



The Useful **Educator's** *Guide*

(for Employers and Students too!)

Certificate III in Aged Care

Certificate III in Home and Community Care

A guide for developing skills for the future

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Contents

Introduction.....	2
Take the Test.....	4
Great Expectations.....	5
Ageing My Way.....	6
Consumer Directed and Customer Service.....	7
Future Knowledge, Skills and Attitudes	10
• What Eliana, Francesca, Sharon and Zac say...	
• Knowledge, Skills and Attitudes Matrix	
Training Program Elements.....	12
• Hours and Delivery	
• Before Training – Right Fit	
• Right Fit Training Approaches	
• Placements	
• Assessments	
More Information and Contacts	16

Introduction

The aged care industry is changing. This change involves the development of innovative, flexible and financially sustainable service models to respond to the increasing demand for greater consumer choice on the one hand and ensuring affordable access on the other. The context of these structural shifts is a rapidly ageing national population, a shrinking workforce and decreasing tax base.

This is a challenging balancing act.

Part of the solution to achieving financial sustainability is the need for higher levels of aged care contributions from those who have the capacity to pay. When consumers have to pay for services themselves (or even make a greater contribution) they become much more discerning in the kind of service and support they want and how it is delivered. In this dynamic consumer market, doing and offering more of the same is probably not going to work.

The aged care industry is a 'system' and there are many players who each and every day make sure those who need help and support receive it. To respond to present and future needs, everyone has a role to play. The knowledge, skills and attitudes of the workforce are fundamental in responding to the change already underway.

The South East Melbourne Aged Care Workforce Innovation Network brought representatives of the aged care sector together with educators to explore the future workforce skills needed to respond to new demands and changing expectations. The outputs from those many conversations guided and informed the development of this Educator's Guide.

The aim of the Guide is to provide those who are delivering training programs in Certificate III Aged Care and Certificate III Home and Community Care with a greater understanding of industry expectations and aspirations. Registered Training Organisations who respond with programs and approaches that demonstrate an understanding of future consumer expectations and aspirations will be both acknowledged and welcomed as part of the positive change response.

TAKE THE TEST

Responsive training programs will be designed from an understanding of consumer needs and expectations as well as the trends and issues affecting aged care at the moment. Before you read this guide 'Take the Test' find out how good your knowledge and understanding is. The answers are on page 14.

Question 1:

Write down three words or phrases that best describe the expectations of the 'baby-boomers' to aged care.

Question 4:

How would you recognise 'consumer-directed care'?

Question 2:

What will be the greatest impact of the aged care reform agenda on service delivery?

Question 5:

What attitude shifts are needed for the future?

Question 3:

What are the biggest workforce challenges to the aged care industry?

Great Expectations of the Baby Boomer Club

Each generation has different expectations. Compare your own, with that of your parents and grandparents. How aged care and support services are delivered now, may not match the demands and expectations of the 'baby-boomers'.

'Baby-boomers' are the outcome of soaring childbirth rates post World War 2. More than 4 million Australians were born between 1946 and 1961. This population explosion also combined with an increase in European migration to Australia.

The 'baby-boomers' grew up in a world of energized change, optimism and opportunities and they were in charge of the culture. People 'Rocked Around the Clock', donned jeans, t-shirts and mini-skirts, read comics, brought people power and protesting to play around human rights, the war in Vietnam and the vote for Aboriginal people. In the early 1970s they decided 'It's Time', and elected a government with an extensive reform agenda to respond to the needs and expectations of their generation and the ideal of creating a modern nation. This heady time came to a dramatic end with the contentious dismissal of an elected Prime Minister. From here, the baby-boomers moved to middle-age settling into the wealth and comfort of the life they had shaped; a life of choice, independence, reform and the ability and perceived right to challenge existing attitudes and behaviours in all aspects of Australian life.

Today this large cohort presents a number of challenges. They increased the working population throughout the 1960s and 1970s. As they grow older they provide a statistical distortion (a huge bulge) with the potential to put great strain on health care, aged care services and pensions.

