

HumanAbility Submission

Department of Health and Aged Care (DoHAC)

Consultation: A registration scheme for personal care workers in aged care

17 April 2025

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Acknowledgement of Country

HumanAbility acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders – past and present, and recognise their enduring connection to their culture, lands, seas, waters and communities.

About HumanAbility

HumanAbility is the Jobs and Skills Council (JSC) for the Care and Support Economy. One of 10 JSCs established in 2023, our role is to provide leadership to address skills and workforce challenges for our industries, with a focus on the Vocational Education and Training (VET) qualified workforce.

We are responsible for ensuring the aged care, disability, children's education and care (CEC), health, human (community) services, and sport and recreation sectors are supported by skilled, adaptable, and sustainable workforces to achieve positive economic and social outcomes for industry, community, and individuals.

HumanAbility's four key functions are:

- Workforce planning
- Training Product development
- Implementation, promotion and monitoring
- Industry stewardship

We are tripartite. Our governance structure and stakeholder engagement approach reflect government, union and industry.

Executive Summary

HumanAbility commends the Government's commitment to growing a strong, professionalised, valued aged care workforce, including the personal care workforce. Since the release of the final report of the 2021 Royal Commission into Aged Care, a range of important initiatives have been committed to, implemented, or are underway, all of which contribute to recognising the workforce's importance as fundamental to the delivery of quality care and support.

Rising demand in care and support, including aged care and disability, is being driven by changing demographics: Australia's ageing and increasingly diverse population, a transition from informal to formal care, and the desire for the delivery of care in different settings to meet different needs, such as home-based care and virtual care.

The Health Care and Social Assistance industry is among the five sectors experiencing the most acute workforce shortage pressures (51 – 72 per cent since 2022¹). Fifty-nine per cent of the care and support workforce are personal care and support workers, the largest occupation group in the sector², yet seven of the top 20 occupations in demand are in the health, aged care and disability support, children's education and care, or community services sector³ and there are projections of a 110,000 direct care worker shortfall in aged care by 2030⁴.

At the same time, the workers who make it possible for Australians to live healthy and fulfilling lives at every stage of life are widely known to feel undervalued. This is partly due to low wages, casualised hours, unclear or limited opportunities for career progression⁵, and challenges in gaining the skills and training to be job-ready.

If Australia is to meet this growing demand, a valued, professionalised workforce is essential. A registration scheme with a minimum Certificate III level qualification for personal care workers in the aged care system is supported by a broad group of HumanAbility stakeholders. This is an opportunity to strengthen the quality of care delivered through improved recognition of the skills, training, conditions and progression opportunities for the personal care workforce.

HumanAbility welcomes the ambition to harmonise registration across the care and support sector to reduce administrative burden or duplication and facilitate mobility between sectors within care and support.

¹ Jobs and Skills Australia, 2024, *Better Together – The Jobs and Skills Report 2024* p54

² Jobs and Skills Australia, (2021), *Care Workforce Labour Market Study: Final Report*, p81

³ Jobs and Skills Australia, 2023, *Towards National Jobs and Skills Roadmap*

⁴ Committee for Economic Development of Australia (CEDA). 2021. *Australia's dire shortage of aged-care workers requires immediate action: CEDA*

⁵ HumanAbility, 2024, *Workforce Plan 2024* p11

Design of a registration scheme

A public register with minimal cost to the worker

HumanAbility is of the view that a public register, held by a regulator, will demonstrate that a worker has met their registration requirements. This would provide transparency of a professionalised, quality workforce and give older Australians, their families and providers assurance that a worker has met the requirements to be a registered personal care worker.

Such a register would have a secondary but important effect in facilitating a stronger understanding of the size and shape of the workforce through improved data availability, helping to inform occupations, setting shortages, forecasts, and overall improved workforce planning.

