HSU NATIONAL

Health Services Union

HSU submission on a national registration scheme for personal care workers in aged care, and expansion to the care and support sector

April 2025

This submission has been written on the lands of the Wurundjeri people of the Kulin Nations. The Health Services Union wishes to acknowledge them as the Traditional Owners and Custodians of the land and pay respects to their Elders past and present. Their sovereignty has never been ceded.

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About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 105,000 members working in the health and community services sector across the country.

HSU Members are also disability support workers, aged care workers, nurses, technicians, assistants, clerical and administrative staff, managers and other support staff. Our members work in hospitals, aged care, disability services, community health, mental health, alcohol and other drugs services, and private practices.

You can find us at hsu.net.au

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Summary of Major Recommendations

Registration

- 'Personal care worker' should be a protected title, on a public register.
- There should be no cost to registration, until workforce supply is addressed.
- Registration should include a physical and electronic card for registered workers.
- Proof of being covered by professional indemnity insurance should be required

Minimum qualification and ongoing training

- A Certificate III in Individual Support, with an Aged Care specialisation, should be the minimum qualification.
- This should include core courses for everyone, regardless of setting.
- Workers should be able to register whilst working towards their certificate III, for a period of 3 years, with registrar discretion on individual cases.
- Workers should hold an ongoing entitlement and obligation to 10 hours a year ongoing professional development, regardless of setting, funded through IHACPA.

System architecture

- A standalone care registrar should be established as a dedicated care and support economy registrar. It should be quadripartite (government, unions, providers and consumers), and have sector representatives on its boards.

Transitions

- Pathways to registration for existing workers should include: Qualification, Experience, Other learning, Lived experience or a combination of these.
- Free recognition of prior learning should be provided through Humanability.
- Particular support in transition arrangements should be made for different cohorts such as CALD and migrant workers, and Aboriginal and Torres Strait Islander workers, including training support and further work

Introduction and expansion to the wider care economy

- The scheme should be substantially in place by 2028 (see appendix 3). Material support for training must be provided, through earn as you learn initiatives.
- Aged care work registration should be implemented first, but expansion to the disability sector, including through use of Victorian Disability Worker Commission, should follow.
- This will include different qualification standards, but recognition of prior learning and cross sector mobility should be supported.

A professional worker registration scheme for aged care is needed

Why?

Currently, because there are no training requirements to perform aged care work, it is treated as "low skill". There is a view that anyone can be an aged care worker. Further, because aged care and wider care economy work is female dominated, gender undervaluation of the skills required contributes to this. The Royal Commission into Aged Care Quality and Safety discussed this, saying "Some are untrained, while others have inadequate training—and most need much more training", and recognised aged care as "difficult and important work."[1]

This undervaluation of work was acknowledged by the Fair Work Commission, which accepted in the Aged Care work value case that:

> "Gender-based undervaluation in the employment context occurs when work value is assessed with gender-biased assumptions which means the skill level of occupations, work or tasks is influenced by subjective notions about gender and gender roles in society. Skills of the job occupant are discounted or overlooked because of gender."[2]

This undervaluation is wrong. Person-centred care is challenging, needs knowledge and expertise, and requires workers to:

- Be open to direction by service-users instead of prioritising managerial instruction.
- Be confident in making their own professional judgements.
- Respect and understand human rights.
- Support people who lack capacity in making some decisions.
- Balance risk-taking with the need to help some people stay safe. Support others to understand, and manage, risks.
- Know how to achieve outcomes that individuals want to pursue.
- Involve service-users in the design of their care and support as appropriate.
- Help others make complex, as well as straightforward, decisions.
- Assist others to express their views and facilitate choices by people who find it hard to communicate with others.
- Be highly skilled at conversation.
- Engage in complex negotiations about matters of personal health and wellbeing.

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[1] Royal Commission into Aged Care Quality and Safety *Final Report: Care, Dignity and Respect* https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf page 372

[2] Fair Work Commission *Aged Care Work Value Case*, Nov 2022, https://www.fwc.gov.au/documents/sites/work-value-aged-care/decisions-statements/2022fwcfb200-summary.pdf

- Be innovative.
- Be flexible in order to adapt care plans in response to service-user requests, sometimes diverting efforts to tasks that are not on a care plan.
- Manage time and adapt established ways of doing things.
- Be a co-facilitator of solutions, not a fixer of problems.[3]

The continued growth of demand for aged care services, means that a professional and well-trained workforce is needed now more than ever. This is particularly so in home-based care services, where the workforce is distanced from oversight, training and mentoring. This is further compounded by the growth of gig-based contractor platforms promoting sole traders and disaggregation of care, which will mean a further decrease in worker support and training.

A workforce that is not valued for its skills and knowledge is not empowered to provide quality care and support. The Aged Care Quality and Safety Royal Commission recognised this at recommendations 77 and 78, and stated:

> "The Australian Government, the aged care sector and worker representative bodies must work together to professionalise the personal care workforce. This will require cultural change and improvements to education, training, wages and conditions for personal care workers. As explained by the Health Services Union, 'the direct link between professionalisation measures, increased wages and conditions, and clear career pathways, will make aged care a more attractive career to enter or remain in'."[4]

For similar reasons, the Disability Royal Commission stated

> "Rigorous disability support worker screening and recruitment processes, as well as effective training and supervision of workers, are also needed to prevent violence, abuse, neglect and exploitation. A national disability support worker registration scheme is recommended to support workforce development."[5]

Following this, the Disability Workforce recommended worker registration for all workers, stating worker registration:

> "is an important safeguarding step to a better system and improved outcomes. We anticipate that this will increase the quality of care and supports, encourage innovation and best practice, upgrade the skills and qualifications of the workforce, and assist in

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[3] Australia Institute, *Professionalising the Aged Care Workforce* Source: Hayes et al. (2019, 10).

[4] Royal Commission into Aged Care Quality and Safety *Final Report: Care, Dignity and Respect* https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf

[5] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Executive Summary* https://disability.royalcommission.gov.au/publications/final-report-executive-summary-our-vision-inclusive-australia-and-recommendations page 153

attracting and retaining disability support workers by offering an attractive career path."[6]

In its report "Professionalising the Aged Care Workforce: The case for worker registration and a mandatory qualification", the Australia Institute states that

> "Increasing the status of care work is critical to building a sustainable workforce and a sustainable care system. Foundation skills standards and ongoing professional development requirements are important foundations for professionalising the workforce to increase workers' skills and status, along with other strategies for improving pay, job quality and working conditions."[7]

International examples of worker registration, such as in the four UK nations, show that registration and professionalisation, including mandatory minimum qualifications, can "reduce risk to the public, improve outcomes for service users, improve confidence in the workforce, and drive-up workforce standards."[8]

Further, the Government has recognised this in its National Care and Support Economy Strategy, where it stated its objective that "Jobs are professionalised and there are pathways for skilling and career progression."[9]

Quality care and support needs quality skills. It is clear then, that a worker registration scheme is needed to:

- Professionalise the personal workforce, and recognise and develop its skills to support workforce attraction and retention.
- Ensure the provision of quality care to older Australians.
- Support continuous improvement in worker practice and lift quality of care.
- Ensure consistency across jurisdictions and responsiveness to changing needs
- Be accessible to older Australians and providers for verification, credentialling and worker screening.
- Complement provider registration by ensuring transparency, basic worker requirements, safety and safeguarding.

