



Submission in Response to the Consultation on a National Registration Scheme to Support Personal Care Workers Employed in Aged Care

1. Introduction

The CASS Care Limited, as an entity of the group commonly known in the community as “CASS”, welcomes the opportunity to lodge a submission to the Department of Health and Aged Care (DoHAC) review regarding the consultation on a national registration scheme to support personal care workers employed in aged care. As a longstanding aged care services provider, CASS has been dedicated to providing high quality care services to older people from culturally and linguistically diverse (CALD) backgrounds in residential aged care facilities and at home, supporting them to live independently for as long as possible and advocating on their behalf. Our submission contains the views, experiences and feedback we received from various internal stakeholders, including healthcare professionals, executives from residential aged care services, home ageing services and disability services, staff overseeing quality assurances and professional development through one-to-one discussions and face-to-face group consultations.

1.1 About Our Group

We are commonly known in the community as “CASS”, our brand name. We are a multi-discipline community services provider, delivering a comprehensive range of social and welfare services to multicultural communities, aiming to cater and satisfy the needs of people from CALD backgrounds.

CASS consists of a group of entities, all of which are registered charities and listed companies limited by guarantee, including principally the parent entity, the Chinese Australian Services Society Ltd (founded in 1981), and the subsidiary, CASS Care Ltd (established in 2002) which is also an endorsed public benevolent institution (PBI) by the Australian Taxation Office.

Over the past 44 years, CASS has grown from a concept into a major social and welfare services provider with a comprehensive range of community services, catering the needs of cradle to seniors, including residential aged care, child care, home ageing and disability services, vocation and training, volunteering, settlement and health services, Chinese language classes, cultural and interests classes, etc. At present, CASS is serving more than 7,000 families, employs over 800 staff members and has a team of over 350 active volunteers helping to deliver services and activities to people from CALD backgrounds and the wider community.

CASS Home Ageing Services provides personalised and culturally tailored in-home support to help seniors maintain independence while living in their own homes. Services include personal care, meal preparation, domestic assistance, nursing care, and social support, all designed to enhance well-being and quality of life. With a deep understanding of the needs of CALD communities, CASS Home Ageing Services ensures seniors receive care in their preferred language, with respect for their cultural backgrounds. Flexible care plans and government-funded options, such as Home Care Packages (HCPs) and the Commonwealth Home Support Programme (CHSP), allow seniors to receive the right level of support to age comfortably at home.

CASS Residential Aged Care Services offers round-the-clock professional care in a culturally inclusive environment, catering especially to seniors from Chinese and East Asian backgrounds. Located in Campsie and Asquith, CASS Residential Aged Care Facilities provide high-quality accommodation, nutritious culturally appropriate meals, and a range of recreational and social activities to support the well-being of residents. Each facility is designed to ensure a safe, comfortable, and engaging community, with trained bilingual staff who understand the cultural and linguistic needs of residents.

CASS Disability Services has 20 years of extensive experience in providing culturally and linguistically sensitive and safe quality services to support people with disability from CALD backgrounds and fulfill their multifaceted needs since 2003. With the full-blown roll-out of NDIS in 2017, CASS has expanded its disability services provision from Group Homes, Centre-based Day Programs, Flexible Respite to Individual Support, Centre-based Day Programs, Support Coordination, Plan Management, Specialist Disability Accommodation (SDA),

Supported Independent Living (SIL), Medium Term Accommodation and Short-Term Accommodation services.

As an approved aged care service provider and registered NDIS provider, CASS has always been complying with quality standards and all relevant requirements to provide quality services to care recipients in the aged care and disability services sector. Being a large community organisation employing a significant number of personal care workers from CALD background, CASS is uniquely placed to contribute to the work of this consultation and discuss the potential effects of the proposed national registration scheme for personal care workers.

1.2 Our Response to the Consultation

According to the final report from the Royal Commission into Aged Care Quality and Safety (Royal Commission), titled *Care, Dignity and Respect*, recommendations for a national registration scheme for the personal care workforce have been put forward. This proposal is further discussed in the report *Professionalising the Aged Care Workforce: The Case for Worker Registration and a Mandatory Qualification*, produced by The Centre for Future Work at the Australia Institute.

The key features included in Royal Commission Recommendation 77 are:

- A mandatory minimum qualification of a Certificate III.
- Ongoing training requirements.
- Minimum levels of English language proficiency.
- Criminal history screening requirements.
- A code of conduct and the authority for a registering body to investigate complaints regarding breaches of the code and take appropriate disciplinary action.