To achieve this, HumanAbility is of the view that:

- it is most appropriate for an independent regulator to hold such a register, and that such a register is aligned to existing registers (for example, AHPRA's registration of healthcare workers). This would assist workers in being able to move between jobs in different settings without having to change their registration.
- the completion of a Certificate III enables someone to work in residential care and home-based settings, so in the interest of minimising barriers to worker mobility across settings and sectors, it is not necessary for the register to delineate which settings a worker is registered for.
- consideration should be given to the establishment of a new regulator that could be expanded to hold future care and support registers.
- at least in the first instance, the cost of registration should be free to workers to avoid causing inadvertent attrition. In time, this could be reconsidered however, given the relatively low pay any future registration fees should be commensurate with the income of the workers⁶. It is noted that a registration fee may be a deterrent to a workforce that is in high demand and faces significant shortages.
- the scheme should enable a current worker to obtain a physical and/or electronic card so they can provide evidence of their registration, including their training history, to an employer or client in any jurisdiction at any time, to make employment and sector mobility as seamless as possible.

Phased registration and categories

The introduction of a registration scheme should be phased in to allow workers and employers time to adjust to and meet new requirements. Registration categories should

⁶ Australia Institute, *Professionalising the Aged Care Workforce* p31

be established to reflect such a phased approach and particularly to support unqualified workers with extensive workforce experience to meet registration requirements within a reasonable timeframe. More flexible and tailored approaches for Aboriginal and Torres Strait Islander workers should be determined through targeted consultation with First Nation people and the Aboriginal Community Controlled sector.

An indicative timeline for a phased approach to the introduction of a registration scheme is outlined in Table One. This is reflective of the time it typically takes to complete a Certificate III level qualification (6-12 months) and, therefore, the proportional shift over time to a fully registered workforce. Provisional registration is proposed to be available in the first instance to current workers who are unqualified but working towards accreditation of recognised prior learning (see discussion on Recognition of Prior Learning in section 2.1). Over time, the proportion of those in the provisional registration category is likely to reduce, but any introduction of a ‘working towards’ or Earn While You Learn model would necessitate a provisional category continuing for some portion of the workforce.

Table 1 - Registration Category Timeframes

Time frame	Registration category	Proportion of workforce
First 18 months	Provisional Registration (Unqualified and / or working towards RPL accreditation)	(35 – 60%)
	Full Registration (Mandatory minimum qualification met)	(40 – 65%)
First 3 years	Provisional Registration (Working towards RPL accreditation)	(35 – 45%)
	Full Registration (Mandatory minimum qualification met or demonstrated RPL)	(55 – 65%)
5 years after introduction of a registration scheme	Provisional Registration (Working towards RPL accreditation)	(10% or less)
	Full Registration (Mandatory minimum qualification met or demonstrated RPL)	(90%)

Consideration of First Nation, migrant, culturally and linguistically diverse workers and those in regional or remote areas

The establishment of a registration scheme must be consistent with growing a strong and diverse workforce, ensuring quality care is available and accessible to older people when they need it and in the way they wish to be cared for. This includes recognising cultural knowledge, language, and connection as integral aspects of models of care for First Nations and culturally and linguistically diverse older people. Whilst more extensive consultation with appropriate stakeholders is necessary to inform how this should be considered in the context of increased regulatory requirements, we note below some considerations.

First Nation workers and Aboriginal Community Controlled Organisations

The National Foundation Skills Strategy⁷, delivered as part of the National Skills Agreement (NSA) embeds Closing the Gap reform priorities, set out below, as a commitment to work in partnership with First Nations people to deliver better outcomes for them and their communities. The design and development of a registration scheme should contribute to delivering on these reform priorities:

- establish partnerships with First Nations organisations in VET to provide genuine engagement and agency in policy making (Priority Reform 1: Formal partnerships and shared decision making)
- expand investment in the capability, sustainability and growth of the Aboriginal Community-Controlled Organisation (ACCO) and First Nations Owned (FNO) training sector (Priority Reform 2: Building the community-controlled sector)
- grow the First Nations VET workforce and boost cultural capability of mainstream RTOs (Priority Reform 3: Transforming government organisations)
- boost data and evaluation capability in the First Nations VET sector (Priority Reform 4: Shared access to data and information at a regional level)⁸.

Targeted consultations with First Nations' peoples, communities and Aboriginal Community Controlled Organisations to inform the most appropriate approach and requirements for the registration of First Nation workers is essential and should include consideration of:

- the importance of delivering culturally appropriate care – where connection to family, community and Country are integral to physical, mental and spiritual

⁷ Skills and Workforce ministerial Council (2024) *National Foundation Skills Strategy 2025 – 2035*

⁸ Ibid, p11

wellbeing, and where the concept of family is broader than the nuclear family concept⁹.

- recognising cultural knowledge as a skill that should be acknowledged and remunerated.
- place-based models of care.
- systemic racism, including the overrepresentation of First Nations people's interactions with the criminal justice system and how this may present barriers to First Nations people registering¹⁰.
- the administrative and financial burdens of a registration scheme (discussed in 1.5) that are likely to be exacerbated for First Nation workers and Aboriginal Community Controlled Organisations.

To best enable the registration of First Nation workers, a more phased and flexible approach to the design and implementation of a registration scheme, appropriate levels of funding and support for individuals and Aboriginal Community Controlled Organisations, and investment and strengthening of providers to deliver training on the job, on Country, and/or at the same facility as where someone works may be required.

Migrants, recently arrived and or culturally and linguistically diverse workers

Culturally and Linguistically Diverse people including migrant, recently arrived, and people who are settled, are a growing part of the aged care workforce, increasing by 10 per cent between the 2016 and 2020 Aged Care Workforce Census reports to make up 35 per cent of the residential aged care direct care workforce¹¹. This same census finds that 72 per cent of culturally and linguistically diverse staff are personal care workers¹².

Consistent with the view outlined by the National Aged Care Alliance (NACA)¹³, “rigorous labour market testing, skills assessment, and provisional registration” would support migrant workers to enter the sector and meet any new personal care worker registration standards.

In addition, targeted consultations to determine the support and flexibility required for unqualified personal care workers from a culturally or linguistically diverse background to become registered should be a key part of this consultation.

⁹ Aboriginal Health Council of Western Australia, *Aboriginal Community Controlled Model of Care*

¹⁰ Interim First Nations Aged Care Commissioner, (2024) *Transforming Aged Care for Aboriginal and Torres Strait Islander People* p53

¹¹ Australian Government Department of Health and Aged Care (2020) *2020 Aged Care Workforce Census Report* p16

¹² Ibid

¹³ National Aged Care Alliance Workforce Strategic Priority Group (2024) *Position Paper: Key propositions for career development and pathways for the aged care workforce*, National Aged Care Alliance

Cultural knowledge and language skills should also be recognised as a part of the care culturally and linguistically diverse people may deliver, which is an important consideration for inclusion in their registration.

Training

In mandating a minimum qualification and ongoing training requirements for workers, investment and support to increase the accessibility of training in general but especially in rural, regional and remote areas will avoid exacerbating shortages in areas where there are fewer or no training providers available. Accessibility to training may be through:

- use of online training models,
- investment in on-the-job or in facility training by providers in these areas,
- targeted paid placements or other Earn While You Learn models in areas where there are training provider thin markets.

Impacts on providers

The introduction of mandatory qualifications and ongoing professional development must account for the financial cost this will present to workers and providers through the provision of targeted funding.

Professional development and ongoing learning opportunities have been increasingly difficult for providers to offer staff because of the training costs incurred and the impact of a staff member being unavailable to work whilst training has on day-to-day operations¹⁴. HumanAbility has met with several providers who have invested in ‘Grow your Own’ models: a model of investing in the professional development and ongoing paid training of their staff as part of organisational retention strategies and the upskilling of their workforce. Whilst successful, this can be costly to providers when funding is already stretched.

Funding for traineeships, paid placements, and other Earn While You Learn models (discussed in section 2.4), as occurs in sectors such as construction, is an investment in a pipeline of future workers and the retention of existing workers.

HumanAbility notes recommendations made by Ageing Australia to reduce financial and administrative burden including by establishing a harmonised national qualification and training framework; fully funding initial training and CPD; implementing a tiered registration model with career pathways; and ensuring cultural safety, digital access, and equity for underrepresented workforce groups.

¹⁴ National Aged Care Alliance Workforce Strategic Priority Group (2024) *Position Paper: Key propositions for career development and pathways for the aged care workforce*, National Aged Care Alliance

Qualification, Skills and Training Requirements

Minimum training or skills required

HumanAbility supports the recommendation of the Aged Care Royal Commission for Certificate III in Individual Support to be a mandatory minimum qualification for personal care workers entering the aged care sector. A Certificate III is consistent with registration requirements in other parts of the care and support sector, such as in Early Childhood Education and Care. Given the proportion of the existing workforce (approximately 66 per cent¹⁵) who already have a Certificate III or higher, this requirement should also cause minimal disruption to the size of the current workforce.

An updated Certificate III in Individual Support and Certificate IV in Disability Supports was released in 2022. When endorsing the release of the qualification, Skills Ministers noted stakeholder concerns with the revised content, requesting HumanAbility (then to be established) review their implementation.

HumanAbility recently completed this review and found that Certificate III in Individual Support has addressed many of the Disability Royal Commission findings. The qualifications provide learners with the skills and knowledge for most needs in the disability and aged care sectors, with the expectation that workers may require them all at some point in time. However, our review also found that the Certificate III knowledge content and performance evidence are widely oriented toward residential settings and are not suited to home or community-based settings. This is despite the number of people using home-based care increasing more than fourfold between 2013 and 2023¹⁶.

The success of the aged care reforms depends on having workers appropriately trained to deliver care in home environments, making this gap in the qualification a focus of concern.

Further, in our 2024 Workforce Plan, HumanAbility highlighted that whilst there has been significant growth in both enrolments and completions in aged care and disability qualifications since 2015, the gap between enrolments and completions has persisted.¹⁷ Since 2019, over 150,000 people have enrolled in aged care and disability qualifications but only between 50,000 – 70, 000 have completed their qualification in each respective year.

¹⁵ Australian Government Department of Health and Aged Care (2020) *2020 Aged Care Workforce Census Report* p17 *noting this percentage is of the Residential Aged Care workforce and would be slightly lower when including the home-based personal care workforce.

¹⁶ Australian Institute of Health and Welfare, 2025. [People using aged care](#). (GEN Aged Care Data) accessed 14 April 2025.

¹⁷ HumanAbility (2024) *Workforce Plan 2024* p73

HumanAbility will commence research into the causes of non-completion in key qualifications and factors that positively impact completions this year. The project will design strategies to improve completion rates, student outcomes and employer satisfaction, which will assist in avoiding mandating Certificate III in Individual Support as a barrier to growing the workforce.

Additionally, HumanAbility has made a recommendation to the Government for a full review of Certificate III in Individual Support. Should this be approved, the project is anticipated to commence by the middle of 2025. This review would inform an updated and agreed set of foundational knowledge and skills required by the personal care workforce for registration to work across settings in aged care, disability and veteran's care.

Recognised Prior Learning (RPL)

Recognised Prior Learning (RPL) will be a particularly important part of supporting the existing workforce who are unqualified to become registered.

There is an opportunity for HumanAbility to review current toolkits of Recognised Prior Learning (RPL) and to develop an RPL toolkit for use by Registered Training Organisations (RTOs) and employers. The toolkit could encompass lived-experience, training, prior workplace learning and on-the-job experience to a standard. HumanAbility will consider this as part of our proposed review of Certificate III in Individual Support or, depending on timing, could be a separate project

Continuing professional development (CPD)

Once qualified, ongoing professional development is essential to ensuring the workforce's skills and training remain current in an increasingly complex and evolving operating environment. It is also an important part of professionalising of the workforce.

HumanAbility recommends a requirement of 10 hours of continuing professional development each year.

As a minimum, ongoing professional development should support workers to maintain an up-to-date understanding of the framework within which they're operating. This would encompass updates on evolving policy changes or legal and regulatory settings, developments in human rights approaches and quality care.

It may also include other areas of specialist knowledge, particularly as more people ageing in the home have more complex needs, requiring, for example, knowledge of identifying signs of dementia and / or more acute care needs.

As Ageing Australia discuss in their submission, continuing professional development should balance and distinguish between mandatory training for the job and the opportunity for advancing skill and knowledge development.

Ongoing professional development could be delivered through accredited and non-accredited training, continuing professional development (CPD) and / or through microcredentials or Skill Sets (shorter courses that may contain one or more units of competency from within the national training package).

Micro-credentials or Skill Sets

The use of micro-credentials or skill sets as part of continuing professional development options for Personal Care Workers would facilitate existing workers' ability to work towards higher qualifications through their ongoing professional development.

HumanAbility stakeholders have expressed the desire for more flexible, shorter forms of training to support skills development, particularly for upskilling of existing workers or to develop technical or specialist skills.¹⁸ It is noted that the importance of high-quality forms of such training is critical.

Through HumanAbility's consultations with stakeholders, the need for micro-credentials that are stackable and linked to full qualifications and that improve quality and support for upskilling of existing workers without undermining or being seen as a replacement for the completion of training and qualifications is needed.¹⁹

HumanAbility is undertaking a research project on micro-credentials that will define their nature and role in HumanAbility's sectors, provide insights into current usage and offerings, and provide evidence-based guidance on their use for professional development.

Once completed, this research could contribute to a framework for ongoing professional development, including for personal care workers in aged care. Such a framework should support workers in using their continuing professional development to work towards higher qualifications.

Earn While You Learn

Consistent with broader research, HumanAbility consultations, as part of our review of the implementation of Certificate III in Individual Support and Certificate IV in Aged Care, identified that finding work placement and meeting the required work placement

¹⁸ HumanAbility, 2024, *Workforce plan 2024* p25

¹⁹ *ibid*

hours is a barrier to students completing training. This includes the loss of income whilst completing work placements.

Whilst Fee-Free Tafe is making a critical contribution to boosting the numbers of people undertaking Certificate III or higher studies, it should be complemented by Earn While You Learn models, including traineeships and paid placements.

Recommendation 2.13 of the Apprenticeship Incentives System Review Final Report (*The Australian Government convenes a tripartite meeting to bring unions, employers, and the relevant agencies and ministers together to identify targeted strategies to address structural barriers to the use of apprenticeship pathways in the aged care and disability sectors*) is an opportunity to consider the use of Earn While You Learn models to support the introduction and continuation of a registration scheme in aged care.

For people wanting to enter the workforce, Earn While You Learn models would reduce the financial barrier of little to no income while studying. At the same time, students are also provided with ‘real world’ experience of what the job would entail, which contributes to reducing the number of people who leave the workforce within their first 12 months.

For those already in the workforce, the provision of paid placements would provide similar financial support and greater opportunities for ongoing professional development. The government has already adopted paid placements in some industries, and HumanAbility recommends extending this to aged care to assist in meeting registration requirements. Development of and funding for such models are essential to the success of a registration scheme and will improve retention and career pathways and address shortages in staff at the leadership level and who specialise.

Earn While You Learn models targeted to support the First Nations workforce, areas with thin markets, and people in rural, regional, and remote areas would help reduce the barriers that registration scheme requirements may otherwise present to workers, future workers, or providers.