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[6] NDIS Provider and Worker Registration Taskforce, *NDIS Provider and Worker Registration Taskforce Advice* https://www.dss.gov.au/system/files/resources/ndis-provider-and-worker-registration-taskforce-advice.pdf page 92

[7] Australia Institute, *Professionalising the Aged Care Workforce: The case for worker registration and a mandatory qualification* https://australiainstitute.org.au/report/professionalising-the-aged-care-workforce/

[8] Australia Institute, *Professionalising the Aged Care Workforce*.

[9] Department of the Prime Minister and Cabinet, *Draft National Care and Support Economy Strategy 2023*, page 3, Goal 2.3 https://www.pmc.gov.au/sites/default/files/resource/download/draft-national-care-and-support-economy-strategy-2023.pdf

- Act as a structural vehicle for traineeships, portable leave and training entitlements.
- Support workforce planning with accurate data
- Mandate qualifications to be achieved within a period of timed

The current system is not working

Progress on parts of the Royal Commission's recommendations has taken place including the introduction of screening and a code of conduct.

> **However, whilst important, placing screening requirements on workers without support for skills and training does nothing to assist them to develop. This is a negative form of regulation and does not promote a positive and professionalising dynamic.**

The status quo reliance on employers to build workers' skills through training and supervision has been shown not to work. This is not necessarily employers' fault, who have few incentives to invest in training. The current pricing and regulation settings do not support ongoing learning or career development. Structural intervention in the system is required.

The sector agrees on the need for worker registration.

The Health Services Union has co-written a letter with Ageing Australia, outlining joint support from workers and providers for the introduction of a worker registration scheme, specifically outlining areas of policy agreement. This is attached at Appendix 1.

The National Aged Care Alliance, representing national peak bodies who work within the aged care system, including consumers, aged care providers, unions, and health professionals, produced a workforce position paper in 2024, outlining collective support for certain workforce propositions. A major recommendation was the introduction of worker registration as a means to professionalising care work. This workforce paper is attached at Appendix 2.

The HSU's blueprint for worker registration

The HSU is recommending a positive worker registration scheme, which would register personal care workers, with a protected title, linked to the worker as a professional. This scheme would allow for the recognition and further development of the skills and knowledge needed to provide quality care. This scheme would link to the worker, not the provider. Workers would be responsible for registration, gathering of qualification evidence, continuing professional development and other matters.

Registration should define a protected title of personal care worker, on a public register.

Recommendation: Workers should be registered, on a public register, as individual professionals.

The current situation of reliance on provider training and development is not working, as recognised by the Royal Commission. Registration should not be attached to the provider, but to the individual worker, aiding in accurate data, individual assessment and sector mobility.

Recommendation: Personal care workers that complete certificates, diplomas or degrees, would have their qualifications accredited and verifiable on a public register, and present themselves as a Cert III qualified personal care worker, or a certificate IV qualified specialist care worker.

AHPRA holds public registers of accredited health professionals,[10] whilst state-based teacher regulatory authorities hold registers of teaching professionals.[11] This model should apply to care and support professionals too. This would allow older Australians, their families, providers and the public transparency that a worker is registered and qualified, improving public confidence in the system through transparency and visibility of workers' skills.

Recommendation: To prevent registration being a barrier to workforce entry, there should be no cost to registration.

Workers in this sector are not paid as well as health professionals, so a different approach should be taken. This could be re-assessed when the workforce shortages in the sector have stabilised, but it remains the case that workers in the sector are low paid, even after the aged care work value decision and pay rise. Once these shortages are resolved, the costs of a registration scheme must be proportionate to wages.

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[10] AHPRA and National Boards. *Registers of practitioners,* https://www.ahpra.gov.au/registration/registers-of-practitioners.aspx

[11] Australian Institute for Teaching and School leadership, *find your local regulatory authority* https://www.aitsl.edu.au/find-your-local-regulatory-authority

Recommendation: Registration should last for 3 years.

Registration could last for longer periods (rather than annual), in order to reduce paperwork and compliance costs, and lower the barrier to registration. The Welsh example of 3-year registration periods could be a good model.

Recommendation: Registration should include the provision of a physical and electronic card to registered workers, including training history.

Workers can then show they are registered and qualified to be a care worker. This would help promote professional identity and aid in sector mobility.

Professional Indemnity Insurance

Recommendation: Professional indemnity insurance should be a requirement of the registration scheme.

The same professional indemnity requirements as exist in AHPRA could be used:

> *All health practitioners who undertake any form of practice in their respective profession(s) must have professional indemnity insurance (PII) arrangements that comply with the relevant registration standard, for all aspects of their practice.* [12]

Professional indemnity insurance requirements are often provided by a worker's employer, a professional body or union,[13] and many already offer this to aged care workers. Various organisations could provide this insurance, with the requirement being for workers to prove that they are covered. This would ensure they and their clients are appropriately covered in the case of an incident, and would create an incentive for the continued development of the worker and of good practice.

Minimum Qualification: Certificate III in Individual Support, with an Aged Care specialisation

Recommendation: For new workers, the minimum qualification for registration should be a Certificate III in Individual Support, with a specialisation in Aged Care. However, the HSU recommends that Workers would be able to be registered and either

- have at least a Certificate III minimum qualification,
- or be supported to work towards one over time, without reducing the scope of practice.

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[12] AHPRA, *Professional indemnity insurance arrangements* Australian Health Practitioner Regulation Agency - Professional indemnity insurance arrangements

[13] AHPRA, *Fact sheet: Professional indemnity insurance arrangements,* https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-PII.aspx

Workers would not need to have a Certificate III immediately upon entry and registration but would be required and supported to gain qualification over a certain period of time.

This model is used in early childhood education and care, where all educators must "hold, or be actively working towards at least an approved certificate III level education and care qualification."[14]

This qualification could include core courses that cover handling medication, dealing with complex behaviour, safe lifting, palliative care, dementia training, and cultural safety, and in particular Aboriginal and Torres Strait Islander cultural safety. The qualification requirement should not be different across home or residential settings.

HumanAbility's review of the qualification will ensure its appropriateness and decide the areas that should be covered.

Once expanded to disability support work, a minimum of Certificate III followed by a Certificate IV in Disability Support would be appropriate.

These arrangements already exist in care worker registration schemes in Scotland, Northern Ireland and Wales.[15] This is an important arrangement to ensure that supply of much needed workers is not blocked by a pre-service need for a qualification.

