preferences, values, and beliefs of each person.
15. The ANMF recognises that as with the wider Australian community, the carer workforce is itself diverse, with members from a range of social, cultural, and language backgrounds, age groups, and gender and sexual identities.
16. The ANMF also recognises that an individual person, their family members, and/or loved ones may belong to more than one category of diversity. This increases the importance of ensuring that each person receives individualised person-centred care that is sensitive to their unique preferences and needs. This level of care cannot be assured when there is an insufficient number and skills mix of staff.
17. To support appropriate, safe, and effective care for the diversity of people in aged care, workforce interventions are required along with clear policies, criteria, and procedures in cross-cultural communication and provide ongoing education and training for staff to improve their cross-cultural communication skills and abilities.<sup>1</sup>
18. Cultural safety training is a valuable and effective way for staff in aged care to begin to gain and to improve their skills and knowledge in the delivery of safe, appropriate person-centred care for older people and in communicating to other people from diverse backgrounds. Every staff member in aged care including management and non-direct care staff should be provided with opportunities to undertake high quality cultural safety training and to improve their skills and knowledge through additional training opportunities throughout their careers.
19. A greater number and diversity of quality resources, policies, and evidence-based interventions such as cultural awareness and safety training are required to underpin the effective, safe provision of aged care services to people from culturally and linguistically diverse (CALD) backgrounds. Having an aged care workforce which is itself characterised by cultural and linguistic diversity is one way that can help to ensure that older people from CALD backgrounds receive appropriate care.

---

<sup>1</sup> Ibid. [14]



20. While the qualification needs to include the elements outlined above to ensure safe and quality care delivery to diverse populations by PCWS, the negative experiences many PCWs themselves encounter need to be addressed. The experiences faced by overseas-born aged care workers mirrors those of the broader aged care workforces,<sup>2</sup> and includes constraints with time, workload, staffing, and poor peer relations. Discriminatory practices and lack of a strong support structure are also causes of dissatisfaction.<sup>3</sup> Workplace reforms are necessary to ensure that overseas-born and CALD staff are effectively and appropriately supported in the aged care sector. This will assist the role in ensuring appropriate care.

### **Range of skills required for the PCW**

21. The ANMF considers that the range of skills required by the PCW role are those that enable the role to contribute safely and effectively to direct care delivery for older people, both in residential and community settings, as part of the multidisciplinary team.
22. The Certificate III in Individual Support, the principal qualification for preparation to work in the aged care sector, should provide baseline training for a care worker in attending activities of daily living, emotional support and observational skills. It introduces care workers to the aged care sector and care delivery. Ideally it should be conducted over a minimum of nine months with a mix of theory and work place experience, including workplace placements which amount to a total of 120 hours.
23. However, there are a number of issues with the qualification, which predominantly relate to its delivery. There are sector wide concerns about the current theory (which is currently under review), content and work placement delivery, the lack of regulation of the program and, for some programs, the adequacy of student learning outcomes. There are examples of the program being delivered in significantly shorter time than the identified minimum nine months. There are also considerable inconsistencies in theoretical inclusions and the quality of workplace placements across the sector.
24. The ANMF has received wide feedback from both aged care nurses and workers and from industry that the program in many instances is not meeting the requirements for the role of a care worker due to inconsistencies with its delivery. We receive frequent reports that the care workers who have completed a program have not gained the required skills and knowledge the qualification is designed to deliver. They lack the requisite skills for dealing with elderly people and the specific conditions of ageing, even at Certificate III level, and many do not possess first aid skills even though they are very often likely to be the first responder in a residential aged care setting.
25. Additionally, as there is no national registering or licensing system in place for care workers, consumers, families or employers cannot check whether the care worker is appropriate to be looking after them or their loved one. This is compounded by the fact that many care workers are working independently, such as in the home environment. Currently, if a care worker is found to be unsafe in the care they provide and is dismissed from their employment, they can move onto another employer with a minimal checking process occurring or, on many occasions, without any process at all.