Careful consideration has been given to different perspectives, including operational and clinical care needs, workforce recruitment, retention, development, and vocational training, to address the guiding questions outlined in the three sections of the consultation paper.

1.2.1 – National Worker Registration Scheme Design under Recommendation 77

Establishing a public register where people can verify that a personal care worker has met their registration requirements will undoubtedly enhance the status of care work, maintain and improve the quality of care, and safeguard the Statement of Rights, an inclusion in the new Aged Care Act.

As a critical component of care services, creating a registration scheme and allowing public access to relevant information enables and empowers consumers receiving aged care services to exercise their freedom of choice, make more informed decisions about their funded services, and ultimately gain greater reassurance regarding the care they receive.

For providers committed to sustaining the provision of high-quality, person-centred care and professional services, a national worker registration scheme further strengthens the worker screening process. It ensures that new and existing personal care workers are properly qualified, up-to-date in their skills and knowledge, and regulated by a registering body.

The design and implementation of a national worker registration scheme may also serve as a catalyst for promoting professionalism and encouraging continuous upskilling among the workforce. As registration comes with increased accountability, personal care workers may take greater ownership and responsibility for their conduct, practices, and professional development to maintain a valid registration. This, in turn, would significantly raise regulatory standards for personal care workers and create better alignment with other healthcare professionals in the aged care sector.

As suggested by Commissioner Briggs, the Australian Health Practitioner Regulation Agency (AHPRA) should initiate a process to examine the feasibility of a registration scheme under the National Registration and Accreditation Scheme for personal care workers. Following feasibility studies, a pilot program, co-led by AHPRA and the Aged Care Quality and Safety Commission (ACQSC), may be implemented in the aged care sector to transition personal care workers in residential and home care settings to the proposed scheme. This transition could include options and specific requirements for full and provisional registration based on

qualifications, skills, experience, and other competencies obtained through non-accredited or specialised training.

Whilst a combined personal care worker registrations scheme for both aged care and National Disability Insurance Scheme (NDIS) was discussed in the consultation paper, it is recommended that the expansion and inclusion of personal care workers in NDIS be considered at a later stage due to a number of unique aspects in relation to NDIS Practice Standards and associated accreditations and/or scopes of practice. In addition to the provision of services under NDIS core modules, some NDIS providers and their workers may be required to provide selected or a comprehensive range of services under the High Intensity Daily Personal Activities Module and/or other specialist modules. This may inherently present some specific requirements regarding workforce capability and require additional steps to identify and capture this information in a national registration scheme. Therefore, the consolidation may be best considered upon a successful initial implementation within the aged care sector.

Challenges and Issues

Personal care workers from culturally and linguistically diverse backgrounds (CALD) represent a large proportion of the workforce. They are an integral part of the aged care system. However, many of these skilled workers still face language barriers when it comes to developing a good understanding of industrial requirements and policies. In addition, the sector also has a significant number of independent care workers who hold contracts with registered service providers and/or platform providers under their own Australian Business Number (ABN). A successful implementation of the proposed national personal care worker registration scheme requires a transitional program that connects and works with the regulatory body with peak bodies, service providers and platforms/agencies to guide the existing workforce in the adoption of the scheme. As for people who are planning to enter the industry, the registration process may tie in with existing accredited training delivery at Certificate III or equivalent level, managed either by the vocational training provider or by students upon successful completion of the course.

It is reasonable to assume that the proposed national personal worker registration scheme will incur a small annual fee for registration and renewal at the expense of personal care workers, similar to the registration management process for Registered Nurses implemented by most organisations. Employers may also be required to conduct additional checks via an online portal associated with the scheme when onboarding new personal care workers, resulting in additional administrative responsibilities and cost. These are factors that may further influence the ongoing review of industrial awards, including the Aged Care Award and Social, Community, Home Care and Disability Services Industry (SCHADS) Award.

1.2.2 – Training Requirements under Recommendation 77, 78 and 79

As a key feature of the proposed national registration scheme under the recommendations, ongoing training requirements plays a critical role in maintaining and promoting a workforce that is up-to-date with industry development, is compliant with core matters identified in relevant standards and is thrived/motivated to develop knowledge of and implement best practices. Satisfying a minimum number of continuous professional development (CPD) points through active participations in upskilling activities is a common practice in the care sector and many other industries. The same principle can be applied when establishing a national registration scheme for personal care workers. The ongoing training requirements recommended by the Royal Commission may be demonstrated by meeting certain CPD points through completing a range of in-house, external, self-paced and self-directed professional development activities.

