



Key Questions

Aged Care and Disability Training Package Review

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Please answer questions in the response boxes below. You can answer as many or as few questions as you wish.

Please email your completed response to feedback@skillsiq.com.au before 5.00pm on Friday 12 March 2021.

1. Orientation to working in industry

- Should a new unit/s be developed to provide an orientation to working in the aged care or disability sector?

This may include for instance, development of a contemporary view on ageing and support for the older person, responding to the changes in the anatomy and physiology that are a function of normal ageing, understanding of a range of different types of disability and functional capacity, services structures that are available to support older people, etc.

- If such a unit was developed, what do you think it should include and should it be a single unit or two separate units – one for ageing and one for disability support?

Dietitians Australia sees value in developing a single core unit on 'Orientation to aged care and disability support'. A single unit would be preferred, given that Personal Care Workers (PCWs) sometimes work in both the aged care sector and disability sector at the same time, or switch between sectors frequently as job opportunities arise.

In this new core unit, it will be important to include:

- The role and scope of practice for PCWs who support the elderly & people with disability.
- Services and structures available to support older people and people with disability.



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- Working as part of a multidisciplinary team – the role of health care professionals, allied health (including dietitians, physios, speech pathologists, occupational therapists etc), food service staff, other carers, volunteers etc.
- A contemporary view on ageing and disability and vital support for these clients – looking through the eyes of the client.
- Different types of disability and functional capacity issues commonly encountered in aged care and disability services (which will be an introduction to the proposed core unit on ‘Healthy Body Systems’ as outlined in the response to Question 2 below).

2. HLTAAP001 Recognise healthy body systems in core of Certificate III in Individual Support

The relevance and appropriateness of continuing to include *HLTAAP001 Recognise health body systems* in the core of the *Certificate III in Individual Support* has been questioned. This unit is from the HLT Health Training Package and cannot be amended in this project.

- Should this unit be removed from the core of the Certificate III and if so, how should the content regarding basic level anatomy and physiology that is required by a personal care worker be reflected?
- Is this something that could be included in a potential orientation to working in industry unit as outlined in question one? Is it better to retain the HLTAAP001 unit as currently included? Or should a new unit be developed that covers human body systems to support personal care or similar?



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Dietitians Australia supports a basic level of knowledge re: healthy body systems for Personal Care Workers entering aged care and disability sectors. However the current unit 'Recognise Healthy Body Systems' (HLTAAP001) does not appear to equip students with the basic level of knowledge and skills they need to identify body system issues common to older Australians and people with disability, such as malnutrition, dehydration, weight regulation (underweight and overweight), oral health issues, appetite regulation issues (e.g. poor appetite and excess hunger), dysphagia (swallowing issues), bowel health issues (e.g. constipation and loose stools), bone health issues (e.g. osteoporosis), food intolerance, dementia, skin integrity issues (e.g. wounds, pressures injuries), falls etc.

A new CORE unit on 'Healthy Body Systems' should be developed specifically related to older Australians and people with disability. Given disability may occur throughout the lifespan (from infancy through to old age), this unit should examine healthy body systems across the life course.

The unit must provide students with a basic level of understanding regarding healthy body systems and arm students with the knowledge, skills and tools to identify issues/risks commonly seen in aged care and disability care (as described above). Using malnutrition as an example, students should be equipped with the knowledge, skills and tools to assess malnutrition risk (using a validated malnutrition screening tool, e.g. [MST](#) or [MNA](#)) and know what to do once malnutrition risk has been identified (e.g. in this case the action is to refer to a dietitian for a detailed nutrition assessment and dietary intervention).

Several performance criteria in **CHCCCS023 Support independence and wellbeing** could potentially be moved to this new unit, including:

3.4 Identify variations in a person's physical condition and report according to organisation procedures

3.5 Recognise indications that the person's physical situation is affecting their wellbeing and report according to organisation procedures

3.6 Identify physical health situations beyond scope of own role and report to relevant person

3. Potential merge of CHCCCS031 and CHCCCS023

The updated *CHCCCS031 Provide individualised support* unit merges the existing *CHCCCS011 Meet personal support needs* and *CHCCCS015 Provide individualised support*. There has been feedback that indicates this could be further merged with relevant content from *CHCCCS023 Support independence and wellbeing*.

- Would you be supportive of merging the content of this additional unit? Why, or why not?