Given the relevant Certificate III courses are typically 6 to 12 months, workers entering without a qualification should have an appropriate period of time to gain one. For example, in Wales, (on top of a level 2 course before entry) a 10-month course to gain a level 3 qualification is expected to be completed within the first registration period of three years, but workers have six years to complete it.[16]

Recommendation: Workers should have a 3-year period to gain a qualification in the registration scheme.

The amount of material support given to workers will be very relevant to this policy decision, as workers should not be disadvantaged in order to achieve the qualification requirement. Substantive Earn as you Learn opportunities should be made available in order to give material support to this requirement and give real impetus to upskilling. Wales, with 3-6 years for gaining

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[14] The Australian Children's Education & Care Quality Authority (ACECQA), *Qualifications for centre-based services with children preschool age or under,* https://www.acecqa.gov.au/qualifications-0/qualification-requirements/qualifications-centre-based-services-children-preschool-age-or-under

[15] Australia Institute, *Professionalising the Aged Care Workforce:* Hemmings, Oung, and Schlepper, p. 16.

[16] Social Care Wales, Registration https://socialcare.wales/registration

an appropriate qualification, has apprenticeship programmes of 12- 18 months to gain that qualification.

Recommendation: The registrar should have discretion to assess on a case-by-case basis the registration status of workers who have not gained their qualification by the end of the period. This is why registering individuals, rather than providers, is important, as it allows for tailored assessment and support of individual issues and circumstances.

In future, discussions could be had on the appropriate scope of practice for unqualified workers, or the eventual creation of a pre-registration qualification requirement.

Recommendation: Higher levels of registration, with recognised titles for specialist or senior carers, should exist at certificate IV and higher.

This would support the recognition and development of higher, or more specialist skills. Further design will be required, but this would be a key part of supporting continued development and recognition of skills.

An entitlement and obligation to 10 hours a year ongoing professional development.

Recommendation: There should be an obligation and entitlement to 10 hours a year of ongoing professional development to be held by the worker.

Ongoing professional development is a crucial component of establishing and sustaining a professional workforce: it is simply not enough to deliver training once, tick the box, and claim obligations have been met.

The entitlement being held by the worker would be similar to other regulated professions, whilst 10 hours would be in line with the Victorian Disability Worker Commission,[17] and the Disability provider and worker registration taskforce,[18] and existing enterprise bargaining agreements (EBAs) in the aged care sector.

The ongoing professional development requirement should be the same across aged care, regardless of home care or residential setting. All workers should be able to access appropriate

[17] Victorian Disability Worker Commission, *Training and development courses for disability workers, practitioners and employees*. https://www.vdwc.vic.gov.au/courses-overview#:~:text=Training%20and%20development%20courses%20for,maintain%20registration%20to%20the%20VDWC.

[18] NDIS Provider and Worker Registration Taskforce Advice https://www.dss.gov.au/system/files/resources/ndis-provider-and-worker-registration-taskforce-advice.pdf page 8

training according to their setting and have options in the professional development available to them.

For example, home care workers may choose to do a course on dementia with an emphasis on recognition whilst residential workers may do a course on dementia that focuses on management. This would give the worker agency in upskilling as a professional in the area they care about.

Recommendation: Ongoing professional development should be designed to ensure clear and accessible pathways to higher qualifications (and corresponding employment at higher classification levels in the award), including through stackable qualifications.

This would support care workers to progress their careers, advance their training, ensure recency of practice and knowledge, and allow for specialisation. Ongoing professional development should be conducted by public or selected non-profit RTOs.

Accredited skillsets provide the best opportunity for stackable training and career pathways, however we recognise there is a shortage of accredited CPD opportunities and units in the aged care and disability sectors. Future reviews of the training package should expand these opportunities. Ongoing professional development should be conducted by public or selected non-profit RTOs.

A worker registration scheme would then provide the basis for supporting workers who have already achieved the base qualification to attain higher qualifications. Workers could complete units through their ongoing professional development requirement and entitlement, which would stack towards higher diplomas beyond Certificates III and IV level.

Recommendation: Ongoing professional development and training should be ensured by adequate funding through IHACPA, and in the NDIS, the support worker cost model.

Providers would pass this on to pay workers whilst they are training, including through covering the costs of backfill, so that workers are not excluded from developing skills, which has been the case for Aboriginal Health Practitioners.[19]

System architecture: a standalone care registrar, the Care and Support Professional Authority (CASPA)

Recommendation: The HSU proposes a care and support economy specific registrar, ready for expansion to the wider care and support sector, and separate from both existing regulatory commissions and AHPRA. Given the goal of expansion across the care sector, this would build the appropriate cross sectoral architecture.

[19] Australia Institute, *Professionalising the Aged Care Workforce:* New South Wales Government 2019, 38.

The HSU believes the ACQSC is not the appropriate body to hold registration and qualification requirements, especially considering the wider care economy aspect of registration which would be complicated by the aged care regulator holding registration. The Australia Institute states that

> Even with recommended changes, it may not be reasonable to expect that the ACQ&S Commission with its focus on exclusion and compliance– including responding to complaints and screening to exclude unsuitable workers – can be an effective regulator for a positive occupational licensing scheme that aims to build the professional value of care work and status of care workers.[20]

The Australian Health Practitioner Registration Agency (AHPRA) is an alternative option to be the registrar. However, AHPRA has a health and medical focus, on professions that are often higher paid, and tertiary educated. It has a restrictive approach to regulation; on professions whose practice poses a risk to public health and safety. The Complexity Review of the National Registration and Accreditation Scheme stated that there is considerable pressure to expand the National Scheme, and discusses the examples of social workers and audiologists remaining on the waitlist. This opens up risks to considerable delays for any inclusion of care and support professionals. Waiting for AHPRA to deal with both the aged care and disability professions and sectors would cause too much delay.

The HSU argues that the care and support economy justifies its own regulation system, separate from 'health', and with a focus on positive care and support registration, that raises the standards and skills of aged care and disability support professionals. Health, and care and support are two different, if interrelated, sectors. The AHPRA regulatory approach to "public health" may not be suitable for expansion to the disability support sector, where it is not health that is being delivered. Similarly, while aged care is related to health outcomes, it is not health provision.

Existing models of professional registrars' worth looking at include the Victorian Disability Workers Commission,[21] the ACECQA in early childhood and care,[22] or Social Care Wales.[23]

A specific registrar with expertise and knowledge on the nuances of the care and support economy is therefore the best option available. The care and support sector is a huge, rapidly growing and rapidly evolving sector, and a bespoke regulator would best be able to handle the scale and complexities required.

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[20] Australia Institute, *Professionalising the Aged Care Workforce*

[21] Victorian Disability Worker Commission, https://www.vdwc.vic.gov.au/about

[22] The Australian Children's Education & Care Quality Authority (ACECQA), ACECQA

[23] Social Care Wales, https://socialcare.wales/

Recommendation: The registrar should have quadripartite governance (government, unions, providers and consumers) and should have appropriate representative boards for its various sectors.