As referenced in Section 1.2.1, different types of registration (full or provisional registration) as well as industry-specific registrations for aged care and NDIS may be facilitated through the proposed registration scheme. Therefore, considerations should be given when setting up guidelines for the recognition of continuing professional development. An industry-led approach may be best suited to ensure appropriate inclusions of explicit guidance on minimum CPD hours per annum, mandatory training requirements based on types of registration, competency-based training and particular skill sets through accredited or non-accredited training that are applicable to aged care and NDIS. Topics for distinct settings and/or requiring additional training that can be included and awarded with additional CPD

points may be related to medication management, dementia care, food safety, positive behaviour support, bowel/wound/stoma care, urinary catheter management, subcutaneous injections, dysphagia management, texture-modified diet, enteral feeding, infection control and antimicrobial stewardship.

Implementation Challenges and Support

According to the *Workforce Plan 2024* released by HumanAbility, the aged care and disability support industry continues to be a sector with increasing demand. Across the HumanAbility sectors, it is projected that an additional 20.9% increase in the workforce in the ten years to May 2033 will be needed to meet future demands driven by growth in an ageing and increasingly diverse population, a transition from informal to formal care, and increased citizens' expectations of government. This strong demand has placed several challenges to attract, retain and upskill workforce.

The data from National Centre for Vocational Education Research (NCVER) shows that 551,830 enrolments for qualifications at Certificate III level were processed between January and September 2024, making them the most in-demand qualifications amongst all government-funded nationally recognised qualifications. In NSW, many candidates, who have interests in the aged care and disability services sector, have benefited from completing Certificate III in Individual Support through Smart and Skilled funding and NSW Fee Free training. These initiatives have certainly made a positive impact on addressing the issue of workforce shortages.

Having said that, funded training is not widely available for upskilling the existing workforce. Large providers with solid corporate and clinical governance value the importance of ongoing professional development and have developed and executed training plans through their own human and financial resources to retain and upskill staff and to meet internal and industrial service standards. The training strategies deployed by these providers often include engagement of specialist training consultant/providers, subscriptions to online training platforms and on-the-job training. However, due to the current absence of CPD requirements

for personal care workers, the situation may be vastly different for platform providers and independent personal care workers who operate under their own ABN.

The Equip Aged Care Learning Packages referenced in the consultation paper is an excellent module for people who are new to the aged care industry. However, unlike the NDIS worker training modules, of which some modules have been mandated, the Equip Aged Care Learning Packages share similar contents that are also available on other platforms, including Alis – an online learning system used by ACQSC, limiting its uptake among providers and workers.

Fundings for training in specific areas of skills and knowledge identified previously are also very limited. For example, some funded training is only available for Commonwealth Home Support Program (CHSP) providers, whereas other funded opportunities provide free dementia related training to consumers and their families/carers, but not freely accessible to workers. In the NDIS setting, most training fundings are associated with the specific needs of the participant and often cannot be used to fund general upskilling. Providers may need to bear some of these costs. The *Government-funded students and courses – January to September 2024* report from NCVET also suggests a declining trend in the enrolment of stand-alone nationally recognised subjects and training package skill sets, which can be useful in addressing some of the specific professional development areas for existing personal care workers as additional credentials and recognition of their skills.

There needs to be holistic approach when introducing and implementing CPD requirements for personal care workers as part of the proposed national registration scheme. The scheme should set a minimum qualification of a Certificate III, provide clear guidance on mandatory training and CPD requirements and enable proportional funding support to employers and workers in ongoing competency-based professional development.

1.2.3 Skills and Qualification Requirements under Recommendation 77 and 78

It has been recommended that a Certificate III should be the mandatory minimum qualification required for personal care workers under Recommendation 77 and 78. Certificate III in Individual Support is one of the most common qualifications held by personal

care workers in aged care and disability services sector and should be considered as one of the mandatory qualifications acceptable under the proposed scheme.

The current training package (CHC33021) requires learners to complete nine core units and six elective units with the choice of specialisation in ageing and disability. Several key concepts in the current and strengthened aged care quality standards and NDIS practice standards, including person-centred care, empowerment and reablement, promotion of independence and wellbeing, working with diverse people and provision of safe care, are reflected in core units of this qualification. Additional focus areas, such as dementia/palliative care and using a strengths-based approach, are taught in the ageing and disability specialisation respectively. The 120-hour work placement requirement in this training package also provides opportunities for learners to practise their knowledge and skills gained in the course at a suitable workplace. Although teaching and learning practices and experiences may vary between Registered Training Organisations (RTO) and there have been recent cases of cancellations of qualifications by Australian Skills Quality Authority (ASQA) due to serious non-compliant practices, including cancellations of Certificate III in Individual Support, the value of holding such qualification for new entrants to the industry cannot and should not be dismissed or ignored for the above reasons.

Challenges and Issues

While introducing a requirement on mandatory minimum qualifications for personal care workers will, without any doubts, improve the quality of services and raise the professional status of the industry, there are concerns around its impacts which may further aggravate the issue of workforce shortages. It is believed that potential ramifications as a result of the proposed scheme and associated qualification requirements need to be examined more closely as some of the recommended key features may have more critical implications on workforce issues than others.

According to the report from The Centre for Future Work at the Australia Institute, the majority of existing workers (estimated at between 60% and 71%) already hold a relevant Certificate III or higher-level qualifications (Australian Government 2021). Assuming that

there will be a transition period to stage the implementation of a mandatory qualification requirement, introducing a mandatory qualification requirement as per Recommendation 77 may not be a significant barrier to workforce entry or retention.

However, for those personal care workers that have been working in the industry without a relevant Certificate III and wish to gain such qualification via Recognition of Prior Learning (RPL), there may be additional obstacles for them to overcome to meet training and regulatory requirements. ASQA has released draft practice guides for the Revised Standards for RTOs that will be in effect from 1 July 2025. Under Standard 1.6, RTOs are required to demonstrate three performance indicators via a range of training and assessment strategies to ensure a robust and valid RPL process. This may increase the assessment and administrative burden for RTOs and workers without formal qualifications during the RPL process, which is already cumbersome in many views. This may leave the affected workers with only two options – enrolling in a new course or leaving the industry. Without appropriate government fundings and streamlined RPL process during the transition period, some workers in this category may choose the latter.

Under Recommendation 77, a minimum levels of English language proficiency is also put forward as a key feature. As the sector relies heavily on migrant workers, introducing such requirement may impose significant difficulties for workforce entry and retention. While the lack of English proficiency is recognised as a workforce issue, particularly among personal care workers from CALD background, it can be mitigated through several strategies.

- a. As part of the enrolment process for a relevant Certificate III qualification, RTOs must conduct an appropriate language literacy and numeracy (LLN) assessment under the current and revised standards for RTOs. The LLN assessment is often referenced against the Australian Core Skills Framework (ACSF). The process is compulsory regardless of any other evidence against English proficiency. Instead of requiring new/existing workers to demonstrate English proficiency via commercially available language tests at their own expense, such as IELTS, OET, PTE and TOEFL, relevant government departments should work more closely with ASQA to scrutinise training providers, ensuring due diligence is exercised when assessing learners' LLN skills at enrolment.

- b. A number of employment-focussed or workplace-based language literacy numeracy and digital literacy (LLND) training programs are currently funded by Department of Employment and Workplace Relations (DEWR). However, many of these programs, including Foundation Skills for Your Future Program (FSfyF), Career Transition Assistance (CTA) and Skills for Education and Employment (SEE), have their own target cohorts and specific eligibility criteria and limitations. As a result, there is often a lengthy process for training providers and employers in the lead-up to the actual commence of training. There may be opportunities for the Department of Health and Aged Care (DHAC) and National Disability Insurance Agency (NDIA) to explore and fund targeted language training and the use of generative AI for personal care workers to improve their ability in understanding quality standards, Statement of Rights, Code of Conduct and practice guidelines for a variety of clinical/non-clinical tasks, communicating effectively and providing accurate documentation and reports.

2. Conclusion

The recommendation of a national worker registration scheme for personal care workers presents a significant opportunity to elevate the quality, professionalism, and accountability of the aged care sector. By establishing mandatory qualifications, training requirements and a formal registration system, the scheme aligns with broader industry reforms aimed at ensuring safe, high-quality, and person-centred care.

While the proposed registration model is expected to enhance workforce capabilities and consumer confidence, it also introduces challenges related to workforce entry and retention, administrative complexity, and training accessibility. To mitigate these challenges, a phased transition approach, adequate government funding for upskilling, and streamlined RPL pathways will be crucial to ensuring that new/experienced workers can meet the new standards without unnecessary barriers.

Furthermore, collaboration between government agencies, training providers, employers, and regulatory bodies will be essential to addressing language barriers, CPD requirements, and workforce shortages in a sustainable manner. By adopting a balanced and well-supported approach, the aged care and disability services sector can effectively

implement recommendations from the Royal Commission while maintaining a strong, skilled, and diverse workforce to meet the evolving needs of the community.

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