*From Mickey Mouse Club to Frequent Flyer [sic] Club, baby-boomers have traditionally led a clubbish life organised around happenings and trends, from the twist to hula-hoops to frisbees to disco to aerobics to line dancing. They give the impression that baby-boomerdom itself is a club, an exclusive gang, with everyone else on the outer. Davis, Mark, *Gangland: Cultural Elites and the New Generationalism*, Allen & Unwin, Sydney, p.7, 1997.*

The baby-boomers 'club' has dominated the national culture for the past 50 years. They will bring their views, attitudes, and expectations to how they want to age. The question for all involved in the industry including those training and skilling the future workforce is 'How well do you understand the 'club members' and their expectations'?

Ageing My Way

My Services and Care

that respond, as fully as possible, to my needs so I can live the life I want, in my space, with my mates.

My Space

suits me – garden, window, view, things I love, comfort and feeling comfortable.

My Life

has purpose – learning, developing skills, sharing, helping, mentoring, hobbies and recreation.

My Choice

to age the way I want – actively, independently, taking risks... or not!

My Mates

to spend time with – partners, family, friends, pets, cultural groups, social groups.

My Rights

to be an individual not a label – to be treated with respect, listened to and heard.

Consumer Directed and Customer Service

Take a look at the timeline below. Consumer Directed Care has been steadily implemented and *is not going away*.

2007	2009	2011	2012	2013	2015 July 1
Consumer Directed Care trials commenced in United Kingdom.	First Consumer Directed Care research pilots in Australia.	Commonwealth Government funded pilots across the nation.	Productivity Commission Report continues to address the question of consumer choice and control.	All new Home Care Packages to be delivered as Consumer Directed Care.	All existing Home Care Packages to be delivered as Consumer Directed Care.

Ageing 'My Way' means understanding and responding to Consumer Directed Care and the demand for Customer Service approaches.

Consumer Directed Care is just that. It is the consumer who will decide what services they want and who they want to deliver them. They are encouraged to identify their goals, which may include independence, wellness and re-ablement. The consumer controls the level of involvement they have in managing the support and services to help them achieve their goals. The budget is individualised and the consumer knows exactly how the funds are being spent.

Consumers can now choose between providers. They may also be paying for the service. With choice and contribution comes a heightened awareness of how they are treated, how their expectations and requests are met, the usefulness of the information and advice given, the services offered and how they are delivered and what happens when a mistake is made. Those who build and maintain trusted and respected relationships will be preferred. Everyone who plays a role in providing services has the potential to build these positive relationships and they will be largely dependent upon attitudes.

What Eliana, Francesca, Sharon and Zac say ...

Eliana, Francesca, Sharon and Zac have completed the Certificate III training and work in aged care. There is much to be learned about the future knowledge, skills and attitudes needed, from these four exceptional people. Here's what they say.



My name is Eliana and I work as a Social Support Worker and run social programs for elderly people and activities for multi-cultural seniors. Each week at our Centre we run games, chat, do craft, exercise, take walks, eat, share information, go out together and mark important celebrations. To be good at this job you need empathy, must enjoy the company of elderly people, want to make their lives better, respect them and make them feel special, have cultural awareness, great communication skills, understand and stick to boundaries and be consistently professional.



I'm Francesca and I'm a Home Care Worker. I wanted to be a personal care assistant to give back to the community and make a difference. I enjoy being with people and the work gives me satisfaction and broadens my outlook. I'm a frontline person and my workday includes working to a care plan, doing showering and toileting, cleaning, providing transport and shopping. To do this job really well you need to be punctual, well organised, courteous, polite, a great communicator, good listener and maintain confidentiality and never forget that when you go out into someone's home you not only represent yourself but your workplace and all your colleagues.



I work in Residential Aged Care and I'm Sharon. Aged care is not for everyone. I love it but I never thought I'd work in Aged Care until my friend Kim twisted my arm and enrolled me in a course. I loved my placement. I had memories of my grandmother. Each day I can make a difference and I love that. I've made new friends. In my typical workday I start by finding out what has happened when I wasn't there. I assist elders to shower, get dressed, go to the toilet, eat a meal and have a drink. Sometimes we go walking to the park or a coffee shop, play games, music or just hanging around and doing stuff like painting someone's nails. I assist with some nursing care and make sure the documentation is done. Some of the challenges with my work are dementia, depression, falls, understanding elders' behaviours, having enough time to just be with an elder, living up to expectations because you can't get along with everyone and coping with the fact that people get sick and die.

Being a Personal Care Assistant isn't about grades, it's about being who we are.

