

Centre for Workforce Futures at Macquarie University and SkillsIQ  
Aged Services Industry Reference Committee  
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Dear the Aged Services Industry Reference Committee,

**Re: Submission into Draft 1 of Certificate III in Individual Support, Certificate IV in Ageing Support, and Certificate IV in Disability Support Released for Consultation**

Positive Life NSW (Positive Life) welcomes the opportunity to provide a submission into the Draft 1 of Certificate III in Individual Support, Certificate IV in Ageing Support, and Certificate IV in Disability Support Released for Consultation.

Positive Life is the state-wide peer based non-profit organisation that speaks for and on behalf of people living with and affected by HIV (PLHIV) in NSW. We provide leadership and advocacy in advancing the human rights and quality of life of all PLHIV, and to change systems and practices that discriminate against PLHIV, our friends, family, and carers in NSW.

Background:

In February 2021, the Aged Services Industry Reference Committee (IRC) contacted stakeholders to seek feedback and input into the abovementioned Training Package Products, which include the qualifications and units of competency that provide the skills and knowledge for workers who may work in a residential or community care setting with clients who require personalised support due to ageing, disability, or other reasons. The Draft Training Package Products were developed through various consultation methods already undertaken, of which Positive Life has contributed to twice thus far. The Draft Training Package Products are requesting stakeholder input to shape the content of future training and pathways, to address the skills gaps of the aged care workforce and optimally resource the sector to properly provide for the needs of older Australians into the future.

Positive Life believes that this consultation is an important opportunity to gather community views and an evidence base from a diverse range of voices who are concerned about the state of the aged care system in Australia for an increasingly ageing population as well as people who are living with varying disabilities and/or require individual support. The current round of consultation occurred via an online platform showcasing the qualifications and units of competency and requesting feedback via “comments” in various section. Positive Life contributed the comments outlined below.

CHC43021: Certificate IV in Ageing Support:

Positive Life NSW notes that there are no core or elective units that relate to HIV, blood borne viruses (BBVs), or sexually transmissible infections (STIs), nor are there any units relating to universal infection control. “HLTINF001: Comply with infection prevention and control policies and procedures” is a unit of competency in the Individual Support Certificate, but not the Ageing Support Certificate. This seems like an oversight. Certificate IV in Ageing Support needs to address HIV, BBVs, and STIs in both a clinical and person-centred capacity, whether by including the content in “CHCCCS001 Address the needs of people with chronic disease” unit (not ideal) or creating a discrete elective unit for this purpose to be included in the Ageing Support Certificate. Namely, the unit should include knowledge on the clinical management and treatment of HIV, BBVs, and associated chronic health conditions; the transmission risk of HIV and other BBVs in care settings, including an understanding of

Treatment as Prevention (TasP) and Undetectable Viral Loads (UVLs); and universal infection control, prevention procedures, and management.

Regarding the unit entitled “CHCINM001: Meet statutory and organisation information requirements”, which does not have a draft for consultation published online thus far, we recommend that HIV privacy and confidentiality legislative and clinical policy requirements are included in the unit.

Regarding the unit entitled “HLTHPS007: Administer and monitor medications”, which does not have a draft for consultation published online thus far, we recommend that the dangers of polypharmacy, non-adherence to HIV and other medications, electronic prescribing, misuse of prescribed and non-prescribed medications (including illicit drugs) and their relationship to hospital admissions, disability, and premature death be addressed within the competencies of the unit.

CHCAGE009: Provide services for older people:

The “Knowledge evidence” portion of the draft unit covers: “Legal and ethical considerations and organisational policies and procedures for working with older people, including: duty of care; dignity of risk; human rights; privacy, confidentiality and disclosure; work health and safety.” We suggest that a specific addition of privacy and confidentiality around a person’s HIV or BBV status must be covered in this unit. This is particularly the case considering the section addressing families and carers, where a person living with HIV’s family and/or carer may not know about their HIV status, thus confidentiality must be maintained at all times, even when a personal care worker may otherwise assume that there is no risk of breach of confidentiality.

A further area of knowledge evidence should involve the transition of people in residential aged care facilities to and from acute care facilities and/or palliative care, ensuring continuity of care, privacy and confidentiality, and appropriate shared care arrangements are maintained.

CHCAGE010: Implement interventions with older people to reduce risk:

The “Knowledge evidence” portion of the draft unit states that: “Workers must be able to consider all older people, inclusive of all backgrounds and life experience, while acknowledging and working towards equitable outcomes for those older people more disadvantaged by intersecting and oppressive circumstances.” The list of major risk areas for older people notably excludes stigma and discrimination experienced by people who are ageing, of which these experiences compound depending on intersecting disadvantages held by ageing people. For instance, the provision of non-discriminatory aged care to people living with HIV (PLHIV) will challenge aged care services who employ staff who may have deeply held fears and prejudices about homosexuality, illicit drug use, sex work, gender dysphoria, and HIV. Despite the efficacy of modern HIV treatment to control HIV infection and prevent transmission, HIV remains a highly stigmatised disease requiring lifetime specialist treatment and monitoring. When addressing stigma and discrimination, it is also imperative that its impacts on physical and emotional health are considered, particularly for those most vulnerable such as PLHIV, people who identify as LGBTQIA+, people who inject drugs, etc.