Sector knowledge and representation will be key to the success of the registrar, and ensure buy in from the whole sector.

The practical option is likely that the Aged Care Quality and Safety Commission will have an interim role as a body for registration, especially given its role in the worker screening process, which would later move to the professional care economy specific professional body. This is discussed in more detail in the Transition section below.

Functions of a Care and Support Professional Authority (CASPA)

The Care and Support Professional Authority would be able to:

- maintain a public register of care and support workers
- record workers training and qualifications
- set professional standards
- investigate misconduct and compliance
- regulate and accredit training packages and RTOs, and oversee links to RPL
- investigate issues around accessibility to training including providers denying training leave, backfill issues
- decide the appropriate level of insurance coverage for workers
- represent workers, consumers, providers, and government through a quadripartite model
- develop co-designed quality standards for training and require that ongoing professional development that counts towards a worker's registration is completed in an approved training provider, ensuring training is high quality and responsive to changing needs and research.

Transition Pathways

Recognition of prior learning (RPL)

RPL remains onerous, costly and complicated for care and support workers. An efficient and accessible system for recognition of prior work and learning will be needed in the transition process.

To minimise delays in access to worker registration and costs to workers, the Registrar could work with Humanability to develop a system of recognition of prior learning, training and lived

experience specific to the care and support economy.[24] This should be free for workers to access.

Transition with multiple pathways to registration for existing workers

The Australia Institute's report contends that:

> During a transition period multiple registration pathways should be available to workers. International experience suggests such an approach offering flexibility of registration pathways can be key to successful implementation of a registration system (Hemmings et al. 2022, 19).[25]

To ensure that the introduction of professional worker registration does not create barriers to the existing and potential workforce, the registration scheme should include alternative ways to registration that respects existing experience and knowledge.

Recommendation: Existing workers should be able to register through the following pathways (modelled on the VDWC):

PATHWAY	FOR WORKERS WITH...
Qualification	Certificate III, or working towards one. The recognition of either a Certificate III/prior equivalent, with an Aged Care specialisation, OR proof that a worker is working towards one, would be sufficient for registration. This should be the only registration method for new workers, as detailed in the next section.
Professional Experience	Equivalent workforce experience. Workers that have a sufficient amount of time and experience in the workforce would be able to register. This includes workers with no formal qualifications. The aim of this pathway is not to exclude workers with significant and valuable experience from the registration scheme. The Victorian Disability Worker Registration scheme has a model of 1440 hours (approx. 190 days) of relevant work experience over 2 years in the past 10 years. Evidence to confirm can include pay slips,

[24] Australia Institute, *Professionalising the Aged Care Workforce* p. 30

[25] Australia Institute, *Professionalising the Aged Care Workforce*

	letters from employers, satisfactory performance reviews, or letters, email and documents that set out the relevant details.
Training	Equivalent training experience. This pathway recognises those who have done significant training and learning which are not recorded in a qualification.
Combined	A combination any of the above. Relevant lived experience, such as being a carer for older relatives or people, could be considered as a relevant pathway if the appropriate experience is held. This may be more relevant in the expansion of a registration scheme to the disability sector.
Equivalent	Equivalent registration in other schemes (e.g. AHPRA) A mixture of the above pathways, taken case by case, should be able to be justified as sufficient for eligibility for registration.

After the introduction and transition period, reassessment of these pathways may be worthwhile. For example, the experience pathway will become less relevant over time as the registration scheme beds in, and the qualification pathway becomes the primary method of registering.

As the Australia Institute discusses, overseas examples show how important it is to engage with workers, particularly older workers who may not hold formal qualifications, to make sure the new requirements are understood. Unions will have a key role in this engagement and education.[26]

[26] Australia Institute, *Professionalising the Aged Care Workforce*

Transition arrangements for different cohorts

Migration instruments

Transition arrangements will need to allow for the continued use of the Aged Care Industry Labour Agreement (ACILA) and its role in addressing worker shortages through migrant care workers, although it already requires a certificate III equivalent qualification or 12 months experience.[27] Similarly, the PALM scheme Aged Care expansion trial requires a certificate III. Proof of certification for these schemes should link to the registration scheme efficiently.

Migrants without permanent residency or citizenship do not have access to fee-free TAFE. Access should be extended to existing workers without a qualification, already in the sector, as a transitional arrangement to ensure workers are not lost by the imposition of the costs of gaining a qualification without support. Given the high need for workers, exception should be considered in the long term for access to fee free TAFE for all migrants.

We also recognise that some aged care workers without qualifications might speak English as a second language, or not have an educational background. As part of a transition to a worker registration system, workers who face additional barriers to utilising in-service and pre-service training should receive tailored support to access further training.

Aboriginal and Torres Strait Islander workers

A tailored approach should be taken to the registration and transition of First Nations workers into this scheme, given the barriers First Nations workers face in the Australian aged care system, as detailed by the Interim Aged Care First Nations Commissioner's report.[28] The importance of the following matters needs to be considered:

- Culturally appropriate and safe care, including connection to family, community and Country
- The recognition of cultural knowledge as a skill
- Place-based care
- Systemic racism, including increased interaction with the justice system which could place a barrier in front of some First Nations people to registering
- The administrative burden which will be exacerbated for Aboriginal and Torres Strait islanders

[27] Department of Home Affairs, *Skilled migration program* https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program/recent-changes/new-aged-care-industry-labour-agreement

[28] First Nations Interim Aged Care Commissioner report: *Transforming Aged Care for Aboriginal and Torres Strait Islander people, https://www.health.gov.au/resources/publications/transforming-aged-care-for-aboriginal-and-torres-strait-islander-people?language=en*

Recommendation: Transition pathways should be clearly designed to be accessible to First Nations, with appropriate exceptions and flexibility.

Longer lead times for registration may be required in thin markets (both cultural and geographical) for Aboriginal and Torres Strait Islanders. The Care and Support Professional Authority should have significant flexibility in decision making around the registration of Aboriginal and Torres Strait islander workers, and what mix of cultural knowledge, skills and lived experience would be sufficient for registration.

Recommendation: Online training and targeted programs will be necessary to support Aboriginal and Torres Strait Islanders to train. Training support should be provided through empowering more ACCHOs to teach aged care courses which would help to address completions issues through supporting workers to stay on country, and so not have to leave to gain qualification, and learn in a culturally appropriate manner. This should include ACCHO eligibility for free TAFE, where not otherwise provided.

Booroongen Djugun Ltd in New South Wales is an example of an ACCHO provider who is also an RTO, and who offers courses on the same campus as an aged care centre and at other outreach centres.

https://www.booroongendjugun.com.au/college

Even if providers are not an RTO, support to learn online at the workplace or other methods of support to stay on country should be considered. The National Indigenous Australians Agency Remote Jobs program will invest in aged care services and should provide support to training on the job as well.