No book can teach you how to cry with an elder.

No class can teach you how to tell their family that one of their parents have died or are dying.

No teacher can teach you how to find dignity in giving someone a bed bath.

A Personal Care Assistant is not about pills or charting.

It's about being able to love the elders when they are at their weakest moments.



I'm Zac and I'm a Personal Care Assistant. What I love about my job is being able to help improve the quality of life for people in my care. I am often able to help residents maintain a sense of independence (however small that might be...it is important) and I love being around people and hearing their stories and what they have to say. The things I think are important if you are considering becoming a Personal Care Assistant are that you need to love people more than you love your own comfort and you need to enjoy being around people and be a good listener. You need to be flexible and resilient. Coming to work each day with a positive attitude is also helpful. You need to do the best you can because other people are depending on you.

Behaviour

is a product of Knowledge, Skills and Attitude.

Knowledge



Behaviour
change

Attitude

Skills

Knowledge

deals with all the stuff we need to learn and understand. Examples could be regulations, work procedures and policies, new theories and ideas. We acquire knowledge through activities like reading, attending conferences and being briefed at work place meetings.

Skills

are the things we need to be trained to do. Examples could include lifting, communicating, showering and dressing, feeding, computer operations and so on.

Attitude

affects how you do the job. You can be happy, cooperative, helpful, open to change or the opposite. You choose your own attitude.

What knowledge, attitudes and skills do we need to respond to how people might want to grow old?

Future Knowledge, Skills and Attitudes

Listed below are the minimum Knowledge, Skills and Attitudes the Aged Care Industry of SE Melbourne Region want to see in their Certificate III workers.

Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> • Clinical knowledge and experience in the industry • Principles of Consumer Directed Care • Principles of customer service • Understanding a capacity building approach to care • Work Health and Safety standards • Working effectively with older people • Dietary knowledge 	<ul style="list-style-type: none"> • Communication at all levels • Customer service • Conflict resolution • Capacity building approach • Clinical skills <ul style="list-style-type: none"> - First aid - Infection control • Literacy and numeracy • Competencies in a multicultural environment • Listening skills • Problem solving • Work Health and Safety procedures <ul style="list-style-type: none"> - Manual handling • Working effectively with older people • IT capability • The art of caring • Safe food handling 	<ul style="list-style-type: none"> • Enjoy working with people particularly older people • Want to make a difference to the lives of older people • Tolerant and able to embrace people from all backgrounds, languages and cultural traditions • Focused on client needs not their own • Accepting of consumer directed care principles • Respect for co-workers • Be a team player • Shares the values of the industry • Be self reliant • Punctual, turn up on time • Reliable, dependable and personally well organised • Courteous, well mannered and presented • Maintains Confidentiality and is ethical • Patient, flexibility and resilient • Honest (Police check) • Understands and respect professional boundaries

Training Program Elements

Hours and Delivery

Course Hours	Delivery Method	Notes and Content
<ul style="list-style-type: none"> Maximum of 50 hours 	On Line	Non clinical content
<ul style="list-style-type: none"> Minimum of 20 hours 	Laboratory	(3 days at 6 hours) Clinical practice Excluding first aid
<ul style="list-style-type: none"> 156 hours 	Face to face Class room	2 days per week at 6 hours for 13 weeks
<ul style="list-style-type: none"> Minimum of 120 to 150 hours 	Placement	Clinical
<ul style="list-style-type: none"> Minimum of 100 hours 	Self-directed learning	Research and assignments
<ul style="list-style-type: none"> Nominal hours: <ul style="list-style-type: none"> - Cert III Aged Care 553 hours - Cert III HACCC 553 hours 		Minimum course delivery of 420 hours

Please note: The Traineeship model involves more placement hours (minimum of 15 hours per week) and less class room hours (120 hours) delivered over 6-9 months.



Pre-Training

Is the applicant a 'Right Fit'?

Aged Care is not for everyone. Before doing anything, the potential workforce applicant should be assessed against the following core attributes to establish if they are the 'Right Fit' for the job and the industry.