Dietitians Australia does not support merging **CHCCCS031 Provide Individualised Support** unit with **CHCCCS023 Support Independence and Wellbeing**, as there are important competencies in ‘Support Independence and wellbeing’ that are essential for all personal care workers and foodservice staff working in aged care and disability, such as an understanding of the basic requirements for good health, especially nutrition, hydration and oral health.

It is vital that Certificate III in Individual Support includes appropriate **nutrition and hydration training** to ensure all staff working in aged care and disability are competent to meet the nutrition and hydration needs of clients living in the community, residential aged care and disability housing.

Older people have unique nutrition needs that are often misunderstood. The nutrition needs of older people are very different to the younger adult population and lack of understanding can be harmful to health, so it is important that the aged care workforce has good quality training that encompasses the basics of nutrition and hydration for the elderly.

Quality of care is compromised when Personal Care Workers assisting aged care clients in the community with grocery shopping and meal preparation do not have a basic understanding of the food and nutrition needs of the elderly. Likewise, it compromises quality of care when staff working in residential aged care homes and disability sectors have little to no understanding of nutrition requirements and malnutrition risk.

4. Meal preparation skills and knowledge

The updated unit *CHCAGE012 Provide food services* now focuses on food safety, assembly and delivery of meals and clearing of trays and other equipment.

- Should a new unit/s relating to meal preparation be developed and what should this unit contain?
- To what extent is a personal care worker at Certificate III or IV level going to be engaging in food preparation?
- What skills and knowledge will they need? Suggestions include allergen management, texture modification of food, nutrition and specific diets, cooking in a person's home etc.
- Should these areas be covered in a new unit/s or is this content already covered in existing units? If so, which ones?



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Dietitians Australia considers it essential that a new elective unit is developed on **'Meal Preparation and the Mealtime Experience'**, as 'Provide Food Services - CHCAGE012' does not cover these important competencies for care staff, support workers and foodservice staff working in residential and community aged care and disability support. It is noted that much of the content and terminology in CHCAGE012 is not relevant to community settings.

When it comes to maintaining the physical health and wellbeing of people with disability and aged care recipients for healthy aging, assistance with grocery shopping, meal preparation, cooking and safe eating all play a vital role in achieving and maintaining food intakes that are both enjoyable and nutritious. Assistance with these tasks from Personal Care Workers (PCWs) with no nutrition knowledge or skills can jeopardise the physical health and wellbeing of aged care recipients. PCWs have been observed to prepare meals for clients without reference to their dietary needs, health condition, swallowing ability or food preferences.

The knowledge and skills that PCWs need to prepare nutritious meals, snacks and beverages include:

- The basics of healthy eating (according to the Australian Guide to Healthy Eating), the foundations of a nutritious meal/snack and healthy food preparation techniques.
- The unique nutrition needs of adults aged 70+ years (e.g. the requirements for some nutrients, like protein, are higher for older adults than younger adults) and tips to meet these elevated needs.
- How to prepare nutritious meals/snacks/beverages according to personal preferences, medical issues (e.g. therapeutic diets for people with diabetes, renal disease, food allergies/intolerances, malnutrition etc) and functional issues (e.g. texture modified diets for people with dysphagia).
- Skills to prepare meals, snacks and beverages according to texture modification requirements (under instruction of a speech pathologist), and when to refer to a dietitian for nutrition support, will be important topics to cover in this unit.
- The mealtime experience and safe feeding skills: knowledge and skills to provide a safe and enjoyable environment that is conducive to eating, and skills/tools (e.g. modified utensils) to assist clients to consume their food and drink in a safe and comfortable manner.

The following units (especially HLTFSE006) may contain some relevant content to draw on:

- HLTFSE006 - Prepare foods suitable for a range of client groups
- HLTAHA013 - Provide support in dysphagia management
- HLTAHA021 - Assist with screening & implementation of therapeutic diets
- SITHCCC201 - Produce dishes using basic methods of cookery
- SITHCCC307 - Prepare food to meet special dietary requirements

5. Mealtime management and consumption

- Should a new unit/s be developed in regard to mealtime management and meal consumption and if so, what skills and knowledge should this contain?

Stakeholder suggestions have included use of modified utensils, provision of physical or other assistance with eating and drinking, provision of a conducive atmosphere for meal consumption, etc.