Recognition of cultural skills should include sufficient recognition as a higher skilled worker in registration and in the award. For example, Aboriginal and Torres Strait Islanders working in the community often receive less than someone who has been attracted and supported through remote work allowances.

The Care and Support Professional Authority will need sufficient infrastructure – cultural and logistical, to ensure it has the capacity to meet Aboriginal and Torres Strait Islander needs, including being accessible to workers on Country, and with staff with appropriate cultural knowledge.

There is a significant piece of work to be done in this area. A considered consultation and policy process should support this. The First Nations Aged Care Commissioner should be appropriately resourced to provide advice and support during the introduction of a registration scheme.

Material support for training is required to ensure the success of registration

This is recognised by the Royal Commission in recommendation 114, where it calls for "immediate funding for education and training to improve the quality of care", and specifically names the Certificate III in Individual Support across residential and home care, and the Certificate IV in Ageing Support. Continuing education and training relevant to direct care is also named, including dementia care, palliative care, oral health, mental health, pressure injuries and wound management. The Australia Institute discusses the UK experience and the risks where there is no funding support available for training reducing the impact of a registration scheme.[29]

The NDIS Review recognised that expanding the options for workers to gain full qualifications, through both in-service and pre-service training, by making full-pay traineeships more widely available for workers would make it easier for workers to attain the Certificate III and IV: 84 "Greater use of traineeships, for example, could provide alternative pathways, for workers to complete the Certificate III in Individual Support, bypassing the need for 120 hours of mandatory unpaid work placement."

Fee-free TAFE is invaluable in supporting workers to access training but has an emphasis on pre-service training. Currently, funding for traineeships is limited under existing apprenticeship subsidies. It hardly covers the added costs of supervision, buddy shifts, training leave, mentoring and backfilling rosters that are left largely unfunded.

Recommendation: Expanded funding for traineeships should be implemented, to increase earn-and-learn opportunities to benefit workers and provide material support to the registration scheme. Additionally,

- Exceptions to the one course rule for fee free TAFE and to other barriers to access to fee free TAFE should be considered for aged care as a priority skills area that needs a large amount of workers.
- Other programmes including the rural and regional home care workforce support programme should be expanded to cover certain cohorts, in particular Aboriginal and Torres Strait Islander aged care workers.
- To cover these disparate areas of training need, a grant programme managed by DOHAC should be established, to ensure the training needs of different parts of the sector are sufficiently supported.

[29] Australia Institute, *Professionalising the Aged Care Workforce*

Benefits of a worker registration scheme

How does worker registration and accreditation support pay and conditions?

Higher rates of qualification make pay rises easier to achieve

As more workers attain a Certificate III, more workers will benefit from pay rises by accessing the qualified rate of the Aged Care Award at level 3, or the higher qualified rate at level 5. This will help keep wages moving in a predominantly low-paid sector, and build on the improvements made through the Fair Work Commissions decisions on work value in the aged care sector, which included linking pay steps to qualifications.

Supports career pathways, higher qualifications, skills progression and graduated classification structures.

Moreover, as workers complete professional development units, these units can stack to higher qualifications, leading to higher pay rises. Workers will have more support to improve their skills and want to stay in the sector. Where higher diplomas for advanced support and complex care work and specialist practitioners do not presently exist, the new Jobs and Skills Council (Humanability) could develop them with participant co-design to expand career pathways in direct support work.

Worker registration would collect valuable workforce data, allowing for better workforce planning

Currently, the lack of workforce data for aged care workers is an impediment to accurate assessment and evaluation of the workforce and workforce policies. Worker registration would be able to track multiple data points which would aid in better quality of information for workforce planning, including

- Number of registered workers/employees in personal care
- Demographics of the workforce
- Hours worked
- Geographical distribution, including in thin markets

Importantly, current issues emerging around care minutes and the practice of reclassifying non direct care workers to meet the care minute targets, would be relieved by limiting care minutes to registered workers only.

Workforce planning can be easily linked to workers and their skills. By tracking the training and qualifications workers complete, the Registrar can have proactive oversight of the sector, including what specialist knowledge is missing, in what areas, and so on to a much higher level of granularity that would allow for detailed workforce planning. Similarly, for providers, supervision and staffing levels can be mapped to workers' qualification levels to ensure workers with less experience have more staff working with them to safely deliver care. Provider registration and worker registration can operate as a mutually reinforcing system of regulation.

Reduces risk of injury and workplace related violence due to higher skills in staff.

Because workers will have the skills necessary to carry out work appropriately and safely, there is a much lower risk of injury at work. This will go a long way toward reducing the high burden of injury on the care and support economy.

Defined scopes of practice ensure clear boundaries for workers

Defined roles and scopes of practice within a worker registration and accreditation scheme can help ensure clearer job descriptions to protect workers from risks when they overstep the boundaries of their role, often due to workforce shortages. This is particularly important for workers in isolated environment, such as support delivered in the home.

Greater job satisfaction

Positive worker registration and accreditation will make workers feel more supported through skills, pay progression, and recognition. It also contributes to a culture where workers are supported to improve skills and quality instead of the onus falling on the individual, improving workforce retention, quality of supports and participant outcomes.

How can worker registration lift the quality of aged care?

The Australia Institute outlines overseas experiences below:

> "Hemmings et al. (2022) cite survey evidence from the UK suggesting that most providers believe mandatory qualifications lead to improved care outcomes. In addition, registration and qualification requirements contribute to worker confidence and can influence employers to improve their performance monitoring and appraisal. Of course, adequate staffing and decent working conditions are also critical for quality care. Nevertheless, to the extent that professionalisation strategies, including formal recognition and accreditation of skills and knowledge, do support better quality jobs, this will also support better quality care."[30]

A guaranteed minimum standard for workers and consistency of quality.

As more workers attain the baseline qualifications, aged care consumers can have more consistent expectations about support workers' skills and competencies. Putting all workers on

[30] Australia Institute, *Professionalising the Aged Care Workforce*

a pathway to qualification and requiring ongoing professional development will ensure minimum competencies for all aged care workers.

Better outcomes and sharing of best practice as workers continually upskill

Worker registration and accreditation can ensure that new workers entering the sector have skills that reflect contemporary best practice in aged care work, and that workers continually refresh their training. This is critical to creating an aged care sector that continuously improves.

Increased public confidence in aged care.

By ensuring all support workers have access to minimum skills to deliver supports in aged care, the public will have greater confidence that quality care is being provided.

Valuing personal care workers as deserving and highly skilled workers.

Worker registration puts a value on aged care as something worth investing in and continuously improving.

Delivery of complex care with less risk.

Older Australians with more complex needs can be assured that workers have the appropriate skills and training to conduct work safely and properly.

How can worker registration support attraction and retention?

Presents it as a career of choice through increased community and professional recognition.

Regulating the workforce increases the social standing of aged care and disability support work compared to other professional but regulated occupations, like nurses and allied health workers, making the sector more attractive to prospective workers.

Long-term impacts on career progression, pay and conditions reduce workforce turnover.