'Right-fit' new entrant criteria – for pre-screening of Aged Care course applicant	Yes	No
Engages well in conversation		
Plausible reason for wanting to work in Aged Care		
Doesn't exhibit discriminatory or judgmental behaviour		
Realistic expectations of work in Aged Care		
Demonstrates some capacity to think outside the box, show initiative and negotiate		
Appears emotionally stable		
Has some exposure and appreciation for people from diverse cultural backgrounds		
Some previous experience in customer service (ideal)		
Works well in a team environment		
Presents as fit, healthy and well-groomed		
Has the required level of language, literacy and numeracy to undertake a Certificate III course		
Satisfactory record of honesty		

If the candidate you have, ticks all or most of these boxes then move them to the next step in becoming part of the future Aged Care workforce.

The training approach

The aged care industry has set the following expectations. Complete the checklist to ascertain how well your approach to training delivery meets the requirements and where you need to improve.	Yes	No
A blended approach including: face to face in a class room, clinical training in a simulated learning environment, online and work placement		
A maximum of 50 hours online used for non-clinical content only		
A minimum of 20 hours clinical training in a simulated learning environment (laboratory)		
A further 120 to 150 hours clinical training through a structured work placement		
156 hours delivered face to face in a classroom		
Meets the Australian Skills Quality Authority (ASQA) standard set for Certificate III in Aged Care or Home and Community Care		

The work placement

Each work placement needs to be organised around the following principles. Use the check list to ensure nothing is overlooked.	Yes	No
Placements must be supported by industry, arranged by the training organisation and assessed “in person” by the training organisation		
Placements can be undertaken in a variety of settings e.g. home care, community programs or residential care		
Ideally there should be continuity of placements so that the student and the consumer get to know each other		
The work placement is a partnership guided by a documented agreement between the employer, the training organisation and the student. The agreement states what each party will “give and get”		
Students are trained and competent to do the clinical work required by the placement. They must know what they are doing before being allowed to work with real people		
Each placement must have an induction program to orient the student, a “buddy” system to provide support and a clinical supervisor		
Each “buddy” must have clear guidelines and a supportive attitude		
Each student must have a weekly visit from the training organisation to assess the achievement of learning outcomes and the objectives of the placement agreement.		

Assessment

Final assessment of the student’s competency should be undertaken by the training organisation in conjunction with the work placement supervisor. This is intended to avoid any potential conflict of interest. Training organisations are <i>Responsible</i> for assessment but are <i>Informed</i> by a third party.	Yes	No
Assessor qualifications must be sighted, current and relevant to the skills being assessed		
Assessment needs to be a continuous process involving at least one assessor visit to the workplace per 40 hours of training		
Assessment must capture the student’s knowledge, attitude and skills		
The assessment process must be supported by documented evidence		

'TAKE THE TEST' ANSWERS

Score yourself out of 5.

Question 1: Write down three words or phrases that best describe the expectations of the 'baby-boomers' to aged care.

- Choice
- Independence
- Customer Service

Question 2: What will be the greatest impact of the Aged Care Reform Agenda on service delivery?

- The consumer will negotiate the services they want. It will be a case of 'More Choice. More Control. More Options. Longer at Home.'

Question 3: What are the biggest workforce challenges to the Aged Care industry?

- Recruitment (more competition for less people)
- New knowledge, skills and attitudes - (from different training approaches)
- Job satisfaction and pay rates (making it a career)

Question 4: How would you recognise 'consumer-directed care'?

- Service plans based on the goals of the consumer
- Consumers negotiating directly with the service provider
- Service providers 'doing with' instead of 'doing for'
- Individual consumer budgets and financial transparency
- The service plan includes the contribution of informal support networks

Question 5: What attitude shifts are needed for the future?

- From control to choice
- From task to person
- From 'I know' to 'You know'
- Nothing about you, without you
- See the person not the condition
- No labels – it's about people!

Your Score	Comment
5	☺ Well done. You're up to date with current trends and influences affecting the Aged Care Industry. You understand the new consumers and what knowledge, skills and attitudes the future workforce will need.
3 or 4	☹ A bit more work needed. Go to the questions you didn't know the answers to and find out what's happening in these areas.
1 or 2	☹ Hmm you need to develop your knowledge to remain relevant.
0	☹ Oh dear! Maybe consider developing training packages for another sector.

Notes

More Information and Contacts:

Australian Skills Quality Authority: www.asqa.gov.au

Community Services & Health Industry Skills Council: www.cshisc.com.au