- Should these areas be covered in a new unit/s or could this content be included in existing draft units? If so, which ones?

These topics (i.e. of modified utensils, provision of physical or other assistance with eating and drinking, provision of a conducive atmosphere for meal consumption, etc) would be covered in the proposed new unit on **'Meal Preparation and the Mealtime Experience'**, as detailed in the response to Question 4.

6. NDIS Support Coordinator Role

Content relating to the NDIS Support Coordinator role is to be included at the Certificate IV level. New unit/s are needed to provide the skills and knowledge for this role in addition to the current Training Package content.

- What specific skills and knowledge should these units contain?

Firstly, 'Cert IV in Disability Support' provides inadequate nutrition and hydration training, so this need to be addressed. Nutrition and hydration training is also vital to the 'NDIS Support Coordinator' role, given the important role that nutritious food and adequate fluids play in maintaining good physical health, mental health and promoting overall wellbeing for people with disability.

Therefore, food, nutrition and hydration units must be added to both 'Cert IV in Disability Support' and 'NDIS Coordinator Support'. Suggested units include:

- CHCAGE012 – Provide food services
- HLTAHA013 – Provide support in dysphagia management
- HLTAHA018 – Assist with planning and evaluating meals and menus to meet recommended dietary guidelines
- HLTAHA019 – Assist with the monitoring and modification of meals and menus according to individualised plans
- HLTAHA021 – Assist with screening and implementation of therapeutic diets

In addition to:

- the proposed new unit on '**Meal Preparation and the Mealtime Experience**', as detailed in the response to Question 4.

7. Assistive Technology

- As assistive technologies are essential to all aspects of caring for older people and people with disability, how should the use of assistive technology be included in the Training Package Products?
- It has been included across a range of the proposed units. Are there other units in which it should be included and how should the skills and knowledge be reflected?



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Assistive technology includes nutrition support products, such as tube feeds (enteral feeds).

Education should include the role of dietitians and speech pathologists in prescribing and reviewing need for nutrition supports.

Introduction to tube feeding needs to be included, as well as raising awareness of the role of dietitians and speech pathologists.

8. Restrictive Practices

The use of restrictive practices is an essential area of knowledge in disability support, particularly given the tight legislative guidelines that exist around use of these practices. It is currently reflected in the two units in the disability support group which relate to behaviour plans. However, neither of these are mandatory in the *Certificate III in Individual Support*, meaning that a learner may progress through the qualification without covering this aspect.

- Should restrictive practices be included in other units of competency and if so, which ones?
- Could restrictive practices be included in an orientation to working in industry unit for the disability sector as outlined in question one?

This needs to be a CORE unit and be mandatory for disability and aged care certificates. There also needs to be content around managing people's rights to make choice vs duty of care to keep them safe and well.

9. Provision of specialised support in disability support

- Should additional unit/s be developed around provision of specialised support for disability support workers?
- If so what areas of specialised disability support and attendant skills and knowledge should be covered? Is this appropriate for a Certificate III or IV level worker?

Please provide your response here:

10. Responses to Abuse

- Is sufficient content included in the unit CHCCCS033 Respond to suspected abuse?
- How is responding to suspected abuse different to responding to actual abuse and what are the skills and knowledge required to do this?
- Is it appropriate for a worker at Certificate III or Certificate IV level to be undertaking an investigation as outlined in the unit?
- Does an additional unit need to be developed around responding to actual abuse and investigations and if so, what skills and knowledge should this unit contain?

Consistent with the central issues identified as problematic by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, this unit should be extended to include concepts related to violence, neglect and exploitation, in addition to abuse. Education on this topic should address restriction/denial of food & drinks, financial abuse and neglect, all of which may affect nutritional status, health and wellbeing of older Australians and people with disability.

11. Oral Health electives

Most of the oral health units have been removed from the elective groups, as the IRCs did not see these as relevant for the role of a personal care worker. *CHCOHC003 Apply and manage use of basic oral health products* remains in the electives.

- Should this unit also be removed given that basic oral health would be a part of meeting daily personal support needs and therefore covered in other units?
- Should other existing units be included in the electives in regard to oral health? If so, which ones and why?
- Should a new oral health unit for aged care or disability be developed and if so what skills and knowledge should this unit contain?