Improved pay and conditions will give workers more reason to stay in the sector. Provider savings on recruitment, induction, supervision and training. Providers can have greater confidence that workers have appropriate skills commencing work, and may save in supervision costs otherwise incurred when inducting unqualified workers.

Supports access to training, leave, positive supervision and practice review that improves retention.

Expanding access to ongoing professional development, links to supervision and other entitlements will support workers to improve practice and confidence, and remain in the sector.

Improved workforce mobility by expanding the skills base of the sector.

As workers improve their skills, they will have more opportunities to try different forms of work in the sector.

Improved workforce planning through a central record of skills gaps.

A central record of workers with and without qualifications will lead to better analysis, measurement, and detection of workforce shortages. It could also enable targeted workforce attraction and retention measures to address them.

Minimum qualifications do not have to be a barrier to entry

The HSU advocates, as discussed above, for a registration model that minimises the impacts of a minimum qualification requirement. This includes:

- The ability to register and work towards a qualification
- Adequate transition and grandfathering provisions for existing workers with experience
- Substantive recognition of prior learning
- Material support to enable training through earn as you learn programmes
- No registration fees for workers

Meanwhile, the broader professionalisation project, including better pay and working conditions, can be expected to slow occupational exits through improved job quality and satisfaction and opening up progression opportunities in areas of specialisation, countering negative impacts of any decline in entry.

Case study: worker professionalisation in early childhood education and care

Early childhood education and care, whilst a different sector with its own dynamics, in many ways provides a model and guidance for the professionalisation of a workforce responsible for looking after a certain cohort of the population.

The National Quality Framework was introduced in 2012, and introduced better ratios, a qualification requirement, and approved learning frameworks. The national qualification requirement has provision for individuals 'actively working towards' qualification to meet this requirement.

After this, many states introduced registration, including WA in 2012, SA in 2014, Victoria in 2015, and NSW in 2016, with a mixture of requirements in other states and territories. A review undertaken in 2018 then recommended a national system of registration, which would provide a consistent approach and allow for mobility of early childhood teachers.

Funding is provided to support training in the ECEC sector, including a 'professional development subsidy' and a 'paid practicum subsidy' paid to providers who pass on to workers.

A review of the National Quality Framework and these related policies found that there was quality improvement and a continued increase in the number of qualified staff: "This report suggests that the NQF is realising a number of its intended benefits, including continuous quality improvement in service provision and efficiencies in regulation."[1]

The HSU submits that aged care would benefit hugely from many of these same elements, including

- A qualification requirement
- A national registration scheme
- Funding to support workers to study

31 32

[31] Department of Education, *Professional development subsidy* https://www.education.gov.au/early-childhood/providers/workforce/support/professional-development-opportunities/professional-development-subsidy

[32] The Australian Children's Education & Care Quality Authority (ACECQA), *Report finds significant improvements in early childhood education and care,* https://www.acecqa.gov.au/latest-news/report-finds-significant-improvements-early-childhood-education-and-care

Care and Support Economy considerations for expansion

Recommendation: The HSU advocates a care and support economy wide approach to worker registration, encompassing aged care, and disability support.

This should not include early childhood education and care, which as we have seen has its own scheme and dynamics as a part of the education sector. Integration and cross communication is already starting to happen across the care and support economy, such as through the use of NDIS screening for aged care screening. This approach is efficient and makes sense, as many workers already move between the sectors, which whilst different, often require similar skills and attributes. The Australia Institute calls for integration across the care sector:

> Over time, an aged care worker registration scheme should support opportunities for increased mobility between care and support sectors. There should be few barriers to building a national scheme that fully aligns the regulatory requirements for aged care workers and support workers in the NDIS.[33]

Recommendation: The HSU advocates for a care economy wide approach to registration, with aged care as the first sector to implement it. We advocate that aged care be implemented quickly, lessons are taken on from this implementation, and rolled out to the wider care and support sector in an efficient manner. The creation of CASPA would allow this to proceed, in addition with close communication for the existing Commissions in aged care and disability. The building blocks of registration should be similar, transferable and able to talk to each other. This includes the underlying infrastructure of a protected title, worker screening and a public register. This would still allow for the different skills and work of each sector be recognised.

This does not mean a one size fits all approach. Registration should be expanded to the NDIS and other care economy at the appropriate qualification level (level IV in disability). Specialist knowledge would obviously be different, such as practice or quality standards. The ongoing training requirement of 10 hours should be the same across both but with different training.

Recognition of study in one area should be transferable to the other area with sufficient RPL processes, but with additional sector specific knowledge required. For example, a cert III in disability should be able to transfer to Aged Care after the gaining of additional aged care specific modules. The benefit of registration and a CASPA would be as an authority that can state what training is eligible to count as CPD in which profession. This harmonisation will need further work.The Victorian Disability Worker Commission could provide a logical trial for the expansion of mandatory registration to disability after aged care. Its infrastructure could be the base for further national expansion of care and support economy worker registration.

A possible timeline for introduction of worker registration, including care and support economy considerations, has been attached at Appendix 3.

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[33] Australia Institute, *Professionalising the Aged Care Workforce*

Conclusion

Unless an efficient and effective regulatory system of the aged care workforce and sector is put in place, a race to the bottom in skills, safeguards and working conditions will only worsen, and workforce shortages will only intensify. The status quo is untenable, and with the expansion of Support at Home, it is more vital than ever that quality care is ensured. Safe, quality supports require a well-skilled workforce that is safe and has basic working conditions.

Provider registration alone is insufficient to boost standards of support. We need to also support and recognise the skills of the aged care workforce through a worker registration and accreditation scheme. All personal workers should be put on a pathway to minimum training and supported with ongoing professional development.

Only by defining and recognising the skills of care and support workers can we embed a culture of professionalisation and present aged care and disability support work as a career of choice.

Appendix 1: Ageing Australia and HSU Joint letter in support of worker registration

Joint letter of support for worker registration

Ageing Australia

Health Services Union

This letter is to indicate the joint support by the Health Services Union (HSU), as a union for personal care workers, and Ageing Australia, as the peak body for aged care providers, for a worker registration scheme for direct care personal care workers.

Registration, as per the Aged Care Quality and Safety Royal Commission's recommendations 77 and 78, will play an important role in the continued professionalisation of the aged care workforce and the continuous improvement in the delivery of quality care.

Registration would cover personal care workers in aged care, including in residential and home care settings, and independent contractors/gig workers.

Specifically, the HSU and Ageing Australia agree on the following design concepts.

Provisional registration for training towards Certificate III

As recommended by the Royal Commission, a Certificate III in Individual Support, with an Aged Care specialisation, is the appropriate level of minimum qualification for the worker registration scheme in aged care.

We advocate that proof of training towards this qualification should count in order to access provisional registration and be able to work as a personal care worker. This is in recognition of the significant workforce needs of the sector, whilst keeping a continued emphasis on professionalising personal care workers.