<sup>2</sup> Australian Nursing and Midwifery Federation (ANMF). 2019. ANMF National Aged Care Survey 2019 - Final Report [Internet]. Australian Nursing and Midwifery Federation (Federal Office), Melbourne, Victoria. Available online: [http://anmf.org.au/documents/reports/ANMF\\_Aged\\_Care\\_Survey\\_Report\\_2019.pdf](http://anmf.org.au/documents/reports/ANMF_Aged_Care_Survey_Report_2019.pdf)

<sup>3</sup> Ibid. [22]



26. The difficult circumstances for many care workers created by the lack of appropriate regulation around their work is currently exacerbated by the lack of qualified nursing staff in the aged care workforce. This has resulted in many employers placing excessive demands on care workers both in terms of workloads but also in terms of the level of care employers expect them to provide. They are expected to perform activities, which should be conducted by qualified nurses such as medication management and wound care, despite lacking the required underpinning knowledge and skills to perform these activities safely. This places both the workers and those in their care at unnecessary risk.
27. While the current educational preparation for care workers in the aged care sector is clearly insufficient, the ANMF argues that in some cases the system has been structured to provide a carer workforce that can be kept compliant, in insecure work and therefore, low paid, rather than to meet the care needs of older Australians.
28. It is abundantly clear that these issues require urgent attention through system changes rather than changes to the PCW role and an expectation that the role can address all care needs at an appropriate level.

### ***Multidisciplinary teams***

29. As outlined above, the ANMF considers that improving the training and education of the PCW and ensuring they are working in well-staffed multidisciplinary teams, which are underpinned by mandated minimum staffing and skills mix requirements, are the best options for the future of the PCW role.
30. As also stated above, the ANMF rejects the notion of any reimagining of the PCW role as a 'one-size-fits-all' worker and argues that there is no way an individual could have all the knowledge, skills and capabilities to address and meet the emotional, social and physical care needs of all care recipients. This is most particularly true of a worker educated at Certificate III level. The proposal is in fact inconsistent with the Australian Qualifications Framework itself.
31. PCWs need to be educated and trained, and assessed as competent to contribute to care and participate effectively as part of the multidisciplinary team as outlined above, under the direction and supervision of nurses and other health professionals as appropriate. The role needs to operate within the multidisciplinary team's structured system of delegation, therefore performing tasks and contributing to care delivery as delegated. Assessment, care planning and evaluation and other more complex case management and care interventions must be undertaken by registered nurses and other relevant health professionals.
32. In discussions of the appropriate role of the PCW as part of the multidisciplinary team and the skills and attributes required by the aged care workforce, the need to ensure employment of the 'right' people, that is people with the 'right' attitude, is frequently raised, predominantly by aged care employers. The ANMF does not disagree, however we continue to maintain that the need to ensure employment of workers with the 'right' attributes for work in aged care must not override the need to employ sufficient numbers of appropriately qualified staff. Until this is achieved aged care workers, even those possessing the best attributes, will not be supported or enabled to provide safe, quality care.



33. Finding and retaining the right people with the right characteristics, aptitudes, and skill-sets to work in the aged care sector is described in the terms of reference for the Aged Care Workforce Strategy Taskforce.<sup>4</sup> The ANMF understands that defining the 'right' person with the 'right' fit will vary depending upon perspective (e.g. employer, employee, care recipient, or community member), broadly, however, a particular skill set is required to deliver quality care within the healthcare industry. These skills are particularly important within the aged care context where systemic industry problems are driving a decreased quality of care for residents and consumers and leading to poor worker attraction and retention.
34. Effective communication, interaction, and collaboration between and among staff, recipients of care, and their families is vital in aged care. Aged care staff must be capable of communicating respectfully and empathetically in often sensitive situations, potentially involving end-of-life care. This expectation also extends to working as a member of the broader care team; an environment in which communication skills are crucial to the successful delivery of quality care.<sup>5</sup>
35. Technical skill and current knowledge of evidence based best-practice is required for the delivery of care to residents. PCWs should be able to contribute to decisions and delivery of care as part of the multidisciplinary team and under the direction of more senior or qualified staff. Successful delivery of this care requires an understanding of the individual receiving care and will incorporate appropriate contributions to assessment of health and wellbeing.<sup>6</sup>
36. While the skills and abilities outlined above would ideally contribute to safe, quality care, the current conditions across the aged care sector do not promote, foster or develop the required skills and abilities for work in the sector. Employers have a duty to look after and support their staff and to engage in ongoing training to improve their skill and confidence to provide safe and effective care. However, this is currently not occurring across the sector, leading to a workforce which is not equipped, either in numbers or appropriate skills, to ensure safe and quality care for all elderly Australians.
37. The ANMF supports the work currently being undertaken by the aged services industry reference committee to improve the Certificate III qualification for PCWs to ensure that PCWs are better prepared to work in the sector and to deliver safe care to elderly people.

<sup>4</sup> Aged Care Workforce Taskforce. 2018. A matter of care: Australia's Aged Care Workforce Strategy - Report of the Aged Care Workforce Strategy Taskforce [Internet]. Commonwealth of Australia, Department of Health. Canberra, ACT. Available online: <https://agedcare.health.gov.au/aged-care-workforce-strategy-resources>

<sup>5</sup> Ibid [2]

<sup>6</sup> Ibid