CHCDIV003: Manage and promote diversity:

Through a community consultation conducted in 2019 by Positive Life NSW about experiences of aged care services, which was undertaken by over 400 people living with HIV (PLHIV) survey respondents, we received a significant number of complaints from ageing PLHIV about personal care workers (PCWs) being poorly trained, rude, unhelpful, having poor communication skills, and in some cases, patronising and disrespectful. We have received reports of discriminatory behaviour by PCWs who have no or limited knowledge of HIV. Some feared they would contract this blood-borne virus (BBV). There were also

examples reported of discrimination by PCWs who were homophobic. Acts of discrimination ranged from being ignored, shamed, and silenced, to outright refusals to provide service and receiving payment for services not rendered. Abuse and neglect primarily resulted from ignorance and fear on the part of PCWs about HIV, HIV treatment, and the negligible risk of transmission to staff or other residents. The potential for abuse by PCWs who hold prejudices can be mitigated to some extent by thorough training and the promotion of diversity and acceptance. Education and cultural awareness training about HIV (and co-impacting factors such as gender and sexuality diversity etc.) will be needed to ensure that aged care services and PCWs maintain respectful and non-discriminatory care.

CHCAGE011: Provide support to people living with dementia:

It is also important to note that in considering new and emerging trends in dementia and other neurocognitive disorders, ageing and aged care, there are also emerging populations that are ageing. For example, this is the first time in history that people are living with HIV long-term so that they enter the aged care system by virtue of age, require care and support services, and develop age-related neurocognitive disorders such as HIV-Associated Neurological Disorder (HAND) and HIV-Associated Dementia (HAD). This challenge to personal care workers (PCWs) should not be minimised or ignored.

In addressing the needs of ageing people living with HIV (PLHIV) with HIV-related dementias, including HAND and HAD, PCWs should be knowledgeable of aged care provision being conducted in coordination with HIV specialist neurology services at Centres of Excellence (such as St Vincent's Hospital, Sydney), as well as management of PLHIV with HAND and HAD within the aged care facility.

Furthermore, the section outlining the impacts of dementia omits the concept of impact on a person with dementia where their privacy and confidentiality may be breached. The "Knowledge evidence" portion of the draft unit covers: "Legal and ethical considerations and organisational policies and procedures for working with older people, including: duty of care; dignity of risk; human rights; privacy, confidentiality and disclosure; work health and safety." We suggest that a specific addition of privacy and confidentiality around a person's HIV or BBV status must be covered in this unit. This is particularly the case considering the section addressing families and carers, where a person living with HIV and dementia's family and/or carer may not know about their HIV status, thus confidentiality must be maintained at all times, even when a personal care worker may otherwise assume that there is no risk of breach of confidentiality.

CHCCCS031: Provide individualised support:

The unit entitled "Provide individualised support" which is included in only the Individual Support Certificate has a number of limitations which should be rectified and also expanded to comparable units of competency in the other two certificates being drafted. Firstly, a basic level of English language literacy for personal care workers (PCWs) where English is a second or additional language, as well as numeracy and effective communication training, is imperative for all PWCs. English proficiency should be considered an entry requirement to all three certificates, and if not, should be included in the core unit of "Provide individualised support", which is then itself an entry requirement for the Ageing Support and Disability Support Certificates. Secondly, conducting service delivery sessions via Telehealth and other online communication and health technologies, as well as remote liaison and referral with other service providers and/or members of a multidisciplinary care team should be considered an integral part of providing individualised support.

CHCCCS039: Coordinate and monitor home based support:

This unit omits the additional considerations that personal care workers (PCWs) will need to know and address when delivering home-based and residential aged care to regional, rural, and remote areas. There are practices specific and proportional to the challenges that

extensive geographical area coverage entails, which must be included in this unit of competency. This includes but is not limited to extra protections around privacy and confidentiality for people living in rural, regional, and remote areas, as well as training in referrals to specialist services in a culturally sensitive and confidential manner.

CHCCCS034: Facilitate independent travel:

This unit omits the concept of community transport for ageing people (particularly people living with HIV [PLHIV]) in regional, rural, and remote areas of Australia to be transported to HIV specialist clinical care in regional centres and metropolitan cities, including to city-based centres with multidisciplinary hospitals and experience in the clinical management of PLHIV with comorbidity. Knowing how to provide assistance to ageing PLHIV in transporting themselves and coordinating with transport providers is a significant requirement for PCWs in regional, rural, and remote areas in particular.

CHCMGT002: Manage partnership agreements with services providers:

The clinical management of HIV can only be conducted by accredited practitioners (s100 prescribers), who are specialists trained in the clinical management of HIV. Personal care workers (PCWs) must be knowledgeable around the processes by which aged care services with people living with HIV (PLHIV) in residential care must initiate and maintain appropriately confidential shared clinical care arrangements between the residential aged care facility doctor and an HIV specialist doctor (s100 practitioner) to ensure appropriate clinical management and treatment of HIV and other chronic health conditions. Multidisciplinary shared care arrangements will also be necessary for the clinical management of other chronic health conditions in PLHIV. All PLHIV experience comorbidity at higher rates than the general population. They also experience a significantly increased number of comorbidities. These considerations should be included in the development of this unit.

Summary:

Positive Life would like to commend the Aged Services Industry Reference Committee in their dedicated and thorough research and consultation process with the aim of optimally resourcing the education and training sector to properly provide for the needs of older Australians into the future, including those of us living with HIV.

If this submission requires additional information or clarification, I can be contacted at [janec@positivelife.org.au](mailto:janec@positivelife.org.au) or on 02 9206 2177.

Yours respectfully,



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Chief Executive Officer

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