Adequate transition arrangements

The registration scheme will need a sufficient amount of time to be implemented, as well as suitable transition settings in order not to cause further workforce barriers. This should include a two-year transition process for recognising existing service, knowledge and capabilities through appropriate grandparenting arrangements. For example, a worker with 20 years'

experience in the sector should not be excluded from working in the sector, because they do not have a Certificate III.

Pilots should be used to gather evidence and assess potential problems with the introduction of a scheme, particularly in remote and rural settings.

Government funded earn-as-you-learn models, as called for previously by Ageing Australia and the HSU, will be required both in the transition to a registration system and in an ongoing manner, to provide the material support for people to progress towards a Certificate III.

Need for discussion on system architecture

The HSU and Ageing Australia agree that there are issues with the Aged Care Quality and Safety Commission being the potential administrator of the registration scheme.

If the registration scheme is to be fit for purpose into the future, and become a care economy wide scheme, a new registration body for the care and support economy, linking into the existing commissions in disability, aged care and elsewhere may be the best method of supporting this, accompanied by bespoke care and support economy regulatory infrastructure.

In any case, the scheme should develop a clear registration approach, including mutual recognition of registration administered by any other relevant regulator.

Continuing Professional Development at 10 hours per year

Continuing Professional Development (CPD) should be set at 10 hours per year, which would be consistent with registered disability workers. Except for workers studying towards their Certificate III qualification, CPD should have a focus on development rather than basic training and could include both optional and mandatory courses.

No cost to registration

The HSU and Ageing Australia agree that the cost of registration should not be a barrier to entry, and as such should be fully funded by the government.

Professional Indemnity Insurance

As with Ahpra regulated professions, professional indemnity insurance should be a requirement of the registration scheme. Whilst the vast majority of workers will be covered through their employment arrangements, it should be clear that workers need to have indemnity insurance either directly or through their employer.

Introducing the Scheme

We support the introduction of a pilot scheme in a targeted area, with a specific focus on rural and remote communities. Implementing a pilot in these regions will provide valuable insights that can inform a broader rollout, ensuring that key challenges—such as limited connectivity, access to continuing professional development (CPD), and workforce availability—are

effectively addressed. By testing the approach in areas where these barriers are most pronounced, the pilot will help identify practical solutions, refine implementation strategies, and ultimately strengthen the transition process on a larger scale.

A registration scheme should be substantially operational within the next term of Government and before the 2028 election. Transition arrangements can be implemented over and beyond this period, but it is important that there is some speed to the implementation of a scheme in order to promote professionalisation in the aged care workforce.

HSU and Ageing Australia agree that now is the time to finalise a way forward on introducing this scheme, and we implore the Government to move quickly in establishing the model for implementation.

Regards,

Tom Symondson

CEO

Ageing Australia

Lloyd Williams

National Secretary

Health Services Union

Appendix 2: National Aged Care Alliance Workforce paper: Key propositions for career development and pathways for the aged care workforce (section on worker registration)

Full paper available here: https://naca.asn.au/wp-content/uploads/2025/01/Workforce-SPWG-Paper-Career-Pathways-Final.pdf

The relevant sections on registration and minimum qualifications are laid out here.

Registration

The Alliance recognises the important role of personal care worker[34] registration in professionalising care work and enhancing career pathways and workforce retention. The Alliance supports the introduction of a registration scheme for personal care workers, in line with Royal Commission recommendation 77, and the commitment by the Government to introduce such a registration scheme.

The Alliance supports a registration scheme applying to personal care workers. The Alliance supports registration in defining the shared professional body of knowledge for personal care workers and the scope of this role, confining it to personal care as opposed to domestic assistance activities outside of care, such as gardening and maintenance. Despite comprising most of the workforce, personal care workers are not subject to formal quality oversight by way of a regulation scheme. Introduction of personal care worker registration will provide quality assurance to older people, their families and carers, service providers and the wider Australian community provided there is funding to meet costs involved for this or any other registration scheme.

The Alliance is of the view that other workers, such as those working in hospitality and food services, administration, and therapy assistance, should not be excluded from having registration applied to them in the future and once the scheme is fully established for personal care workers. This would ensure that the benefits of registration in professionalising the workforce and establishing career pathways would be extended to other occupational groups that are not currently subject to formal registration. The starting point should be the uniform application of workforce regulation, such as has occurred with the introduction of the Code of Conduct and is expected with a more robust worker screening system.

The Alliance cautions that any registration scheme for aged care personal care workers should not increase barriers to professionals working in aged care, who are already subject to occupational registration, such as AHPRA regulated professionals. Duplication of registration should be minimised and avoided. The Alliance supports the use of existing regulatory mechanisms via AHPRA registration and NASRHP (National Alliance of Self-Regulating Health Professionals) membership for self-regulating professions scheme, such as registered nurses

[34] 1 The Alliance recognises that personal care workers may be titled differently across states and territories and uses the term personal care worker to cover this and all interchangeable job titles.

and allied health professionals. Duplication of registration schemes and professional oversight should be minimised and avoided.

As the sector looks to temporary and skilled migration to address chronic labor shortages, consideration must be given to how registration requirements may impact migrant workers already working in Australia, or seeking to work in Australia, in currently unregistered personal care roles. The Alliance considers rigorous labor market testing, skills assessment, and provisional registration as reasonable mechanisms which would support migrant workers to enter the sector and meet any new personal care worker registration standards. The Alliance acknowledges that the infrastructure exists under regulatory and immigration agencies to recognise and register overseas qualified health professionals in Australia, indicating that similar arrangements could be mirrored as appropriate in a personal care worker scheme. Migrant workers on temporary visas who want to stay in Australia and continue a career in aged care should have a visa pathway to permanency available to them. The Alliance supports the use of existing regulatory mechanisms via AHPRA registration for registered professions and NASRHP (National Alliance of Self-Regulating Health Professionals) membership for self-regulating professions.

The Alliance is mindful that registration requirements should not inhibit volunteers from continuing to provide essential support to the paid workforce, and volunteers should not be required to meet registration requirements.

Benefits of a 'positive' registration scheme

A full and 'positive' registration scheme for personal care workers would establish minimum mandatory qualification standards, ongoing professional development requirements, and accreditation of specialist skills and additional qualifications. A positive scheme can build professional identity, and worker voices should be heard in establishing the scheme and ongoing.

The benefits of registration include improving job readiness and minimum education qualifications, enhancing career pathways, safeguarding the safety and wellbeing of workers and older people receiving care, and assuring the Australian community of the safety and quality of aged care services.

Registration will also enable labor mobility across like-professions by establishing industry-wide standards and having mechanisms in place for employers to access and verify appropriately skilled and qualified workers. For aged care, the greatest labor mobility opportunity is with the disability support and veteran care sectors. Future work to mutually align with State and Territory working with vulnerable people/children checks should also be considered. The administration of a registration scheme requires a well-resourced and experienced statutory authority, with the capacity to co-ordinate across care sectors.

The scheme should develop a clear registration approach including mutual recognition of registration administered by any other relevant regulator. Ongoing professional development and supervision elements of a scheme must also accommodate the non-static nature of workers and workplaces, i.e., work in people's homes rather than a residential facility. Supervision and effective reporting mechanisms are important aspects of a well-functioning

registration system and professionalisation of the care workforce. Workers and providers must be resourced to ensure they can fulfil supervision and ongoing support functions.

While the Alliance posits that registration should apply to aged care personal care workers in the first instance, we take the opportunity to highlight the importance of delegation and supervisions frameworks for other unregulated care workers, namely allied health assistants with delegation and supervision by allied health professionals. Such frameworks currently exist in jurisdictions such as Victoria. There should be a nationally consistent framework.

The implementation of any registration scheme must be designed to support workers from culturally and linguistically diverse backgrounds and ensure that registration and all its benefits are evenly available regardless of visa status, including the provision of targeted information. The cost of any registration requirements must be proportionate to the average wages of personal care workers.

Mandatory qualifications

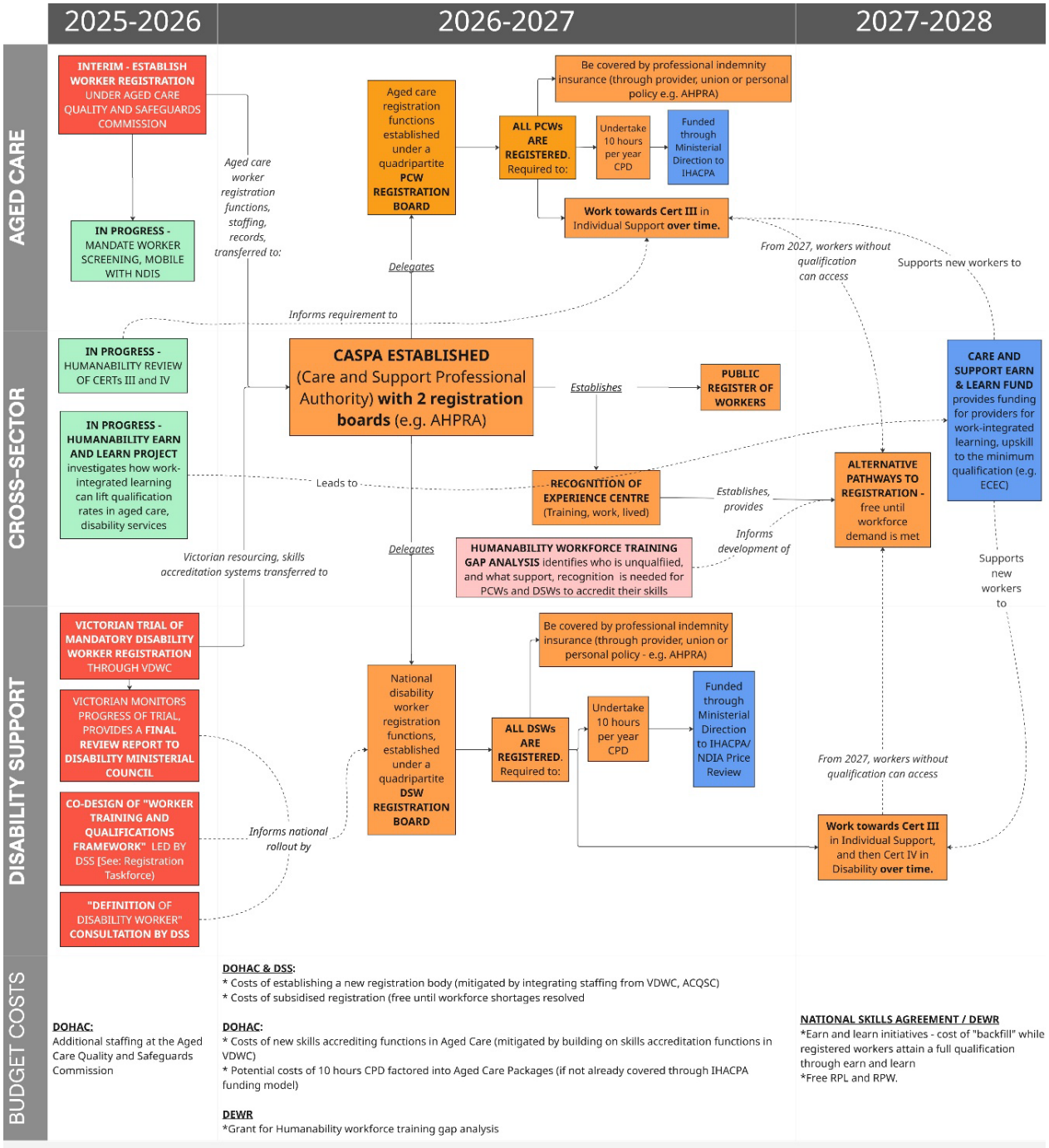
The relationship between a mandatory minimum qualification for aged care personal care workers and career pathways and workforce professionalisation is important and interdependent. A mandatory minimum qualification for aged care personal care workers ensures that they have the necessary knowledge and skills to provide high-quality care to older people.

The Alliance supports a minimum mandatory qualification for aged care personal care workers at a Certificate III level, while valuing and recognising the skills and expertise that many long-serving workers have developed through practical experience, despite not having formal qualifications. For existing workers in these circumstances, provisional arrangements (including 'grandparenting arrangements'), and the Recognition of Prior Learning (RPL) must be designed to be accessible and supportive. Ensuring that individuals who may find academic environments challenging are not deterred from completing their qualifications or made to feel disenfranchised. Qualification standards can be achieved through accredited training programs that cover relevant practice areas such as communication skills, person centred care, clinical skills, palliative care and dementia care. By mandating a minimum qualification, the aged care sector can establish a baseline level of competency for its personal care workforce.

Once workers have obtained a minimum qualification, they need opportunities for career pathways and professional development to advance their skills and expertise. This can include continued professional development, undertaking accredited skills and training opportunities, mentoring less experienced workers and advancement to more senior roles.

Upskilling and professionalisation of the aged care workforce are critical for the ongoing sustainability and success of the sector. By establishing a mandatory minimum qualification and providing opportunities for career pathways and continuous professional development, we can ensure that the aged care workforce is skilled, competent, and motivated to provide high-quality care to older people. This will improve the quality of life and wellbeing of older people living in Australia and will also enhance the value of a career in aged care and the reputation and sustainability of the aged care sector.

Appendix 3: A timeline for the introduction of worker registration in the care and support economy



COLOUR	RESPONSIBLE DEPARTMENT	STAGE
	ANY	IN PROGRESS
	DOHAC / DSS / DEWR	TRANSITIONAL ARRANGEMENTS
	CASPA	FUTURE ARRANGEMENTS
	DOHAC / DSS / DEWR	FUTURE ARRANGEMENTS