Poor oral health impacts both the ageing population and people with disability, disproportionately, compared to the general population. Poor oral health affects physical health, the ability to eat and drink, challenging behaviour and quality of life. All of this impacts on health, wellbeing and nutritional status.

Oral health should therefore be a CORE unit, or at least incorporated into an existing CORE unit, and not an elective unit.

12. CHCDIS035 Support people with autism spectrum disorder

- Should the use of diagnostic tools be removed from this unit of competency?
- Would personal care workers at Certificate III or IV level be using these tools?

Please provide your response here:

13. CHCCCS026 Transport individuals and TLIC3011 Transport passengers with disabilities

Stakeholder feedback indicated that the language and content of *TLIC3011 Transport passengers with disabilities* is inappropriate and that there is duplication between the two units.

- Could the relevant content of *TLIC3011 Transport passengers with disabilities* be brought into *CHCCCS026 Transport individuals* and subsequently TLIC3011 removed from the elective bank?
- If so, what content from TLIC3011 should be retained/moved across to CHCCCS026?

Please provide your response here:

14. Certificate IV in Ageing electives – Dementia

- Should a new unit be developed to provide Certificate IV level workers with additional skills and knowledge to that in the unit currently packaged at Certificate III level, in regard to providing dementia care?
- If so what skills and knowledge should the unit contain?

Knowledge and skills on nutrition care for people with dementia is vital, but it is currently missing from 'CHCAGE011 Provide Support to people Living with Dementia'.

Approximately 50% of all people have lost bodyweight in the year prior to diagnosis of dementia. This weight loss is indicative of loss of lean body mass and malnutrition. Any loss of lean body (muscle) mass in an older person potentially increases morbidity and mortality. Weight loss in someone living with dementia rapidly impacts quality of life as well as physical and cognitive capacity.

An understanding of nutrition risks associated with dementia can identify modifiable issues around eating to assist individuals to continue enjoyment of food and drinks and maintain adequate nutritional intake. Arming aged care staff with basic food and nutrition knowledge and skills can ameliorate the impact of dementia on nutrition.

Dementia is also prevalent in many people with disability due to premature ageing, (e.g. Down Syndrome). Therefore, knowledge of how cognitive decline and dementia impact people with disability is critical for all certificate levels.

Nutrition care topics that should be added to 'CHCAGE011 Provide Support to people Living with Dementia' include:

- Common nutrition concerns for people with dementia (e.g. malnutrition, weight loss, dysphagia).
- Nutrition tips to address these common food and nutrition issues.
- Nutritious meals, snacks and beverages for clients with behavioural issues (e.g. clients who 'wander').
- Accessing a dietitian for nutrition support.

15. Certificate IV in Ageing electives – Leadership

- Are additional electives around leadership skills required in the Certificate IV in Ageing?
- If so, are these existing units of competency (please specify) or new units? If new, what skills and knowledge should the unit/s contain?



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16. HLTHPS007 Administer and monitor medications

This unit is an elective in both the *Certificate IV in Disability Support* and *Certificate IV in Ageing Support*. Stakeholder feedback indicated that this unit is inappropriate for use at Certificate IV level due to the scope of the job role, jurisdictional restrictions on the administering of medications and the additional skills and knowledge that is required over and above what is in this unit and it should be removed from the elective banks of the two Certificate IV qualifications.

- Do you agree or disagree and why?
- Should it be removed from one and not the other and why?

Please provide your response here:

17. Mental health and comorbidities

- Should a new unit be developed for workers at Certificate IV level with content relating to mental health and comorbidities?
- If so, what skills and knowledge should this unit contain?

Mental health and comorbidities should be included as core content.

This unit should include education on the impact of food and nutrition on mental and physical health, as a growing body of scientific evidence shows a clear connection between diet and mental and physical health outcomes.



18. Pathways following completion of Certificate IV qualifications

Strong and positive feedback was received in response to earlier discussion papers regarding the building and strengthening of clear pathways in areas such as allied health, nursing and diversional streams.

- What other qualifications (VET or higher education) do you see as the priority pathways for people who have completed a *Certificate IV in Ageing Support* or a *Certificate IV in Disability Support*?
- Are the current draft qualifications structured to help direct graduates into these pathways?
- If not, what could be changed about the draft qualifications to better assist graduates at Certificate IV level to pursue pathways into these priority areas? (this may relate to the structure of the qualification, the choice of core or elective units, etc.)

Please provide your response here: