

FAIR WORK COMMISSION

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WORK VALUE CASE – AGED CARE INDUSTRY

SUBMISSIONS IN REPLY: CLASSIFICATIONS AND ALLOWANCE ISSUES

AGED & COMMUNITY CARE PROVIDERS ASSOCIATION LTD

AUSTRALIAN BUSINESS INDUSTRIAL

(“THE JOINT EMPLOYERS”)

23 NOVEMBER 2023

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Colour	Explanation
Orange	Certificate III Employee
Blue	Senior Employee
Purple	Specialist Employee

PROCEDURAL BACKGROUND

1. On 27 October 2023, President Hatcher issued Further Amended Directions for the programming of Stage 3 (**the Directions**).

2. The Directions included the following:

“8. Any party proposing a variation to award classification and pay structures, classification descriptors or allowances shall file a draft determination setting out its proposed variations by 5:00 pm (AEST) on Friday, 15 September 2023.

...

10. Any party which has filed a draft determination pursuant to item 8 of these directions shall file evidence and submissions in support of its draft determination, as well as any other evidence in chief and submissions concerning the classifications and allowance issues, by 5:00 pm (AEST) on ~~Friday, 27 October~~ Wednesday, 1 November 2023.

11. Any other party may file evidence and submissions in response to material filed pursuant to item 10 of these directions or in relation to the classification and allowance issues by 5:00 pm (AEST) on Thursday, 23 November 2023.”

3. On 15 September 2023, the following draft determinations were filed pursuant to item 8 of the Directions:

- (a) Draft Determination – *Aged Care Award 2010* prepared by the Joint Employers (**JE-DD1**);
- (b) Draft Determination – *Social, Community, Home Care and Disability Services Industry Award 2010 (SCHADS Award)* prepared by the Joint Employers (**JE-DD2**);
- (c) Draft Determination – *Aged Care Award 2010* prepared by the Australian Nursing and Midwifery Federation (**ANMF**) (**ANMF-DD1**); and
- (d) Draft Determination – *Nurses Award 2020* prepared by the ANMF (**ANMF-DD2**).

4. On 28 September 2023, the Health Services Union (**HSU**) filed the following draft determinations:

- (a) Draft Determination – *Aged Care Award 2010* (**HSU-DD1**); and
- (b) Draft Determination – *SCHADS Award 2010* (**HSU-DD2**).

5. On 1 November 2023, pursuant to paragraph 10 of the Directions, the following material was filed:
- (a) submissions prepared by the Joint Employers;
 - (b) submissions prepared by the Australian Nursing and Midwifery Federation (**ANMF**) (**ANMF Submissions**), together with the following evidence:
 - (i) Further Statement of Annie Butler dated 1 November 2023; and
 - (ii) Statement of Julianne Bryce dated 1 November 2023;
 - (c) submissions prepared by the Health Services Union (**HSU**) (**HSU Submissions**), together with Supplementary Statement of Dr Sara Charlesworth and Dr Gabrielle Meagher dated 30 October 2023, annexing a Joint Supplementary Report (**the Joint Supplementary Report**).
6. These submissions respond to the material filed by the ANMF and HSU, listed above, pursuant to paragraph 11 of the Directions.

OVERVIEW OF POSITION IN REPLY

Classification Structure

7. The Commission has before it three alternatives with respect to the proposed classification structure for aged care employees covered by the *Aged Care Award*, *SCHADS Award* or *Nurses Award*. A review of the submissions filed in support of each draft determination suggests the following:
- (a) JE-DD1 and JE-DD2 was designed with a practical approach in mind, recognising that modern awards are industrial instruments that are used by employers for the purpose of classifying employees. As such, classification descriptions must be simple and easy to understand in order to enable persons that are not industrial relations specialists to interpret the instrument and apply it with reasonable confidence.
 - (b) HSU-DD1 was designed with a view to recognise the “*distinct*” aspects of the nature of the work performed in aged care settings, provide an indication of the conditions encountered by different aged care employees and incorporate reference to certain features of the work environment in aged care settings. This approach can be described as academic in nature and results in highly dense classification descriptions that complicate the exercise of classifying employees.
 - (c) ANMF-DD1 and ANMF-DD2 were designed with a view to reflect the “*practical reality of the delivery of care to aged persons*” and, in particular, more accurately reflect the level of responsibility of the RN and PCW/AIN, consistent with nursing standards of practice and the decision-making framework. This approach results in a series of minor amendments to the existing classification structure in the *Aged Care Award*, with the key change being express reference to the RN as supervisor in the *Aged Care Award*. The amended classification descriptions are also repeated for “*aged care nursing assistants*” in the *Nurses Award*, which recognises the alignment between the work performed by PCWs and AINs.

Pay Structure

8. Despite the principles with respect to the C10 Metals Framework Alignment Approach being settled in the *Stage 1 Decision*, the Commission is also met with three distinct approaches to pay structures set out in the draft determinations before the Commission. In reply to the approaches adopted by the HSU and ANMF, respectively, three points are emphasised:
- (a) To the extent that the C10 Framework relativities have changed over time as a consequence of annual wage reviews etc, the Commission should accept the reasoning

in the *Teachers Decision* and *Pharmacy Decision*.¹ The Full Bench in the *Teachers Decision* held “it would be unconscionable to take an approach whereby wages are to be adjusted in such a way as to reverse what was done in the 1993-2010 period outside of the annual wage review process”.²

- (b) The C10 Metals Framework Alignment Approach continues to be a useful tool to ensure minimum wages are properly set and can provide guidance on what a minimum wage should be in the context of alignment to the C10 Framework. It introduces an objective starting point that has clear regard for the broader modern awards system.
- (c) Ordinarily awards will operate with one key classification and that is because most awards do not conflate *vocational* work with *professional* work. In the context of vocational work, C10 is seen as the key classification. In relation to professional work, C1 is seen as the key classification. The *Nurses Award* is somewhat unique in that it conflates vocational and professional work; in that context, two key classifications are relevant: both C10 and C1. In those circumstances, the relevant key classification for the purposes of assessing the minimum weekly rates of the “*Enrolled Nurses—aged care employees*” is the “*Nursing assistant—aged care employee*” “*Experienced*” and not “*Registered nurses—aged care employee—level 1*” pay point 1.

9. This reply submission is broken into two parts:

- (a) Part I: Reply to Material filed by the HSU; and
- (b) Part II: Reply to Material filed by the ANMF.

10. Throughout Part I, reference is made to a series of annexures that are attached to this submission. Each annexure extracts and compiles relevant aspects of HSU-DD1 and are to be read in conjunction with the reply submissions set out in Part I.

¹ See *Independent Education Union of Australia* [2021] FWCFB 2051 at [646]-[651], [653] (**Teachers Decision**); *Four Yearly Review of Modern Awards – Pharmacy Industry Award 2010* [2018] FWCFB 7621 at [191]-[192] (**Pharmacy Decision**).

² *Teachers Decision* at [651].

PART I: REPLY TO MATERIAL FILED BY THE HSU

Overview

11. The HSU advance minimal submissions in support of the proposed classification amendments and pay structure in HSU-DD1. The HSU's submission in support of the classification amendments in HSU-DD1 may be reduced to two points:
 - (a) there is a firm evidentiary basis, by reference to expert evidence, that the classification descriptions in the *Aged Care Award* lack relevant descriptions of the work performed, the skills required and information that would provide for meaningful progression;³ and
 - (b) the Joint Supplementary Report supports the classification descriptions proposed in HSU-DD1.⁴
12. Notably, with respect to the specific classification descriptions proposed for both home care and residential care workers, the submissions are not linked to references to the evidence or findings of the Full Bench in Stage 1.
13. The Joint Employers agree that expert evidence in Stage 1 provides general support for amending the classification descriptions in the *Aged Care Award*.⁵ However, reliance on expert opinion alone does not assist the Commission to assess whether the specific amendments proposed in HSU-DD1 constitute “*a fair and relevant minimum safety net of terms and conditions*”.⁶ This assistance is imperative as the Commission must be satisfied that the determination is necessary to achieve the modern awards objective.⁷
14. The following preliminary observations are made with respect to the evidence of Drs Sara Charlesworth and Gabrielle Meagher (collectively, **the Professors**). The Professors are both experts in their respective fields. Their academic expertise was acknowledged in the *Stage 1 Decision*:
 - (a) “*Prof Sara Charlesworth is a Professor of Gender, Work & Regulation at the School of Management at RMIT University and the Director of the Centre of People, Organisation & Work at RMIT’s College of Business and Law*”;⁸ and

³ HSU Submissions at [3]-[7].

⁴ HSU Submissions at [8]-[11].

⁵ See cited in the HSU Submissions at [4]-[6].

⁶ *Fair Work Act 2009* (Cth) s 134.

⁷ *Fair Work Act 2009* (Cth) s 157.

⁸ *Stage 1 Decision* [2022] FWC FB 200 at [370].

- (b) “Prof Gabrielle Meagher is an Emerita Professor in the School of Social Sciences at Macquarie University”.⁹ Her evidence in Stage 1 concerned her research on “*the nature and valuation of aged care work performed in residential aged care settings*”.¹⁰
15. The evidence of the Professors in Stage 1 was cited by the HSU to support the HSU claim that the wages of aged care workers have been historically undervalued, with past approaches to wage fixation having failed to recognise and remunerate occupations perceived to involve “*caring*” and “*nurturing*” skills such as those utilised by aged care workers.¹¹
16. In the *Stage 1 Decision*, the Full Bench accepted that, having regard to the expert evidence, “*as a general proposition*”:
- “work in feminised industries, including care work, has been historically undervalued and that the reason for that undervaluation is likely to be gender based. We also accept that the evidence pertaining to gender undervaluation provides a useful context for the assessment of the work value and skills utilised in feminised industries, including in the aged care industry.”*¹²
17. That evidentiary finding was factored into the interim increase of 15% awarded to all direct care employees working in aged care in Stage 1.¹³
18. Turning to Stage 3, the evidence of the Professors is not directed at the *wage adjustment issues* but the *classifications and allowance issues*. The Joint Supplementary Report reveals that HSU-DD1 features a series of proposed amendments devised by the Professors. Historically, matters of award construction have been approached by industrial tribunals with a deliberate “*practical bent of mind*”.¹⁴ An overly legalistic or scholarly approach risks compromising the necessary practical nature of the instrument.
19. For that reason, the drafting exercise is better done by industrial relations practitioners and the Commission itself, persons who deal with the practical application of industrial instruments on a day-to-day basis.

⁹ *Stage 1 Decision* [2022] FWCFB 200 at [390].

¹⁰ *Stage 1 Decision* [2022] FWCFB 200 at [393]-[394].

¹¹ *Stage 1 Decision* [2022] FWCFB 200 at [374]-[375], [395]

¹² *Stage 1 Decision* [2022] FWCFB 200 at [356].

¹³ *Stage 1 Decision* [2022] FWCFB 200 at [1048].

¹⁴ See generally, *Canberra Television Ltd v Australian Theatrical & Amusement Employees Association* (1979) 24 ALR 529 (FCAFC), 535 (Smithers J); *Kucks v CSR Ltd* (1996) 66 IR 182 (IRCA), 184 (Madgwick J) (“*such framer(s) were likely of a practical bent of mind: they may well have been more concerned with expressing an intention in ways likely to have been understood in the context of the relevant industry and industrial relations environment than with legal niceties or jargon*”).

20. The Joint Employers consider the lay evidence before the Commission in Stage 1 (and soon to be tested in Stage 3), both from employee and employer witnesses, is also relevant to the Commission’s assessment of any proposed amendment to the classification descriptions in the *Aged Care Award* and *SCHADS Award*. Such evidence provides an important impression of the work in practice from the perspective of both parties covered by the relevant modern award (or who would otherwise be covered absent the operation of an enterprise agreement).
21. Against that background, the Joint Employers reply to the following contentions advanced by the HSU with respect to the classification amendments in HSU-DD1:
- (a) HSU-DD1 is designed to “*recognise the context and work environment in which the work is undertaken in a manner that acknowledges the distinctive physical, environmental conditions and emotional demands of aged care work*” (**Contention 1**);¹⁵
 - (b) HSU-DD1 is designed to “*reflect the distinct nature of aged care work, and accurately describe the work that is actually required and the challenges it presents rather than focusing on the employees who may perform it*” (**Contention 2**);¹⁶
 - (c) HSU-DD1 is designed to “*take into account the different work performed, and roles required of, home care rather than residential care workers*” (**Contention 3**);¹⁷
 - (d) HSU-DD1 is designed to “*include far more relevant and accurate detail about the required level of qualifications and experience, accountability and extent of authority, judgement and decision-making and specialist knowledge and skills and different levels*” (**Contention 4**);¹⁸
 - (e) HSU-DD1 is designed to “*contain sufficient detail and precision to endeavour to ensure that employers locate employees at the correct classification level for the work to be performed*” (**Contention 5**);¹⁹and
 - (f) HSU-DD1 is designed to “*address current lack of an appropriate career path through the correct application of the Metals C10 framework, albeit in a nuanced rather than robotic manner*” (**Contention 6**).²⁰

¹⁵ HSU Submissions at [9(d)].

¹⁶ HSU Submissions at [9(a)].

¹⁷ HSU Submissions at [9(f)].

¹⁸ HSU Submissions at [9(c)].

¹⁹ HSU Submissions at [9(b)].

²⁰ HSU Submissions at [9(e)].

22. Separately, the HSU submit that the variations set out in HSU-DD1 “*reflect the findings of the Full Bench in Aged Care Award 2010 [2022] FWCFB 200*”²¹ and represent “*a necessary amendment to meet the modern awards objective*” (collectively, **the modern awards objective contention**).²²
23. The HSU frame Contentions 1-6 as both submissions advanced by the HSU *and* submissions that are supported by the opinion of the Professors.²³ By the following reply submissions, the Joint Employers reply to the former, with any challenge to the opinion advanced by the Professors to be dealt with in cross-examination and closing submissions.
24. Each contention, in conjunction with the modern awards objective contention, is addressed in turn below. For avoidance of doubt, an absence of specific reply should not be taken as acceptance of the propositions advanced by the HSU.

Contention 1: HSU-DD1 is designed to “*recognise the context and work environment in which the work is undertaken in a manner that acknowledges the distinctive physical, environmental conditions and emotional demands of aged care work*”

25. Contention 1 is directed at the inclusion of “*work environment*” in HSU-DD1 (**the work environment category**); a new category of classification definition that the HSU contend is necessary to achieve the modern awards objective.
26. At the outset, the following observations are made in relation to the purpose of modern awards and, in particular, classification descriptions:
- (a) A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards (**NES**). It provides a “*safety net*” of minimum pay rates and employment conditions.²⁴
 - (b) Classification descriptions are designed to provide a description of the role and the type of work performed. Throughout the modern award system, classification definitions typically include:
 - (i) tasks or duties and job titles;
 - (ii) skills and competence;
 - (iii) qualifications and training;

²¹ HSU Submissions at [3].

²² HSU Submissions at [9].

²³ See HSU Submissions at [9]: “*In short, **the report agrees** that the proposed structures, and additional work value increase sought, is designed to...*” (emphasis and underlining added).

²⁴ *Fair Work Act 2009* (Cth) s 134(1).

- (iv) amount of experience (this can include the number of years at a particular classification level); and
 - (v) amount of supervision required or performed.
- (c) Given that an employee’s pay rate is determined by their classification, such descriptions must be clear to enable employers to correctly classify their employees.
27. The work environment category addresses three limited aspects of the nature of the work or the purported conditions under which the work is done, by the following:
- (a) a select description of “*physical effort*” that may be required;
 - (b) an identification of “*unpleasant conditions*” that may arise; and
 - (c) an identification of “*emotional demands*” (with the most commonly cited source being the “*verbal or physical aggression*” from residents/clients and families).
28. To illustrate that pattern of limited description, Tables A1 and A2 extract the work environment category for each classification level in HSU-DD1 for both “*residential aged care*” and “*home care*” classifications (see Annexure A).
29. For the following reasons, the Joint Employers dispute Contention 1:
- (a) The references to “*physical effort*” provides a vague description of the work performed by reference to some equipment an employee may use. It is also so commonplace as to hold no value in distinguishing between the classification of work.
 - (b) The express reference to “*cleaning up bodily fluids and matter*” in the residential aged care classifications (re: general, administrative and food services stream levels 1-6) is problematic. Whilst it might be a phrase that could apply to a cleaner, it could not have general application for all indirect care workers. The evidence in Stage 1 was that the cleaning up of “*bodily fluids*” (example, urine and faeces) fell to the responsibility of the personal care workers and not the cleaner.²⁵ It is noted that the statement of Michelle Giaquinto, Catering Assistant, dated 21 September 2023 makes reference to all staff being trained to “*tidy up faeces*” using “*the spill kit*”²⁶ (but this does not appear to be commonplace). Additionally, the description should not be conflated with “*nauseous work*” for which there is allowance (see clause 15.5 of the *Aged Care Award*).

²⁵ See Witness Statement of Tracy Roberts dated 23 March 2021 [116]; Witness statement of Sherree Clarke, dated 29 October 2021 at [70].

²⁶ Witness Statement of Giaquinto dated 21 September 2023 at [40].

- (c) There is no evidentiary basis for including a reference to working at “*high temperatures*” (residential aged care) and “*uncomfortable temperatures*” (home care). The following matters are also noted:
- (i) There is no reference to “*high temperatures*” being a condition of the work performed in either the *Stage 1 Decision* or the Report to the Full Bench prepared by Deputy President O’Neill, which suggests there is little (if any) basis to suggest “*high*” or “*uncomfortable*” temperature is a distinctive environmental condition for aged care workers.
 - (ii) There is one reference to “*uncomfortable temperature*” in the evidence of Susanne Wagner, home care employee (“*support worker*”): Ms Wager gave evidence that in her work she is sometimes working in “*a quite heated environment*” (the reference to “*heated*” concerned high temperatures based on client’s preferences in relation to use of air conditioners).²⁷
 - (iii) Such an inclusion has been recognised in the form of a “*special rate*” in the *Manufacturing Award*.²⁸
 - (iv) The *SCHADS Award* also already includes a “*heat allowance*” at clause 20.9, which the HSU have carried over into HSU-DD1.
 - (v) To the extent the reference purports to concern a laundry or kitchen environment, no such equivalent reference is made in either the *Dry Cleaning and Laundry Industry Award 2020* or *Hospitality Industry (General) Award 2020*.
- (d) The basis for highlighting and cementing a negative image of the aged care industry by including “*emotional demands such as verbal or physical aggression from residents, their family members...*” (or words to that effect) for classification levels 1-6 is entirely unclear. Whilst such matters are relied upon by the HSU in support of a work value increase, for the following reasons they should not feature in the classification definition for either residential aged care or home care classifications:
- (i) The references to “*emotional demands*” introduces another vague description. The term raises a question of whether knowledge of psychology is required.

²⁷ Statement of Susanne Wagner dated 28 October 2021 [159].

²⁸ See example, cl 30.4.

Further, in circumstances where a variety of emotions arise whenever a person is required to deal with another person, it is a very fragile description to include within a classification definition.

- (ii) It presents an unbalanced account of “*the emotions*” workers may be exposed to within a residential aged care facility or working in the home care industry. For example, the overwhelming majority of lay witnesses called in Stage 1 gave evidence about why they love their work and find the connections they build with residents and clients rewarding.²⁹ In any event, such description does not assist with classifying workers.
- (iii) It is odd to cement reference to potentially unlawful behaviour within the classification definition, namely, “*verbal or physical aggression*” from residents and/or family members. Whilst there is evidence that this occurred, this does not mean it is to be accepted as a fixed feature of the work environment – or worse, that employees are expected to just put up with verbal or physical aggression as a “*distinctive*” condition of the work environment. From a WHS perspective, it is an identifiable risk, which providers are duty-bound to take steps to proactively manage. This does not mean it should form part of the classification definition.
- (iv) Further, the *Code of Conduct for Aged Care* provides that all workers are to “*take all reasonable steps to prevent and respond to: all forms of violence, discrimination, exploitation, neglect and abuse*”.³⁰ The Aged Care Quality and Safety Commission have also stated:

“It is acknowledged that a consumer’s right to express themselves does not mean they can abuse or discriminate against you or other consumers. You have a right to a safe and respectful work environment. Where you are not experiencing this, speak with your manager.”³¹

²⁹ See example, Witness statement of Jennifer Wood, 19 May 2022 at [168]-[170]; Witness Statement of Charlene Glass dated 29 March 2021 [85]-[89]; Witness statement of Helen Platt, 29 March 2021 at [90]-[91]; Witness statement of Michelle Harden, 30 March 2021 at [7]; Amended witness statement of Linda Hardman, 9 May 2022 at [42]; Amended witness statement of Veronique Vincent, 19 May 2022 at [91]. See also Report to the Full Bench (Commissioner O’Neill) at [638].

³⁰ Code of Conduct for Aged Care, (h).

³¹ Aged Care Quality and Safety Commission, “*Code of Conduct for Aged Care: guidance for aged care workers and governing persons*” (19 May 2023), page 17. <<https://www.agedcarequality.gov.au/sites/default/files/media/code-of-conduct-for-aged-care-worker-guidance.pdf>>

- (e) The basis for characterising the work environment in aged care as “*unpleasant*” is equally unclear. Moreover, in the home care classifications, the HSU use the term twice for classification levels 2-4:

“being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids, (including faecal and urinary incontinence)” (emphasis added).

For the following reasons, the descriptor “*unpleasant conditions*” should not feature in any classification structure determined by the Commission:

- (i) The description is vague and only serves to suggest working in aged care in “*unpleasant*”. This, again, paints an unbalanced picture of the work performed in aged care.³²
- (ii) The term is inherently negative. Its ordinary meaning is “*not pleasant; unpleasing; disagreeable*”.³³
- (iii) Additionally, the use of adjectives contemplated by Associate Professor Junor focused on “*skill descriptors*” (emphasis added) as opposed to subjective characterisations of the working conditions.³⁴
- (f) The basis for certain delineations in work environment between the classification levels is not clear and/or does not appear to be consistent with the evidence in Stage 1. In that respect to the following matters are highlighted:
- (i) The use of “*industrial washing machines*” is introduced at Level 2 (residential aged care). The omission from Level 1 is odd, given that the use of industrial washing machines (and industrial dryers) is commonplace within residential aged care facilities and not reserved for laundry hands based on classification level.³⁵ Failing being involved in the use of an industrial washing machine, it is difficult to comprehend what equipment a Level 1 laundry employee would be using to perform their work.

³² See example, Witness statement of Jennifer Wood, 19 May 2022 at [168]-[170]; Witness Statement of Charlene Glass dated 29 March 2021 [85]-[89]; Witness statement of Helen Platt, 29 March 2021 at [90]-[91]; Witness statement of Michelle Harden, 30 March 2021 at [7]; Amended witness statement of Linda Hardman, 9 May 2022 at [42]; Amended witness statement of Veronique Vincent, 19 May 2022 at [91]. See also Report to the Full Bench (Commissioner O’Neil) at [638].

³³ Macquarie Dictionary.

³⁴ Cf HSU Submissions at [3]; see generally, *Stage 1 Decision* at [779]-[781].

³⁵ See Witness Statement of Anita Field dated 30 March 2021 [28(a)]; Transcript, 6 May 2022, PN7714- PN7717, PN7727; Witness Statement of Sandra Joy O’Donnell dated 25 March 2021 [30]-[31].

- (ii) The introduction of “*communicating with residents with mild cognitive decline*” at Level 3, “*residents with moderate to profound cognitive decline*” at Level 5, and “*providing dementia care, palliative care*” at Level 6 (direct care workers in residential aged care). This language is potentially dangerous within a classification structure because it focuses the necessary evaluative judgment required to classify an employee onto the resident (or client) (as opposed to the work). This form of judgment involves matters of delicate degree with respect to subtle changes in behaviour (for example, distinguishing between “*mild*” and “*moderate*” cognitive decline). As a result, the determination becomes deeply subjective. This approach is dangerous within a classification structure because it could potentially encourage a path of non-compliance.
- (iii) Additionally, whilst certain roles may have greater exposure to residents with differing degrees of “*cognitive decline*” or dementia, it is not practical to attempt to limit this form of engagement by classification level.³⁶ Especially for direct care workers working in residential aged care facilities (which may have residents with some degree of dementia in each wing³⁷) or those that work within a secure or specialised dementia unit.³⁸
- (g) The basis for introducing “*the household model of care*” at Level 6 (residential aged care) does not appear to be supported by the evidence in Stage 1. For example, Ms Fiona Gauci (a HSU witness) gave evidence that the facility she works at has changed from a traditional residential care model to a “*household*” model of care. Further, she stated that “[*r*]esidents have care provided to them by **various persons** including ‘*homemakers*’, a Registered Nurse (RN) and Care Service Employees (CSE)” (emphasis added); as such, *all direct care employees* at that facility are exposed to the same residents in household model of care.³⁹
- (h) The HSU do not provide a reason for including the work environment category or explain why it is a necessary inclusion to meet the modern awards objective. It is noted the Professors suggest the inclusion is a “*crucial*” inclusion if new classification

³⁶ See *Stage 1 Decision* [2022] FWCFB 200 at [965].

³⁷ See example, Witness statement of Donna Kelly, dated 31 March 2021 at [13].

³⁸ See example, Witness statement of Virginia Mashford, dated 6 May 2022 at [13] - [14]; Witness statement of Antoinette Schmidt, dated 21 April 2022 at [16]-[20].

³⁹ Reply witness statement of Fiona Gauci, 19 April 2022, at [8], [15]; [5]-[16]. See also Witness statement of Virginia Ellis, 28 March 2021 at [21]-[22].

structures are to avoid “*baking-in’ unconscious gender-undervaluation*” (which is primarily directed at care work, not indirect care work).⁴⁰ To the extent that argument is relied upon by the HSU, the Joint Employers highlight the significance of the *Stage 1 Decision*; by that decision the Full Bench recognised the impact of historical gender-based undervaluation, which was factored into the 15% interim increase.

30. Overall, the proposed work environment category does not assist with ensuring a simple and easy to understand modern award. The desire to recognise the “*distinctive physical, environmental conditions and emotional demands of aged care work*” performed by specific roles is not a basis to compromise the readability of the award. This criteria does not assist with setting out – simply and clearly – what work is required of each classification level. It introduces an unhelpful greyness of subjectivity inviting potential non-compliance.
31. Further, by reference to the preceding analysis, the current construction of the work environment category is not entirely consistent with the evidence in Stage 1 and/or provides an unduly negative characterisation of the work environment throughout the aged care sector.

Contention 2: HSU-DD1 is designed to “*reflect the distinct nature of aged care work, and accurately describe the work that is actually required and the challenges it presents rather than focusing on the employees who may perform it*”

32. Contention 2 is directed at the proposed “*description of work*” in HSU-DD1.
33. In reply, this section will consider the “*residential aged care*” and “*home care*” classifications by reference to the following categories:
 - (a) whether the description of “*the work that is actually required*” is accurate and necessary to achieve the modern awards objective; and
 - (b) whether the inclusion and description of “*the challenges*” and “*the distinct nature of aged care work*” is necessary to achieve the modern awards objective.

(a) Whether the description of “the work that is actually required” is accurate and necessary to achieve the modern awards objective?

Indirect Care Workers (excluding RAO)

34. The Joint Employers submit that the reference to “*supports the provision of person-centred care*” (emphasis added) should not feature as the primary descriptor of the work performed by indirect care employees in the *Aged Care Award*. First, the word “*support*” is too broad and

⁴⁰ Joint Supplementary Report at [25].

general in nature to assist either an employee or employer to understand the “*the work that is actually required*” of any indirect care worker. Secondly, the term “*person-centred care*” refers to a philosophy that underpins the delivery of services in the aged care industry – however, it does not provide any description of the actual tasks and duties performed. These observations apply equally to the reference to the “*provision of person-centred care*” for both personal care workers and home care employees in HSU-DD1.

35. Annexure B1 extracts the descriptions of the work performed by indirect care employees (as well as personal care workers, recreational activities officers (**RAOs**) and home care employees) in HSU-DD1. The collated extracts with respect to general and administrative services, in particular, highlight the minimal description of the “*the work that is actually required*” included in HSU-DD1.
36. For the following reasons, the description of the work in HSU-DD1 does not satisfy the modern awards objective:
- (a) HSU-DD1 does not include any clear or accurate description of the work performed by laundry, cleaning, gardening, maintenance or administrative employees under the heading “*description of work*”. Further, the description of “*physical effort*” in the work environment category primarily concerns identification of some of equipment that laundry and cleaning employees may use in the course of their duties.
 - (b) Absent the inclusion of a definitions section, the following terms cannot be described as “*accurate*” descriptions of the “*the work that is actually required*”:
 - (i) “*general services work*”;
 - (ii) (basic) “*cleaning services*”;
 - (iii) (basic) “*laundry services*”;
 - (iv) “*cleaning assistance*”;
 - (v) “*laundry assistance*”; and
 - (vi) “*supports*” the provision of person-centred care.
 - (c) Further, the vague references to “*admin/clerical work*” used throughout HSU-DD1 does not overcome the existing shortfalls of description in the *Aged Care Award*.
 - (d) HSU-DD1 also omits express reference to maintenance or gardening employees. These are established roles within residential aged care settings and should not be deleted from the *Aged Care Award*. Whilst there is a reference to “*Advanced Tradesperson*” within

the classification title for Level 6, owing to the construction of the classification title, that inclusion may be easily missed because it is not easy to read. The proposed classification title for Level 6 is as follows: “*Level 6 Specialist Personal Care /Senior RAO/Senior Chef/Advanced Tradesperson*”.

- (e) Whilst HSU-DD1 includes some accurate descriptions of the work performed by food services assistants, cooks and chefs, the clarity of this description is impacted by the choice to spread this description across three categories, namely: “*description of work*”, “*specialist knowledge and skills*” and “*work environment*”. This construction makes identification of the relevant description of the work cumbersome and makes identification of the correct classification level difficult.
- (f) Further, the absence of reference to “*cook*” or “*chef*” titles within the food services stream makes it difficult to determine whether Level 3 is intended to apply to food services assistants or cooks or both. Although the classification title for Level 6 includes an express reference to “*Senior Chef*”, the construction of the classification title is not easy to read (see: “*Level 6 Specialist Personal Care /Senior RAO/Senior Chef/Advanced Tradesperson*”).

37. Classification descriptions are designed to provide a description of the role and the type of work performed. For this reason, throughout the modern award system, classification definitions typically include a section setting out tasks or duties (and job titles). The classification descriptions set out in JE-DD1 should be preferred to the description of the work in HSU-DD1.⁴¹

Personal Care Workers

38. For the following reasons, the descriptions of “*the work that is actually required*” by personal care workers in HSU-DD1 is not accurate and does not satisfy the modern awards objective:

- (a) HSU-DD1 includes seven distinct categories of “*personal care*” throughout its structure:
 - (i) “*person-centred care*”;
 - (ii) “*personal care*”;
 - (iii) “*social support*”;
 - (iv) “*individualised personal care*”;
 - (v) “*intimate personal care*”;

⁴¹ *Fair Work Act 2009* (Cth) s 134(1)(g).

- (vi) “intimate bodily personal care”; and
- (vii) “advanced personal care”.

The basis for introducing and distinguishing between *seven* categories of “personal care” is unclear. The primary point of distinction in performance of personal care work that arose from the evidence in Stage 1 centred on “medication competency”.⁴² The evidence also suggested that a Certificate III qualified personal care worker displays enhanced skills after 3-years.⁴³

- (b) The introduction of seven undefined categories of “personal care” throughout HSU-DD1 does not ensure a simple and easy to understand modern award.⁴⁴
- (c) The inclusion of “medical/clinical assistance” at Level 4 lacks precision. The evidence in Stage 1 highlighted the strict protocols and training requirements apply to all personal care workers that are determined “competent” to assist. Importantly, the accountability with respect to all clinical care always lies with the RN – this cannot be delegated.⁴⁵ Both the descriptor and the brevity of description in this respect is not supported by the Joint Employers.
- (d) The reference to “induct” and “inducting” at Levels 4 and 5 is not consistent with the evidence in the proceedings. The responsibility for providing induction falls to the provider.⁴⁶ At Buckland, Mr Brockhaus facilitates that training.⁴⁷ At other facilities, that training may be facilitated by the Facility Manager (non-award position) or a Certificate

⁴² See Transcript dated 3 May 2022, PN4784 (Helen Platt); See also Statement of Mark Sewell dated 3 March 2022 [127]; Statement of Paul Sadler dated 1 March 2022 [80]; See generally, evidence of PCWs administering Schedule 4 medication and following the “six right of safe medication administration” (or similar protocol). Cf Transcript dated 6 May 2022, at PN8413 (Virginia Mashford): Ms Mashford had not undertaken any internal or external medication training, she was not “medication competent”. She has worked as an AIN for 38 years and has an Advanced Certificate in Special Care.

⁴² See Unit of Competency HLTHPS007. See example, Witness statement of Alison Curry, dated 30 March 2021 at [9]; Transcript dated 4 May 2022 at PN6762 (Charlene Glass gave evidence that she chose to undertake a Certificate IV as it “gives you more ability to administer medications, so it gives you a wider scope to do more things at facilities”. See also Statement of Mark Sewell dated 3 March 2022 [125].

⁴³ See example, Witness statement of Mark Sewell dated 3 March 2022 at [93]; Statement of Anna-Maria Wade dated 4 March 2022 [48].

⁴⁴ *Fair Work Act 2009* (Cth) s 134(1)(g).

⁴⁵ See example, Witness statement of Paul Jones, 1 April 2021 at [25]-[26]; Reply witness statement of Paul Jones, 20 April 2022 at [17]. See generally, evidence of PCWs administering Schedule 4 medication and following the “six right of safe medication administration” (or similar protocol).

⁴⁶ See generally, Witness Statement of Louanne Riboldi dated 31 October 2023 at [13]-[16]; Witness Statement of Johannes Brockhaus dated 31 October 2023 at [10]-[11]; Witness Statement of Chris Mamarelis dated 1 November 2023 at [22].

⁴⁷ Witness Statement of Johannes Brockhaus dated 31 October 2023 at [10].

IV qualified employee.⁴⁸ To the extent another employee is involved, it is subject to delegation and is limited to assistance (for example, “*buddy shifts*”⁴⁹).

- (e) The evidence in Stage 1 does not suggest that only personal care workers classified at a particular level are permitted to work in a dementia unit, palliative care, and/or the household model of care. Rather, the evidence suggests that prevalence of dementia and palliative care is increasing, with the changed demographic of residents. The basis for siloing this form of work to the Certificate IV qualified level is unclear. Especially in circumstances where not all Certificate IV personal care workers will necessarily engage in such “*specialised practice*”.

RAOs

39. For the following reasons, the descriptions of “*the work that is actually required*” by RAOs in HSU-DD1 is not accurate and does not satisfy the modern awards objective:

- (a) No definition or explanation of “*recreational or life style activities*” is provided. As such, HSU-DD1 provides minimal insight into the possible tasks a RAO may perform within a residential aged care facility.
- (b) Absent an explanation of the possible tasks a RAO may perform, references to “*provide*”, “*run*” and “*devise*”, do not result in any meaningful description of the work performed by RAOs.
- (c) By reference to the evidence in Stage 1, there appears to be no evidentiary basis to distinguish between a “*qualified*” RAO (i.e. Certificate IV) and a “*specialist RAO*”. Whilst the HSU attempt to suggest the degree of cognitive decline of the residents should assist with this delineation, this is not practical nor supported by the evidence. For example, a Certificate IV qualified RAO completes the following core units of competency:
- (i) CHCDIV001 – Work with diverse people;
- (ii) CHCLAH004 – Participate in planning leisure and health programs for clients with complex needs;
- (iii) CHCLAH005 – Incorporate lifespan development and sociological concepts into leisure and health programming;

⁴⁸ Witness Statement of Louanne Riboldi dated 31 October 2023 at [13(a)].

⁴⁹ See example, Witness Statement of Louanne Riboldi dated 31 October 2023 at [17]-[19]; Witness Statement of Johannes Brockhaus dated 31 October 2023 at [13]-[15]; Witness Statement of Chris Mamarelis dated 1 November 2023 at [39].

- (iv) HLTAAP002 – Confirm physical health status; and
- (v) HLTWHS002 – Follow safe work practices for direct client care.

40. The description of the work performed by RAOs in HSU-DD1 lacks clarity and, in particular with reference to the combined effect of Levels 5 and 6, is not consistent with the evidence in Stage 1. The description of the work set out in JE-DD1 should be preferred.

Residential Aged Care – Supervisor

41. The Stage 1 evidence does not support recognition of the residential aged care “*personal care worker supervisor*” at Level 7. Two supervisory roles arise from the evidence in residential aged care:

- (a) RN – a degree qualified employee, with a minimum weekly wage set under the Nurses Award (unless covered by an enterprise agreement);⁵⁰ and
- (b) Facility Manager – a non-award position, with a wage typically determined via salary negotiations (i.e. it is non-award and not otherwise included in an enterprise agreement).⁵¹

Home Care Employees

42. For the following reasons, the descriptions of “*the work that is actually required*” by home care employees in HSU-DD1 is not accurate and does not satisfy the modern awards objective:

- (a) Similar to the descriptions used in relation to residential age care, HSU-DD1 incorporates a series of broad and undefined terms, which do not improve the clarity of the existing descriptions in the *SCHADS Award*. For example: “*provision of person-centred care*”, “*basic social support and domestic assistance*”, “*basic personal care*”, and “*social and emotional support*”.
- (b) Whilst some examples are provided of what is meant by “*advanced personal care*”, the examples are equally broad and undefined: “*intimate personal care, assisting clients to take medications, provision of social and emotional support in line with client’s care plans*”.
- (c) The HSU have not identified the evidentiary basis to recognise a “*specialist*” home care employee category. The evidence in Stage 1 did not suggest that only a “*specialist*”

⁵⁰ Joint Supplementary Report at page 6, [15].

⁵¹ See Joint Supplementary Report at page 6, [15].

home care employee provided services to clients with “*profound dementia*” or assisted exclusively with “*end of life care*”.

- (d) The proposed re-structure of the home care employee classifications suggest that Team Leader and Allocator roles, which currently fall under the existing Level 4 in the *SCHADS Award* should be re-classified as “*Supervisors*”. Neither role was characterised as a “*supervisor*” in Stage 1. The supervisor in home care was consistently identified as the Care Coordinator.⁵²

(b) Whether the inclusion and description of “the challenges” and “distinct nature of aged care work” is necessary to achieve the modern awards objective

43. The HSU do not identify the features they consider to be representative of “*the challenges*” and “*distinct nature of aged care work*” in HSU-DD1.
44. Without attempting to distinguish between the two categories, the Joint Employers identify the following descriptions as appearing to be contemplated within this category:
- (a) First, descriptions of the intended recipient of care or services. For example:

Residential Aged Care

- (i) **General, Administrative and Food Services Levels 1-6:** “*a diverse range of frail dependent older adults in a residential aged care facility*”;
- (ii) **PCW Level 3:** “*a diverse range of frail dependent older adults, including with those who may have physical disabilities and/or mild cognitive impairment but have the capacity to make decisions about their care*”;
- (iii) **PCW Level 4:** “*a diverse range of frail dependent older adults, including those requiring additional assistance and support due to physical incapacity and /or frailty or cognitive decline, including those who may not have the capacity to make decisions about their care*”, and “*residents with moderate cognitive impairment, including dementia*”;
- (iv) **PCW Level 5:** “*a diverse range of frail dependent older adults, including those with moderate physical incapacity and/or frailty or moderate to profound dementia*”;
- (v) **PCW Level 6:** “*a diverse range of frail dependent older adults, including those requiring additional assistance and support due to moderate to severe physical*”

⁵² See also Joint Supplementary Report at page 6, [15].

incapacity, moderate to profound dementia, and/or moderately severe to profound cognitive decline.”;

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- (vi) **HCE Level 2:** *“a diverse range of frail dependent older adults in clients’ private homes... and who are all able to communicate and make decisions about the personal care and support they require”;*
 - (vii) **HCE Level 3:** *“a diverse range of frail dependent older adults in clients’ private homes, including with those who may have physical incapacity and/or mild cognitive impairment but have the capacity to do make decisions about their care”;*
 - (viii) **HCE Level 4:** *“a diverse range of frail dependent older adults in clients’ private homes, including those requiring additional assistance and support due to physical incapacity and /or frailty and/or cognitive decline, including those who may not have the capacity to make decisions about their care”;*
 - (ix) **HCE Level 5:** *“a diverse range of frail dependent older adults in clients’ private homes, including those requiring additional assistance and support due to moderate to severe physical incapacity, moderate to profound dementia, and/or moderately severe to profound cognitive decline and/or end of life care” (original HSU emphasis) and “those who do not have the capacity to make decisions about their care”;* and
 - (x) **HCE Levels 6 and 7:** *“diverse range of frail dependent older adults in clients’ private homes”.*
- (b) Second, descriptions of intended outcomes and/or expectations in relation to particular skills. For example:

Residential Aged Care

- (i) *“maintaining residents’ dignity and maintaining residents’ and employees’ health and safety”;*
- (ii) *“a diverse range of residents whilst maintaining professional boundaries”;*
- (iii) *“dealing respectfully with a range of residents who are able to make the decisions about the personal care and other support they need”;*

- (iv) “work empathetically with residents with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which residents may become distressed or agitated” (Level 5 and 6 only);

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- (v) “maintenance of clients’ dignity and confidentiality”; and
- (vi) “work empathetically dealing with clients with mild cognitive impairment including understanding individual clients’ specific behaviours and triggers for distress or agitation” (Level 3 only).

- (c) Third, descriptions of the “work environment” (see response to Contention 1 above).

45. The following submissions are advanced in reply:

- (a) The Commission makes detailed and sometimes complex findings to arrive at a work value determination. It is not necessary – and has not been the practice of the Commission – to seek to replicate those findings in a classification structure for obvious reason: the purpose of a classification structure is to simply describe work so that employees can be properly classified and paid in the context of the new work value determination.
- (b) The consistent reference to “a diverse range of frail dependent older adults[or clients]” is a laboured description that would benefit from simplification. At the heart of “person-centred care” is the resident or the client and that is irrespective of their age, acuity or comorbidities. The Joint Employers agree that it is open to make reference to “residents” and “clients” in the classification descriptions in the *Aged Care Award* and *SCHADS Award*. This is one of the many omissions from the existing classification structures. The term “resident” (and “client”) provides an easily understood description of the consumer in aged care that is dignified in its simplicity and recognises the humanity of the intended recipient of care and support services. It is also broad enough to capture the diverse range of circumstances in which “older adults” may be receiving services, for example, in aged care independent living units, aged care services apartments, retirement villages and residential aged care facilities.
- (c) The majority of the descriptions of intended outcomes or expectations (for example “maintaining residents’ dignity”) reflect the content of the *Code of Conduct for Aged Care* and the Aged Care Quality Standards. The basis for inclusion of this content is

consistent with the expert evidence of Associate Professor Junor.⁵³ However, such inclusions should be drafted with regard to the modern awards objective, in particular, s 134(1)(g). In HSU-DD1, the descriptions are at times lengthy, repetitive and unclear.

Contention 3: HSU-DD1 is designed to “take into account the different work performed, and roles required of home care rather than residential care workers”

46. Contention 3 suggests that the existing description in the *SCHADS Award* do not adequately take into account the work performed by home care employees; such that the amendments in HSU-DD1 are necessary to achieve the modern awards objective. It also suggests there is a clear distinction between the residential care and home care classifications in HSU-DD1.
47. A comparison of the description of the work performed by home care employees in HSU-DD1, against the current description of the work performed by home care employees in the *SCHADS Award*, suggests that the proposal in HSU-DD1 does not provide enhanced descriptors with respect to the work performed by home care employees (see Annexure B2, Table B2.2). Additionally, a comparison of the description proposed for both personal care workers and home care workers in HSU-DD1 reveals the proposal focuses on mirroring the language used in relation to residential care employees (see Annexure B2, Table B1.2). As a result, HSU-DD1 proposes removal of at least part of the helpful specificity that currently exists in the *SCHADS Award* under the heading “specialised knowledge and skills” in Schedule E.
48. Annexure B2 includes two comparative tables:
- (a) Table B2.1 – presents a side-by-side comparison of the descriptions proposed in HSU-DD1 to describe the work performed by personal care workers and home care workers.
 - (b) Table B2.2 – presents a side-by-side comparison of the descriptions proposed in HSU-DD1 to describe the work performed by home care workers against the existing descriptions for home care employees in Schedule E of the *SCHADS Award*.
49. By reference to Table B2.1, there is minimal difference between the two sets of classifications, with both including a series of broad and vague terms (example, “person-centred care”) that do not provide any meaningful assistance for someone trying to understand the requirements of the roles. Save for some occasional references to “household equipment” and “preparation and assistance with meals”, the proposed descriptions in HSU-DD1 provide little practical insight into the actual work performed by a home care employee at each level.

⁵³ Cf HSU Submissions at [3]; see generally, *Stage 1 Decision* [2022] FWCFB 200 at [779]-[781].

50. By reference to Table B2.2, the contrast with HSU-DD1 proposal against the existing descriptions in Schedule E of the *SCHADS Award* highlights that the existing descriptors in the SCHADS Award are far more specific and relevant to the work performed in home care than the ‘new’ descriptions proposed in HSU-DD1.
51. For the following reasons, the proposal set out in JE-DD2 should be preferred to HSU-DD1:
- (a) The *SCHADS Award* sets out a comprehensive list of tasks that may be performed by each classification level under the heading “*specialised knowledge and skills*”. Whilst the existing text is quite lengthy, the text itself is simple and easy-to-understand.
 - (b) The primary shortfall within the existing description of the work performed by home care employees in Schedule E is not the absence of a “*home care*” context, rather, it is structural flaw (namely, the content is presented as a dense paragraph). It is for this reason that JE-DD2 proposes a formatting change – to enhance the readability: group the content into sub-categories and then list the relevant tasks. For example, using the tasks set out in home care employee level 2, JE-DD2 proposes:
 - (a) ***domestic assistance and support duties, including:***
 - (i) *make beds, tidy rooms;*
 - (ii) *preparation and cooking of meals and assistance with meals;*
 - (iii) *dry cleaning;*
 - (iv) *perform gardening duties;*
 - (v) *undertake basic repairs, clean;*
 - (vi) *fitting and removal of aids and appliances;*
 - (vii) *assistance with communication; and*
 - (viii) *domestics assistance and organising appointments.*
 - (b) ***personal care duties, including:***
 - (i) *the provision of personal care;*
 - (ii) *supervising daily hygiene;*
 - (iii) *laying out clothes and assisting in dressing;*
 - (iv) *changing of catheter bags; and*
 - (v) *monitoring medications.*
 - (c) ***social support duties, including accompanying clients on outings.***
 - (c) By contrast, HSU-DD1 proposes substantial deletion of reference to identifiable tasks and adopts the broad description of “*person-centred care*”.
 - (d) In relation to the work performed by the Care Coordinator, HSU-DD1 proposes to remove certainty as to the work performed by repeatedly stating the work “*may*

involve". The Stage 1 evidence with respect to the work performed by Care Coordinators was consistent, suggesting that role is capable of clear definition. There is no basis to introduce uncertainty with respect to this classification.

52. Additionally, HSU-DD1 also proposes to simply import a series of provisions from the SCHADS Award into the *Aged Care Award* with the addition of "*for Home Care Employees*". Whilst HSU-DD1 generally identifies the provision is intended to apply only to home care employees (or otherwise introduces a form of distinction), issues of readability arise that that Joint Employers would seek to be heard on if the Commission were minded to adopt this aspect of the proposal in HSU-DD1. For example:
- (a) Should consideration be given to harmonising the sleepover provisions which are currently distinct in the *Aged Care Award* and *SCHADS Award*?
 - (b) Should the first aid allowance continue to apply for home care employees or should it be incorporated into the minimum weekly wage? (Noting no equivalent allowance currently applied to aged care employees in working in residential aged care settings).
 - (c) Does the heat allowance have ongoing relevance for home care employees?
53. In circumstances where the *SCHADS Award* is currently the subject of review in the *Modern Awards Review 2023-24*, the Joint Employers do not consider that such considerations need to be confined and subject to contracted consideration in the context of a Work Value Case. As such, the Joint Employers submit the classification structure for home care employees should remain in the *SCHADS Award* and the variations proposed in JE-DD2 be preferred to HSU-DD1.

Contention 4: HSU-DD1 is designed to "*include far more relevant and accurate detail about the required level of qualifications and experience, accountability and extent of authority, judgement and decision-making and specialist knowledge and skills and different levels*"

54. Contention 4 addresses four categories included within each classification description in HSU-DD1, namely:
- (a) "*Qualifications and experience*";
 - (b) "*Accountability and extent of authority*";
 - (c) "*Judgment and decision-making*"; and
 - (d) "*Specialist knowledge and skills and different levels*".

55. The following observations address the relevancy and accuracy of the detail contained within each category and whether it is necessary to achieve the modern awards objective.

(a) Qualifications and experience

Residential Aged Care

56. The Joint Employers advance the following submissions in reply:

- (a) At Levels 2 and 3 of the *general, administrative & food services stream*, the HSU propose retaining a distinct reference to the duration of service by a “*general clerk*” (see highlighted in Annexure C). Although the term is currently included as an “*indicative task*” in the *Aged Care Award*, as the reference is somewhat ambiguous its ongoing inclusion might be queried.
- (b) At Level 5 of the *personal care stream*, the HSU suggest there is no real distinction in qualification or experience, save for the *possibility* of holding a first aid certificate. There was no suggestion in the evidence that after getting Certificate III qualified, the next progression point was first aid certification. Further, it is industry practice for aged care employees of all levels to hold first aid certification. The lack of specificity makes it difficult to distinguish between Level 4 (Cert III) and Level 5 (Cert III). This difficulty is further compounded by the absence of any *requirement* to display or exercise specific competencies at either level.
- (c) There is no evidentiary basis to support the qualification progression proposed for the RAO in HSU-DD1. In particular, the decision to not recognise the Certificate IV (or equivalent) as “*the relevant*” and required classification for a “*qualified*” RAO is a curious choice considering the evidence in Stage 1.⁵⁴
- (d) There is no evidentiary basis to refer to a Diploma qualification for personal care workers in Level 6. It is also noted that the Professors in the Joint Supplementary Report do not appear to support this inclusion.⁵⁵
- (e) Level 6 of the *general, administrative & food services stream* repeats the minimum qualifications and experience set out in Level 5 but states such qualifications and experience are now optional (“*may require*”). The basis for making formal qualifications optional for “*advanced trade*” work is unclear.

⁵⁴ See Witness statement of Michelle Harden, dated 30 March 2021 at [6]; Transcript dated 4 May 2022, at PN4884 (Michelle Harden).

⁵⁵ Joint Supplementary Report at page 17 [46]: “*C5 assumes the work requires a Diploma or equivalent. Classification at this level in our view is not plausible even with the additional of substantial additional skills and responsibilities at level 6*”.

Home Care

57. The Joint Employers advance the following submissions in reply:

- (a) At Levels 3-6, the classification description makes reference to a *possible* requirement to hold a first aid certificate. This adds confusion as to whether the corresponding minimum weekly wage is inclusive of that qualification – especially in circumstances where the *SCHADS Award* includes first aid allowance. This allowance has been carried over in HSU-DD1.
- (b) At Level 4, the following description appears, “*Where required to assist clients with medication, may hold the relevant unit of competency*” (emphasis added). This is inconsistent with the evidence in Stage 1. All home care employees that assist clients with medication (e.g. by providing prompts and/or popping pills out of Webster packs) receive training and are certified as competent by a qualified educator (most commonly, a RN).⁵⁶
- (c) At Level 4, the HSU suggest that 1 year of experience working in home care after attaining a Certificate III is sufficient to progress to the newly defined “*senior home care employee*” classification. As currently proposed a home care employee with just over 1 year of experience (subject to holding a Certificate III) can become a “*senior home care employee*”. There is no evidence to suggest 1 year of experience constitutes a marker of change in competency. The construction proposed introduces an artifice into the award to provide an increase after 12 months (which is no longer tempered by a progression clause that requires “*the employee has demonstrated competency and satisfactory performance over a minimum period of 12 months at each level within the level*”⁵⁷).
- (d) At Level 6, it is unclear why the minimum qualification is reduced from a Certificate IV to either a Certificate III or Certificate IV. It is also unclear who the HSU contemplate will hold the role of “*supervisor*” which is introduced as a level distinct from Care Coordinator, Allocator or Team Leader (with the latter options appearing to be re-branded as a “*specialist*” home care employee).

⁵⁶ See example, Transcript, 10 May 2022, PN10834 (Susan Morton); Transcript, 10 May 2022, PN10679 (Catherine Goh); Transcript, 5 May 2022, PN6401 (Bridget Payton). See also Statement of Ngari Inglis dated 19 October 2021 [8]; Transcript, 10 May 2022, PN10491- PN10500 (Ngari Inglis); Statement of Paula Wheatley dated 27 October 2021 [42], [76]-[79].

⁵⁷ See *SCHADS Award* clause 13.3.

58. Annexure C sets out the qualifications and experience provided for residential care workers and home care workers at each classification level. The shaded boxes highlight the descriptions that have accuracy issues (by reference to the preceding submissions).

(b) Accountability and extent of authority

Residential Aged Care

59. The Joint Employers advance the following submissions in reply:

Indirect care (excluding RAO)

- (a) HSU-DD1 does not accurately describe the level of supervision that applies to indirect care worker classifications Levels 1-4. The Stage 1 evidence suggests that indirect care workers consistently perform their duties under routine or minimal supervision.⁵⁸ The majority of the lay witnesses identified the Facility Manager as their “*supervisor*” and gave evidence that they are not directly supervised as they perform their duties. Similar observations are made in witness statements filed by the HSU in Stage 3.⁵⁹
- (b) HSU-DD1 retains the existing description of “*medium level of individual responsibility, accountability and discretion*” for both Levels 3 and 4. In the context of work performed by indirect care workers this description of competency is vague. By contrast, JE-DD1 sets out practical skills and abilities that both employer and employee can identify. For example: “*recognise and report obvious faults in the equipment they use*” and “*be responsible for the maintenance of the quality and quantity of their own output*”.
- (c) Retaining the existing descriptions set out in the *Aged Care Award* does not provide “*far more relevant and accurate detail*” about the accountability and extent of authority applicable to indirect care employee classifications.

Personal care workers

- (d) Writing statements about supervision is always challenging because it is always going to involve some level of subjective evaluation. Unfortunately, the HSU have amplified this difficulty by using phrases such as “*some direct supervision*”; it is difficult to contemplate a scenario in which any employee is not subject to *some* direct

⁵⁸ See example, Witness Statement of Lynette Flegg dated 30 March 2021 [22]-[23]; Witness Statement of Anita Field dated 30 March 2021 [32]; Witness Statement of Sandra Joy O’Donnell dated 25 March 2021 [29]; Witness Statement of Kevin Mills dated 30 March 2021 [19]; Transcript dated 2 June 2022 at PN14066.

⁵⁹ See example, Witness Statement of Carolyn Joy Moorfield dated 19 September 2023 at [34]; Statement of Teresa Laidlaw dated 14 September 2023 at [40].

supervision about something. The new variants proposed throughout HSU-DD1 seem to make this exercise harder.

- (e) HSU-DD1 singles out “*observing [or “monitoring”] and reporting any changes in residents’ social, emotional and clinical status*” as relevant to accountability. This is problematic for the following reasons:
 - (i) It unnecessarily complicates a task performed by all personal care workers, by aligning it specifically to accountability. All personal care workers are trained to observe residents, record progress notes, and contact the RN should anything out of the ordinary arise.
 - (ii) Whilst the observations of a Level 5 employee would be expected to be informed by that employee’s level of experience, the task remains unchanged: monitor and record progress notes.
 - (iii) The Stage 1 evidence does not support a conclusion that a personal care worker was ever accountable for “*responding immediately to any reported changes in residents’ condition or circumstances*” (see Level 6).
- (f) At Levels 5 and 6, reference is made to “*accountability for the proficient training, supporting and mentoring new and other care staff*”. This, again, refers to a specific task performed. However, the task of “*training*” requires the employee to be – at a minimum – Certificate IV qualified.

RAO

- (g) The description of accountability for RAOs is not helpful in describing the expected conditions. Much like the roles of other support workers:
 - (i) the RAO works under “*limited*” supervision; and
 - (ii) the reference to “*monitoring and reporting any changes in residents’ clinical, social and emotional status*” unnecessarily over complicates the task of recording progress notes.

Home Care

60. The following observations are made:

- (a) The reference to “*without direct in-person supervision*” would benefit from simplification. The Stage 1 evidence was that the work performed by home care

employees levels 1-3 was subject to minimal supervision (also described as limited or indirect).⁶⁰

- (b) HSU-DD1 singles out “*monitoring and reporting any changes in residents’ social, emotional and clinical status*” as relevant to accountability. This is problematic for the following reasons:
- (i) It complicates the task of completing progress notes performed by home care workers, by aligning it specifically to accountability. All home care workers are trained to record progress notes, and contact the Care Coordinator or RN should anything out of the ordinary arise.⁶¹
 - (ii) Some home care employees gave evidence that progress notes were reserved for matters out of the ordinary.⁶²
 - (iii) Whilst the observations of a Level 5 employee would be expected to be informed by that employee’s level of experience, the task remains unchanged, namely, monitor and record progress notes (in accordance with the provider’s policies).
 - (iv) The Stage 1 evidence does not support a conclusion that a home care employee (direct care employee, team leader or allocator) was ever accountable for “*responding immediately to any reported changes in client’s status or circumstances*” (see Level 6).
 - (v) The description – in particular the reference to “*clinical status*” – is far too broad and suggests the accountability of a home care employee overlaps with that of a nursing employee under the *Nurses Award*.
 - (vi) The Stage 1 evidence was the home care employees provide care in accordance with the care plan (or their roster, noting the tasks were also set out on the roster). If that care involved showering, the home care employee is trained to contact “*head office*” (or the Care Coordinator or RN) should a skin tear be

⁶⁰ See generally, Report to the Full Bench (Commissioner O’Neill, 20 June 2022) at [559].

⁶¹ See example, Transcript, 4 May 2022, PN5210 (Camilla Sedgman); Transcript, 5 May 2022, PN6950-PN6952 (Marea Phillips); Transcript, 10 May 2022, PN10908 (Maria Moffat); Transcript, 10 May 2022, PN10801 (Susan Morton). See also, Transcript, 11 May 2022, PN11662 (Sandra Hafnagel); Transcript, 5 May 2022, PN6418 (Bridget Payton); Transcript, 11 May 2022, PN11738 (Lyndelle Anne Parke); Statement of Paula Wheatley dated 27 October 2021 [72].

⁶² See example, Transcript, 5 May 2022, PN6410 (Bridget Payton): Ms Payton will “*only send through a progress note if something has changed in their situation*”. For example, if she had concerns about “*skin integrity or their mental health or if anything has changed at all, then I would write a report*”; Transcript, 10 May 2022, PN10697- PN10699 (Catherine Goh): Ms Goh explained that progress notes are reserved for “*anything unusual*” or an “*exception*”. Absent that, “*you just document that you’ve been, because it’s assumed ... that you followed the care plan*”.

observed during completion of that task.⁶³ This responsibility accompanies the task and the accountability does not change for the home care employee. The accountability for clinical care remains within the domain of the EN and RN.

- (c) At Levels 4 and 5, reference is made to “*accountability for the proficient training, supporting and mentoring new and other care staff*”. This, again, refers to a specific task performed. However, the task of “*training*” requires the employee to be – at a minimum – Certificate IV qualified.
- (d) The HSU incorporate reference to the care plan in Levels 1 and 2, stating “*the work is clearly defined in [the] clients’ care plan*”. However, for Level 3 and 4, HSU-DD1 omits reference to the care plan and suggests the employee has either a medium or high level of “*responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including with those who may not have the capacity to make decisions about their care*”. This is problematic for the following reasons:
 - (i) The evidence of all home care employees and employers was that the direct care employees that provide services to clients do so in accordance with a care plan that is prepared by the Care Coordinator.⁶⁴
 - (ii) Further, no employee has the discretion to act outside the parameters of the care plan without express approval by the Care Coordinator.⁶⁵ As currently drafted, HSU-DD1 suggests that the care plan increasingly becomes more of a guideline as the home care employee gains experience in the industry.
 - (iii) It erases the clear description of accountability that currently exists in Schedule E of the *SCHADS Award* for home care employees. For example, Level 4 provides “*Employees are expected to exercise discretion **within standard practices and processes**, undertaking and implementing quality control measures*” (emphasis added).
- (e) The HSU have not identified in submissions the “*specialised practice*” that is contemplated by proposed Level 5. Further, the Stage 1 evidence did not suggest there

⁶³ See example, Transcript, 5 May 2022, PN6161 (Catherine Evans); Transcript, 10 May 2022, PN10693, PN10700 (Catherine Goh); Transcript, 11 May 2022, PN11412 (Karen Roe); Statement of Marea Phillips dated 27 October 2021 [44]; Transcript, 10 May 2022, PN10938- PN10940 (Maria Moffat); Transcript, 10 May 2022, PN10809 (Susan Morton).

⁶⁴ See example, Statement of Susan Toner dated 28 September 2021 [34]; Transcript, 11 May 2022, PN11646, PN11648 (Susan Hafnagel); Transcript, 10 May 2022, PN10287- PN10288 (Susanne Wagner).

⁶⁵ See example, Transcript, 5 May 2022, PN6201, PN6196- PN6200 (Catherine Evans); Transcript, 4 May 2022, PN5712 (Veronique Vincent)

were “*specialist*” home care employees, with specialised care being outsourced by allied health or an EN/RN. Rather, the evidence revealed the following:

- (i) some home care employees do not perform personal care duties;⁶⁶
- (ii) some home care employees do not assist with medication prompts;⁶⁷
- (iii) additional training and assessment by a RN is required before a home care employee can assist with medication prompts and certain personal care tasks.⁶⁸

61. Annexure D sets out the accountability and extent of authority provided for residential aged care and home care employees at each classification level.

(c) Judgment and decision-making

62. The Joint Employers advance the following submissions in reply:

- (a) The inclusion of a “*judgment and decision-making*” category is of limited assistance absent a clear outline of work performed by each role.
- (b) HSU-DD1 consistently defers to a lengthy description of established skills and/or tasks.

For example:

- (i) instead of saying “*problem solving abilities*” relevant to the scope of the worker’s role, the HSU propose:

“The work may involve the immediate resolution of minor problems that relate to the provision of basic personal care and other services and recognising and knowing how to deal promptly with emergency situations”; and

- (ii) instead of saying “*judgment*”, the HSU propose “*situational judgement*”.
- (c) HSU-DD1 suggests that a Level 5 or 6 employee (residential aged care) may resolve “*serious problems that relate to the provision of personal care and support and other services*”. This is contrary to the evidence that serious incidents must be promptly reported to the relevant supervisor.⁶⁹ In residential aged care settings, this is the RN.

⁶⁶ See example, Jennifer Wood: Transcript, 4 May 2022, PN5567.

⁶⁷ See example, Jennifer Wood: Transcript, 4 May 2022, PN5571; Michael Purdon: Transcript, 6 May 2022, PN7587.

⁶⁸ See example, Transcript, 10 May 2022, PN10834 (Susan Morton); Transcript, 10 May 2022, PN10679 (Catherine Goh); Transcript, 5 May 2022, PN6401 (Bridget Payton). See also Statement of Ngari Inglis dated 19 October 2021 [8]; Transcript, 10 May 2022, PN10491- PN10500 (Ngari Inglis); Statement of Paula Wheatley dated 27 October 2021 [42], [76]-[79].

⁶⁹ See example, Transcript, dated 9 May 2022 at PN9467 - PN9468 (Dianne Power); Transcript dated 4 May 2022 at PN5312- PN5313 (Sanu Ghimire); Transcript dated 3 May 2022, at PN4774, PN4814-PN4815 (Helen Platt); Witness statement of Helen

- (d) Similarly, HSU-DD1 also suggests that a Level 5 or 6 employee (home care) may resolve “*serious problems that relate to the provision of personal care, support and domestic assistance in accordance with clients’ care plans services*”. This is contrary to the evidence that protocols exist for “*serious*” incidents, which typically require prompt reporting to the Care Coordinator or RN (and/or calling for an ambulance).⁷⁰
- (e) HSU-DD1 includes a reference to “*knowing how to deal promptly with emergency situations*” for Levels 2-6 (residential aged care) and Levels 3-5 (home care). That skill, however, is required of all employees (including non-award employees), with mandatory training provided.

63. Annexure E sets out the judgment and decision-making provided for residential aged care employees and home care employees at each classification level.

(d) Specialist knowledge and skills

64. The “*specialist knowledge and skills*” category covers four sub-categories:

- (a) knowledge/skills related to the specific work performed;
- (b) knowledge attained through mandatory training;
- (c) communication and interpersonal skills; and
- (d) prioritisation skills.

65. To assist with responding to this contention, Annexure F includes tables that organise the “*specialist knowledge and skills*” descriptions in HSU-DD1 into those four sub-categories for each classification level.

Residential Aged Care

66. The following observations are made of the “*specialist knowledge and skills*” category in HSU-DD1:

Platt, dated 26 March 2021 at [18]; Transcript dated 6 May 2022 at PN8556 (Rose Nasemena); Witness statement of Paul Jones, dated 1 April 2021 at [29].

⁷⁰ See example, Transcript, 11 May 2022, PN11407 -PN11408 (Karen Roe); Transcript, 10 May 2022, PN10298, PN10319 (Susanne Wagner); Transcript, 5 May 2022, PN6205, PN6218-PN6219 (Catherine Evans); Statement of Veronique Vincent dated 28 October 2021 [117]; Transcript, 11 May 2022, PN11755 (Lyndelle Anne Parke); Transcript, 10 May 2022, PN10704-PN10705 (Catherine Goh): If it is “*critical*” - the procedure is to “*call the ambulance straight away and then call the coordinator*”. If Ms Goh was uncertain, “*I’ll call the coordinator and they’ll direct me to call an ambulance*”. The coordinator would then contact the family. See also Transcript, 11 May 2022, PN11728-PN11730 (Lyndelle Anne Parke): Ms Parke gave evidence if there was an issue with the blister pack, the protocol is to email a photograph of the blister pack to the RN and then call the RN.

- (a) The absence of knowledge or skills (i.e. competency) **requirements** for residential care classifications Levels 2-6 (residential aged care) and Levels 1-7 (home care) (i.e. an employee at this level *must* possess the following skills). This creates a lack of clarity for both employee and employer as to the required level of competency to progress to the next classification.
- (b) Minimal detail is included with respect to the knowledge and skills related to the work performed by indirect care workers, with the exception of food services employees. The description that does appear is of little assistance. For example, HSU-DD1 states that a Level 2 cleaner *may apply “adequate skills to undertake cleaning... while maintaining residents’ and own and other employees’ health and safety”*. In that example, the bulk of the description focuses on incorporating reference to WHS obligations and the most important description of the *“specialist skills”* required is vague.
- (c) As to the specific knowledge and skills of administrative employees, the HSU simply retain the existing descriptors from the *Aged Care Award*.
- (d) As to the specific knowledge and skills of food services employees, the HSU suggest that a food services assistant at Level 3 should possess *“basic knowledge of the specific nutritional needs, cooking processes and requirements of older adults and of individual residents”*. The Joint Employers submit a more accurate description is that a food services employees is required to *“recognise and report issues associated with resident eating issues or food preferences”* (see JE-DD1).
- (e) As to the specific knowledge and skills of personal care workers, we repeat the observations made above in Contention 2.
- (f) Notably with respect to the ‘role specific knowledge and skills’ related to the work performed by home care workers (see Annexure F), HSU-DD1 repeats the content set out for personal care employees – with very minimal deviation. The primary point of distinction is the insertion of the words *“in private homes”*. This duplication is not accurate (and highlights the lack of specificity in the HSU approach, in this respect). The following passages of description are identified as not consistent with the evidence in the proceedings:
 - (i) **Level 3:** *“Knowledge of medical conditions associated with aging and performance of clinical procedures in working with clients with chronic health conditions, and/or after discharge from hospital”*.

- (ii) **Level 4:** “*Knowledge of medical conditions associated with aging and performance of clinical procedures, and skills in working with clients with chronic health conditions, and/or after discharge from hospital*”.
- (iii) **Level 5:** “*Knowledge of medical conditions associated with aging and performance of clinical procedures, skills in working with clients with chronic health conditions, and/or after discharge from hospital*”.
- (iv) **Level 5:** “*Knowledge and skills in a specialist domain of practice, such as dementia care or palliative care.*”

Home care employees are required to provide services in accordance with a care plan and subject to the training they receive from their provider. Becoming “*medication competent*” in home care is not equivalent to having “*knowledge of medical conditions*”. Further, the Stage 1 evidence did not suggest there was a “*specialist domain of practice*” within home care. Rather, the primary delineators between types of home care services were as follows: domestic care, personal care, social support, etc.⁷¹ A distinction was also made between services delivered to ‘*aged care*’ clients and services delivered to ‘*disability*’ clients.

- (g) The descriptions used throughout the section for each employee are dense which impact upon readability (see Annexure F). For example, HSU-DD1 suggests knowledge of the following constitutes “*specialist knowledge*” that may apply to residential aged care and home care employees: “*infection control and prevention and food handling protocols*”; “*Charter of Aged Care Rights*”; “*Code of Conduct for Aged Care*”; and “*maintenance of residents’ dignity and confidentiality*”. For the following reasons, the description as proposed is not supported:

- (i) It does not assist with understanding the “*specialist knowledge and skills*” of a particular role because all workers in aged care (including non-award employees) are required to complete mandatory training in “*infection control and prevention and food handling protocols*”; “*Charter of Aged Care Rights*”; “*Code of Conduct for Aged Care*”, etc. It is repeated throughout HSU-DD1 in relation to both indirect and direct care employees and contributes to the density of the description.

⁷¹ See generally, Joint Employers’ Closing Submissions dated 22 July 2022, Annexure G. See also Report to the Full Bench (Commissioner O’Neill, 20 June 2022) at [128]-[130].

- (ii) A simpler description would be to state “[an employee] is required to complete specific on-the-job training and/or relevant skills training or experience in relation to the direct care of residents, and any other training required by the employer for this level” (see JE-DD1, clause B.2.3).
- (h) The overcomplication of references to interpersonal skills, which introduces an unnecessary level of overlapping subjective evaluation which is not necessary to properly classify the work. This complication is the result of two factors: *First*, HSU-DD1 introduces 3-4 categories of interpersonal skills that are not distinct and overlap, namely:
- (i) relationship building skills to communicate with residents;
 - (ii) communication and interpersonal skills to be respectful of residents;
 - (iii) skills to work empathetically; and
 - (iv) writing skills.

Second, HSU-DD1 marks progression through each category but that progression is not uniform within the classification level (see Table 1 and 2 below). For example, a Level 4 personal care worker is to possess “**high-level relationship-building skills**” but only “**sound communication and interpersonal skills**” (emphasis added). These internal distinctions in competency expectations complicates the task of classification.

Table 1: HSU-DD1 – Interpersonal Skills: Residential Aged Care – Personal Care Worker

	Relationship building skills to communicate with residents	Communication and interpersonal skills to be respectful of residents	Skills to work empathetically
Level 2	Basic	Sound	N/A
Level 3	Good	Sound	Not specified
Level 4	High-level	Sound	Not specified
Level 5	High-level	Well-developed	Not specified
Level 6	High-level	High-level	Not specified

Table 2: HSU-DD1 – Interpersonal Skills: Home Care Worker

	Relationship building skills to communicate with residents	Communication and interpersonal skills to be respectful of clients	Skills to work empathetically	Written documentation
Level 1	Basic	Sound	N/A	Adequate
Level 2	Moderate	Sound	N/A	Not specified
Level 3	High-level	Sound	Not specified	Not specified

	Relationship building skills to communicate with residents	Communication and interpersonal skills to be respectful of clients	Skills to work empathetically	Written documentation
Level 4	High-level	Sound	Not specified	Not specified
Level 5	High-level	High-level	Not specified	Not specified
Level 6	N/A	High-level	N/A	Sound

- (i) Whilst the description of “*communication and interpersonal skills*” is relatively streamlined in relation to indirect care employees, the skills are focused upon “*dealing respectfully with a range of residents, and their families*”. Given that employees may be expected to communicate with other internal and external third parties from time-to-time, a less prescriptive description is preferred.
- (j) Additionally, HSU-DD1 includes consistency issues with respect to progression for certain skills. For example: indirect care employees Levels 3-6 are expected to have “*good*” knowledge of IPC protocols, but direct care employees Levels 3-6 are expected to just have “*knowledge*” of IPC protocols.

Contention 5: HSU-DD1 is designed to “*contain sufficient detail and precision to endeavour to ensure that employers locate employees at the correct classification level for the work to be performed*”

67. In reply to this contention, the Joint Employers rely on the preceding responses to Contentions 1 to 4, which highlight the series of barriers introduced by the design of HSU-DD1 that employers would be required to overcome in order to attempt to “*locate employees at the correct classification level*”. Those barriers include:
- (a) the absence of competency *requirements* for personal care classifications Levels 2-6 and home care classifications Levels 1-7;
 - (b) the lack of simple and easy to understand description of the work performed by personal care workers, indirect care workers and home care employees;
 - (c) the introduction of descriptions that do not relate sufficiently to the actual work performed;
 - (d) the overcomplication of references to interpersonal skills; and
 - (e) the description of the work environment in aged care, which unduly focuses on negative aspects that may arise.

Contention 6: HSU-DD1 is designed to “address current lack of an appropriate career path through the correct application of the Metals C10 framework, albeit in a nuanced rather than robotic manner”

68. At [24]-[26], the HSU explain the basis the calculations used in their application of the C10 Metals Framework Alignment Approach. In reply, the Joint Employers highlight the following matters of principle as relevant:

- (a) To the extent that the C10 Framework relativities have changed over time as a consequence of annual wage reviews etc, the Commission should accept the reasoning in the *Teachers Decision* and *Pharmacy Decision*.⁷²
- (b) In the *Teachers Decision*, the Full Bench observed “it would be unconscionable to take an approach whereby wages are to be adjusted in such a way as to reverse what was done in the 1993-2010 period outside of the annual wage review process”.⁷³
- (c) The following passage of the Full Bench in the *Pharmacy Decision* was also cited in the *Teachers Decision*:

“[191] ...The compression of relativities was the intended effect of the award of flat dollar increases to awards, in that it was considered appropriate to adopt an approach to improve the relative position of lower-paid award-wage workers and to depress that of higher-paid award-wage workers. This may be illustrated by the following passage in the 2009-10 Annual Wage Review decision, the last in which a flat-dollar increase was awarded:

‘[336] We consider there is a strong case for a percentage adjustment to all modern award minimum wages. While not all award-reliant employees are low paid, uniform dollar increases reduce the relevance of the safety net at the higher award levels and erode the real value of award wages at most levels. These are particularly important considerations at the commencement of the modern awards system. Nevertheless most of the major parties supported a dollar increase rather than a percentage one.

[337] With some hesitation we have decided on a dollar increase. There are two reasons. The first is that to the extent there is a choice between a percentage increase benefiting the higher levels and a dollar amount benefiting the lower levels we think that the current circumstances favour a greater benefit for the lowest paid. We are required in particular to take the needs of the low paid into account. In light of the fact that award-reliant employees have not had an increase in wages since 2008, it is desirable that

⁷² See *Teachers Decision* at [646]-[651], [653]; *Pharmacy Decision* at [191]-[192].

⁷³ *Teachers Decision* at [651].

we increase award rates by the largest amount consistent with the statutory criteria. Secondly, we have very little data concerning the impact of a percentage increase on costs and employment. We have insufficient information to be confident that a percentage increase would not have disproportionate effects on employment at the higher award levels...'

*[192] It may also be noted that this position was one urged by the union movement over a long period of time. Because flat-dollar increases were applied across all awards, the compression of relativities has occurred across the entire award wages system. We do not think that there is any proper basis to attempt to unwind now, in one award only in response to a claim by a single union, a common approach to the adjustment of wages which was taken for deliberate policy reasons with the support of the union movement as a whole. It is obvious, in addition, that if the approach now urged by the APESMA was taken in relation to the Pharmacy Award, there would be no logical reason why this would not sought to be flowed on to every other modern award, with ramifications that need not be spelled out.'*⁷⁴

- (d) The Full Bench also rejected the suggestion that the approach in the *Pharmacy Decision* was “*erroneous and should not be followed*”. The basis for that position was set out in detail and is extracted below:

“[650] We reject the IEU’s submission. The requirement for a fair and relevant safety net embedded in the modern awards objective in s 134(1) does not, we consider, exclude consideration of the basis upon which existing rates of pay in an award which are sought to be varied were arrived at. The proposition that rates of pay which are in part the product of flat rate increases intended to disproportionately benefit lower-paid workers should now be adjusted to restore the original relativities by way of increases which will only benefit higher paid workers clearly has implications for fairness in respect of both lower-paid employees and for employers. The ACTU, on the part of the union movement, was an active participant in the outcomes that pertained. It is true that, on some occasions early in the relevant period, it sought a combination of flat rate increases for low-paid workers and percentage increases for higher paid workers, but its approach was clearly focused on improving the relative position of lower-paid workers and the AIRC responded accordingly. That the ACTU’s approach would narrow earnings distribution was a clearly understood and intended consequence of its approach. For the last four safety net reviews conducted by the AIRC in the period 2002-2005, the ACTU claimed only flat rate increases of the same amount for all award classifications. This followed the outcome determined in the Safety Net Review 2001, in which the AIRC Full Bench said:

⁷⁴ *Teachers Decision* at [648], citing *Pharmacy Decision* at [191]-[192].

“Since 1994 the adjustments to award rates in safety net review cases have all involved flat dollar amounts. In most cases the increase has been the same at all award levels. On two occasions the amount of the increase has been less in dollar terms at the higher than the lower levels. As a result those employees on award rates at the middle and upper levels have received less in relative terms than those at the lower levels. Although it would be open to the Commission to award an increase only to those persons employed on the federal minimum wage or only to those employed at or below the level of the C10 classification in the Metal Industry Award we are convinced it would be unfair to limit the increase in that way because of the effect on employees at the higher levels. In the May 2000 decision we decided that because of our concern about compression of relativities we would award a uniform increase at all levels rather than one which was lower at the higher levels. On this occasion we think that it is appropriate to recognise the different impact of flat dollar increases at the different award classification levels by awarding higher amounts at the middle and upper levels. At the same time while the increase at the lower level is substantial it is not so great as to put undue pressure on employment. The amount and form of the increases are an appropriate outcome to the ACTU’s claim. The form of adjustment is appropriate for reasons of fairness and as a measure towards avoiding the further compression of relativities between job classifications. Furthermore the result is consistent with the obligations upon us to have regard to economic factors, including the desirability of attaining a high level of employment, and to have regard to the needs of the low paid. The adjustment will be the following:

- 1. a \$13.00 per week increase in award rates up to and including \$490.00 per week;*
- 2. a \$15.00 per week increase in award rates above \$490.00 per week up to and including \$590.00 per week; and*
- 3. a \$17.00 per week increase in award rates above \$590.00 per week.”*

[651] In short, compression of wage relativities was understood by the AIRC, the ACTU and other parties to be an undesirable but necessary consequence of an approach designed to benefit the lower paid. Contrary to the IEU’s submission, we do not detect any intention on the part of the AIRC to rectify this at some future time. We consider that it would be unconscionable to take an approach whereby wages are to be adjusted

*in such a way as to reverse what was done in the 1993-2010 period outside of the annual wage review process.*⁷⁵

69. The following additional issues arise from the HSU's application of the C10 Metals Framework Alignment Approach:
- (a) The HSU do not provide an explanation for increasing the rate of residential care employee level 4 (the key classification) by a further 2.88%, in circumstances where the existing rate is already 15% above the C10 rate.
 - (b) The HSU do not provide an explanation for increasing the rate of home care employee level 3 (the key classification) by a further 4%, in circumstances where the existing rate is already 15% above the C10 rate.
 - (c) The HSU's identification of the "*correct C10 equivalent*" for residential care levels 6 and 7 is contrary to the evidence in Stage 1. The HSU contend that a supervisor role should be created and that role aligns to a C2(a) level. Two supervisory roles arise from the evidence in residential aged care:
 - (i) Registered Nurse – a degree qualified employee, with a minimum weekly wage set under the Nurses Award (unless covered by an enterprise agreement);⁷⁶ and
 - (ii) Facility Manager – a non-award position, with a wage typically determined via salary negotiations (i.e. it is non-award and not otherwise included in an enterprise agreement).⁷⁷
 - (d) The reference to a "*Certificate V*" qualification in relation to proposed home care employee level 6 is unclear; it is not a qualification that is recognised in either the C10 framework or AQF.
70. The Joint Employers submit that the Commission should be guided by the Joint Employers application of the C10 Metals Framework Alignment Approach set out in submissions filed 1 November 2023.

⁷⁵ *Teachers Decision* at [650]-[651].

⁷⁶ Joint Supplementary Report at page 6, [15].

⁷⁷ See Joint Supplementary Report at page 6, [15].

PART II: REPLY TO MATERIAL FILED BY THE ANMF

Overview

71. The ANMF Submissions were divided into three parts:
- (a) Part A: issues of principle or more-general application;
 - (b) Part B: the classification structures sought by the ANMF in the *Aged Care Award* and in the *Nurses Award*; and
 - (c) Part C: more-particular issues in relation to the framing of the *Aged Care Award*.
72. The following submissions are advanced in reply, with respect to matters not otherwise addressed in the Joint Employers' Position Document filed 15 September 2023. An absence of specific reply should not be taken as acceptance of the proposition advanced by the ANMF.

Part A: Issues of principle or more-general application

73. At [14], the ANMF submit that the C10 Metals Framework Alignment Approach when used "*without proper regard to the potential for gender-based undervaluation of the work... may act as a barrier to the proper assessment of work value in female-dominated industries*".
74. By way of emphasis, the C10 Metals Framework Alignment Approach continues to be a useful tool to ensure minimum wages are properly set and can provide guidance on what a minimum wage should be in the context of alignment to the C10 Framework. It introduces an objective starting point that has clear regard for the broader modern awards system.
75. As the ANMF have conceded, the Joint Employers application of Steps 1 and 2 in the C10 Metals Framework Alignment Approach in March 2022 revealed a substantial anomaly within the award minimum wages for the RN. The ANMF have now materially altered their claim from 25%, to reflect an increase of around 35% for RNs (inclusive of the 15% already awarded in June 2023) (the revised adjustment to the EN rates will be returned to separately below).
76. Thus, application of the C10 Metals Framework Alignment Approach supported a finding that the minimum wages for RNs under the *Nurses Award* should be increased because the rates were not properly set. This, of course, may overlap with arguments about undervaluation based on work value, but it does not introduce a barrier to "*the proper assessment of work value in female-dominated industries*". It introduces an objective starting point that has clear regard for the broader modern awards system.
77. At [43], the ANMF suggest that Step 3 of the C10 Metals Framework Alignment Approach requires consideration of work value reasons in order "*to ensure that the rates are properly fixed minima*". Focusing on the RN Level 1 pay point 1, the ANMF and the Joint Employers

appear to have reached the point of accord on a properly fixed rate for this level and pay point, with the ANMF emphasising undervaluation and, as previously mentioned, the Joint Employers arrived at this disposition at the beginning of the case based on a comparison with a university qualified teacher and the principle reasoning in the *Teachers Decision*.

78. The ANMF submit that the EN internal relativities should be maintained by reference to the increased RN Level 1 pay point 1. For the following reasons, the Joint Employers consider that approach to be problematic:

- (a) The EN classification is properly described as a “*vocational*” classification in relation to the C10 Metals Framework as it requires a Diploma of Nursing, which is a nationally approved vocational course that is recognised throughout Australia. By contrast, the RN and NP classifications are in relation to the C10 Metals Framework “*professional*” classifications as they require tertiary qualifications. The ANMF have not provided an explanation for using the *professional* classification as the benchmark for the EN role.
- (b) The appropriate key classification for the vocational component of the *Nurses Award* is Nursing assistant - Experienced (Cert III). It is properly fixed to the C10 level (+ 15%), with a minimum weekly rate of \$1144.20. That factor informs the approach to be taken in Step 2 of the C10 Metals Framework Alignment Approach.
- (c) As the key classification was already properly fixed, a side-by-side comparison of the existing internal relativities in the *Nurses Award* against the C10 framework is to be conducted for both AIN and EN classifications (excluding pay points 2-5 for present purposes):

NA ⁷⁸ (aged care) Classification		Rate	C10 Framework		Difference
Nursing assistant	Experienced (Cert III)	1144.20	C10	995.00	NA ↑ 15%
Enrolled Nurse	Pay Point 1	1165.40	C5	1164.10	-

- (d) By reference to the above comparison, the existing minimum weekly rate that incorporates 15% work value increase for “*Enrolled Nurses—aged care employees*” has no discernible difference from the C5 level, which has the minimum training requirement of a “*Diploma or equivalent*”. Although there is plainly alignment in terms of qualification, that is not the end of the analysis.

⁷⁸ *Nurses Award 2020*.

- (e) Relevantly, whilst the Full Bench in the *Stage 1 Decision* recognised the merit of realigning the classification rates in the *Nurses Award* by application of the C10 Metals Framework Alignment Approach, realignment was not factored into its reasoning for granting a 15% increase.⁷⁹
- (f) A further complicating factor is the status of the *Nurses Award* as an occupation award. This is because the observations with respect to the C10 Metals Framework Alignment Approach apply equally to the nursing employees “*other than aged care employees*”. The findings made with respect to the C10 Metals Framework Alignment Approach in this case will have relevance to any future application made with respect to the minimum wages of nursing employees “*other than aged care employees*”.
- (g) Despite this minimum rate for EN pay point 1 (aged care) aligning to a properly fixed rate, in light of the above considerations, there appears to be a sound basis for recognising the properly fixed rate as \$1164.10 (C5) for EN pay point 1 (aged care) and apply the 15% work value increase on top. The new minimum weekly rate would be \$1338.72. That is an increase of 14.87%. Whilst there may be alternative approaches, the Joint Employers’ approach is informed by first principles, the observations of the Full Bench in the *Stage 1 Decision* and with regard to the status of the *Nurses Award* as an occupation award.
- (h) As to whether the internal relativities for the pay points in the *Nurses Award* should be maintained, the Joint Employers continue to note the observations of the Full Bench in the *Teachers Decision* at [647] and repeat the position set out at [24] in the Position Document filed 15 September 2023.

79. At [45]-[58], the ANMF advance a series of submissions addressing the remarks of the Full Bench at [965] of the *Stage 1 Decision*, focusing on rebutting the suggestion that procedural fairness issues arise with respect to the proposed 35% wage increase for RNs working in aged care. In reply, the Joint Employers note the position of the ANMF has consistently acknowledged the role of RN as a singular occupation. To the extent the Commission may decide to resolve anomalies in the *Nurses Award* in the context of an aged care industry work value case, the Commission needs to determine a fair process to do that in light of the impact such outcomes may have on all RNs.

80. In opening and closing submissions in Stage 1, following a preliminary application of the C10 Metals Framework Alignment Approach, the Joint Employers identified that the minimum rates

⁷⁹ *Stage 1 Decision* [2022] FWCFB 200 at [955]-[956]

in the *Nurses Award* did not appear to be properly set, with the most significant anomaly arising with respect to the RN classification – an observation that was not exclusive to aged care employees.

81. As to the appropriate course forward in the current proceedings, that is a question for the Commission. The Joint Employers note that when the Commission was confronted by an similar issue in the *Teachers* proceedings, the Commission formed the view it was appropriate to invite affected parties beyond the locus of childcare to comment before making a final determination.

Part B: The classification structures sought by the ANMF in the Aged Care Award and in the Nurses Award

82. For the following reasons, the amendments proposed in ANMF-DD1 should not be preferred to the classification structure proposed in JE-DD1:

- (a) Whilst ANMF-DD1 sensibly proposes deletion of the “*indicative task performed*” section of the *Aged Care Award*, it does not include any meaningful description of the work performed by personal care workers. Despite recognising that the Stage 1 evidence confirmed the “*typical duties*” of a personal care worker, no aspects of ANMF-DD1 proposes to include reference to the *actual work* performed by a personal care worker.
- (b) The primary indicator of the intended role for each classification level is the classification title. For example: “*Grade 2 – Personal Care Worker (from 6 months)*” and “*Grade 3 – Personal Care Worker (qualified)*”. Whilst inclusion of role titles is a helpful structural device, when that is the primary basis upon which employers are expected to classify employees – it is not supportive of an easy to understand modern award system.
- (c) Unlike ANMF-DD1, the existing words “*work under limited supervision, individually or as part of a team*” are deliberately retained in JE-DD1 for Levels 1-3.⁸⁰ This is an accurate reference to the indirect supervision that PCWs receive from RNs, together with some supervision from ENs. Additionally the references to “*individually or as part of a team*” recognises that personal care work is sometimes carried out as an individual and a team, subject to the specific nature of the work. As such both competencies are referred to and retained. The specificity of ANMF-DD1 description “*subject to the supervision, delegation and direction of an RN*” deletes consideration of the delegation that may occur from a EN, a Certificate IV qualified PCW or a Leading Hand. By

⁸⁰ Cf ANMF Submissions at [132].

retaining a more open description, the classification level is capable of referring to more.

- (d) The basis for recognising a possible requirement to have skills in dementia care or palliative care at “*Grade 4A*” is unclear. Neither the ANMF or HSU demonstrate why the classification structure should suggest that working with residents that have dementia, dementia associated disorders or are palliating should be reserved for “*specialists*”. The evidence is clear: all personal care workers (and indirect care workers to varying degrees) are required to provide care and support to residents with dementia and/or palliating. As such, this matter was factored into the 15% work value increase for direct care workers.
 - (e) Whilst the Joint Employers support recognition of a Certificate IV qualified personal care worker, this role is not classified as a “*Supervisor*”. This construction is also confusing as it states the “*Supervisor*” is subject to “*the supervision, delegation and direction of an RN*”. It is not accurate to suggest that personal care workers are “*supervisors*” in residential aged care settings. They may be appointed Team Lead which may be compensated by a Leading Hand allowance depending on the circumstances but they are not supervisors.
 - (f) Concerningly, ANMF-DD1 also ignores the specific work performed by RAOs, save for a singular reference in the classification heading for Grade 2: “*Recreational/Lifestyle activities officer (unqualified)*”.
83. ANMF-DD1 does very little to enhance the clarity of the *Aged Care Award* for employees and employers. By retaining the majority of the generalised descriptions of the existing *Aged Care Award* and simply tweaking each classification heading and wording of the supervision reference, the amendments in ANMF-DD1 cannot be described as “*necessary*” to achieve the modern awards objective.

Part C: More-particular issues in relation to the framing of the Aged Care Award

Medication Administration

84. At [134]-[140], the ANMF address the “*medication administration allowance*” proposed in JE-DD1.
85. The ANMF’s interpretation of the “*medication administration*” should be rejected because it lacks the “*practical bent of mind*” that award construction requires:

- (a) *First*, it applies an unnecessarily constrictive definition of “*medication administration*” that is not consistent with the approach taken to the topic throughout Stage 1 (see below).
- (b) *Second*, it suggests the requirement for “*approval*” by the employer will introduce “*unnecessary complication*” (for example, determined on a week-to-week basis). The reference to approval by the employer is necessary to ensure that there is a practical means to identify persons entitled to the allowance. Further, in practice, it will operate similarly to the first aid allowance in the *SCHADS Award* (see clause 20.6). If an employer requires an employee to be ready and qualified to perform such duties – they are entitled to the allowance from that point. It is not suggested this is revisited on a weekly basis (or even shift-to-shift).

86. Throughout Stage 1 “*medication administration*” was used to refer to a range of methods of medication administration. For example, Paul Jones, PCW, gave the following evidence:

25. Medications are administered in a number of different ways to each resident. I am required to read and familiarise myself with each resident’s care plan so that I know what medication is to be administered, when, and how. How medications are to be administered is also marked on each resident’s Webster pack.

26. I have learnt the names and purposes of the medications over time. It is important to double check the different names of the medications, because some kinds of medications have up to three different brand names. To check that I am providing the right medication to a particular resident, sometimes I am required to look the name of the medication up on a computer program called Medsig. I have learnt to use this database throughout my employment. Medsig tells me what the generic name of the medication is, and the different brand names.⁸¹

87. Mr Jones also provided a detailed account of the approach he is trained to follow when administering medications:

“b. When I am administering medication to residents, it is vitally important that I am giving the right medication to the right person, in the right dosage, at the right time, in the right manner. However, it is definitely not the case that only Registered Nurses are qualified to undertake these duties. Whilst I am not qualified to prescribe medicines of course, it is an important part of my role to administer the prescribed medication to residents in the appropriate manner.

c. When providing medication to each resident, it is important that I check their medication chart to ensure that there have been no changes made by the resident’s doctor. Over time, I have become familiar with each resident’s medications, but it is imperative to check each medication against the chart every time, as GPs often visit the

⁸¹ Witness statement of Paul Jones, 1 April 2021 at [25]-[26], see also Report to the Full Bench at [452].

*residents in the late afternoon or early evening, and may have, for example, ceased a medication between the dinner-time and bedtime medication rounds. A medication so ceased would still be packed in the Webster Pack and shown on Medsig as being charted for the resident, until the Webster pack is repacked and Medsig updated by the pharmacy the following day.*⁸²

88. No reference is made to the term “*self-administration*” in either the *Stage 1 Decision* or the Report to the Full Bench. Further, the summary of the lay evidence in the Report to the Full Bench on this subject is entitled “*Administering Medication*” and appears at [444]-[461]. The summary prepared by Deputy President O’Neill highlights the breadth of tasks contemplated by a reference to “*medication administration*” in practice. It is easily understood and should be the preferred descriptor.
89. The ANMF suggest that insertion of such an allowance would be “*an inappropriate exercise of the modern award powers*” in circumstances where the work would “*appear to be unlawful in at least some areas*”. If the Commission shared the concern identified by the ANMF, this could be easily abated with the insertion of the following text: “*permitted under law to administer medications in the performance of their duties*”. That same text is included in the medication administration clause in the *Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award 2020* (see clause 18.2(c)).
90. A medication allowance continues to be pressed to recognise the additional competencies required and exercised by direct care employees in the performance of that work (noting not all direct care employees seek to become “*medication competent*”⁸³).

“Specialist Personal Care Worker” vs “Certificate III (Experienced)”

91. At [142], the ANMF contend that the appropriate marker of progression for a personal care worker that falls between a Certificate III and Certificate IV qualification is the possible requirement to possess “*relevant skills, training or experience in Dementia Care or Palliative Care*” (described as a “*Specialist Personal Care Worker*”). This is problematic for the following reasons:
- (a) The ANMF state “*the last bullet point of Grade 4A*” is the preferable marker for progression, namely, “***may require relevant skills, training or experience in Dementia***

⁸² Reply witness statement of Paul Jones, 20 April 2022 at [17], see also Report to the Full Bench at [453].

⁸³ See example, Virginia Mashford – Ms Mashford had not undertaken any internal or external medication training, she was not “*medication competent*”. She has worked as an AIN for 38 years and has an Advanced Certificate in Special Care: Transcript dated 6 May 2022, at PN8413.

Care or Palliative Care” (emphasis added). Save for this additional bullet point, there is minimal distinction between Grade 4 and Grade 4A. Being only a “*possible*” requirement, “*the last bullet point*” does not introduce a clear marker of progression between Grades 4 and 4A.

- (b) The Joint Employers do not support recognition of a “*specialist*” in the terms proposed because all personal care workers are required to provide care to residents that have varying degrees of dementia and residents that are palliating – so much was found by the Full Bench in Stage 1. This experience and the accompanying skills are enhanced by repeated application of competencies in relation to such residents.
- (c) The evidence in Stage 1 supports a finding that there is a marked shift in the performance of direct care employees in residential aged care settings 3-years’ post Certificate III. It is an evidence-based measurable marker of progression included in JE-DD1.

92. At [142]-[144], the ANMF also suggest that the classification structure in JE-DD1 is not preferable because it does not make express reference to “*dementia*” or “*palliative care*” within the classification definitions. That submission should be rejected for the following reasons:

- (a) As previously mentioned, the primary purpose of a classification definition is to enable employers to properly classify their employees. For this reason, JE-DD1 includes the following sub-categories for personal care workers:
 - (i) a description of the work to be performed and competencies *required* to be exercised at each level, including a non-exhaustive list of the “*direct care duties*” at Grade 1 and a non-exhaustive list of “*additional care duties*” at Grade 2;
 - (ii) a list of the *required* skills and abilities for each Grade, including reference competencies in relation to prioritisation, supervision, accountability, discretion, communication/interpersonal and computer literacy; and
 - (iii) any *required* training, skills or experience required.
- (b) By identifying clear requirements for each classification level, JE-DD1 provides clear and practical guidance to the exercise of classifying employees; which in turn promotes consistent and correct classification.

- (c) Notably, ANMF-DD1 does not include any description of the work performed by any of the proposed personal care worker classifications. Rather, ANMF-DD1 retains the generality of the existing classification descriptions.
- (d) The singular reference to “*may require relevant skills, training or experience in Dementia Care or Palliative Care*” in ANMF-DD1 provides no assistance to an employer seeking to correctly classify their employees. The description itself is also void of any certainty.
- (e) The Stage 1 evidence plainly disclosed that the increased proportion of residents with varying degrees of dementia and dementia associated conditions has impacted the work performed by all aged care employees. This was specifically factored into the increase of 15%. As set out in submissions filed on 1 November 2023, there is an ample evidentiary basis for the Commission to find that workers in specialised dementia units are exposed to a higher intensity during those shifts.⁸⁴ For that reason, the Joint Employers continue to submit a specialised dementia allowance should be inserted into the award. This proposal reflect the findings of the Full Bench both with respect to the prevalence of dementia and work intensification.

93. The Joint Employers submit that the approach set out in JE-DD1 and JE-DD2 should be preferred to HSU-DD1, HSU-DD2 and ANMF-DD1.

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23 November 2023

⁸⁴ See Witness statement of Antoinette Schmidt, 30 March 2021, at [44]-[83]; Witness Statement of Geronima Bowers, 1 April 2021 at [30].

ANNEXURE A

Table A1: HSU-DD1: Work Environment – Residential Aged Care

Work Environment – Residential Aged Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
Level 1: General, Administrative and Food Services streams only	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, polishers, heavy laundry and kitchen equipment. 2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids and matter. 3. Emotional demands such as verbal or physical aggression from residents, their family members; and experiencing death of residents.
Level 2: Personal & General streams	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter 3. Emotional demands such as from resident distress, verbal or physical aggression from residents’ families, experiencing death of residents. <p>In the general, administrative and food services stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers, heavy laundry and kitchen equipment 2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids and matter. 3. Emotional demands such as from resident distress, verbal or physical aggression from residents or their family members and experiencing death of residents.
Level 3: Personal & General streams	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter.

Work Environment – Residential Aged Care Employees

Classification Level	Work Environment Definition (colour coding and emphasis added)
	<p>3. Emotional demands such as from residents and residents’ families, including communicating with residents with mild cognitive decline, experiencing verbal or physical aggression and and/or experiencing death of residents.</p> <p>In the general, administrative and food services stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers and kitchen equipment. 2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids and matter. 3. Emotional demands such as from resident distress, verbal or physical aggression from residents or their family members; and experiencing death of residents.
<p>Level 4: Personal & General streams (Cert III or equivalent)</p>	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter. 3. Emotional demands such as from residents and residents’ families, including communicating with residents with mild cognitive decline, experiencing verbal or physical aggression and and/or experiencing death of residents.
<p>Level 5: Senior Personal & General streams</p>	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter. 3. Emotional demands such as from residents and residents’ families, including residents with moderate to profound cognitive decline, experiencing verbal or physical aggression from residents or residents’ families and/or experiencing death of client/residents.
<p>Level 6: Specialist Personal Care /Senior RAO/Senior</p>	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment.

Work Environment – Residential Aged Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
Chef/Advanced Tradesperson	<p>2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as such as bodily fluids and matter.</p> <p>3. Emotional demands such as from residents and/or residents’ families in respect of services provided, including residents with moderate to profound cognitive decline experiencing verbal or physical aggression from residents or residents’ families, and/or experiencing death of residents, and/or in providing dementia care, palliative care and/or a household model of care.</p>
Level 7 Supervisor	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Emotional demands such as from residents, residents’ families and relevant employees in respect of services provided and the allocation of work. 2. Responding to, managing and, where required, reporting complaints from residents and/or their families about the quality of services provided.

Table A2: HSU-DD1: Work Environment – Home Care

Work Environment – Home Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
Level 1: Home care employee	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames. 2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working in the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures. 3. Emotional demands such as from clients with limited or no other social support, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with the illness/ hospitalisation/death of clients.
Level 2: Home care employee	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames. 2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence).

Work Environment – Home Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
	<p>3. Emotional demands such as from clients who lack social contact, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with illness/hospitalisation/ death of clients.</p>
<p>Level 3: Home care employee (Cert III)</p>	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence). Emotional demands such as from clients and clients’ families, including communicating with clients with mild cognitive impairment, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with illness/hospitalisation/death of clients.
<p>Level 4: Senior home care employee</p>	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence). Emotional demands such as from clients and clients’ families, including communicating with clients with moderate cognitive impairment, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with illness/hospitalisation/death of clients.
<p>Level 5: Specialist home care employee</p>	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids, (including faecal and urinary incontinence).

Work Environment – Home Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
	<p>3. Emotional demands such as from clients and clients’ families, including clients with moderate to profound cognitive decline, experiencing verbal or physical aggression from clients or clients’ families and/or providing end of life care and/or dealing with illness/hospitalisation/death of clients.</p>
<p>Level 6: Home Care Supervisor</p>	<p>The work may involve:</p> <p>1. Emotional demands such as from clients and/or clients’ families in respect of home care services allocated, including in respect of clients with moderate to profound cognitive impairment; experiencing verbal or physical aggression from clients or clients’ families.</p>
<p>Level 7: Care Coordinator</p>	<p>The work may involve:</p> <p>1. Emotional demands such as from clients, clients’ families, and home care employees in respect of home care services being provided; and</p> <p>2. Responding to, managing and, where required, reporting complaints from clients and/or their families and home care employees about the quality of services provided.</p>

ANNEXURE B1

This document sets out the description of the work required by reference to the proposed text in HSU-DD1 (extracts were not limited to the category “*description of work*”).

Table B1.1: HSU-DD1: Description of the work performed by general services employees

Classification Level	Description of the work performed by general services employees
Level 1	<ul style="list-style-type: none"> ➤ “General ... services work that support the provision of person-centred care...” ➤ “undertake basic cleaning, laundry ... services” ➤ “Physical effort in cleaning, laundry ... assistance work and in the use of equipment such as vacuums, polishers, heavy laundry ...”
Level 2	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “undertaking cleaning, laundry ... services” ➤ “Physical effort in cleaning, laundry ... assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers, heavy laundry ...”
Level 3	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “drive a less than 3 ton vehicle” ➤ “Physical effort in cleaning, laundry ... assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers...”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care”
Level 5 Senior employee	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new staff as required.”
Level 6 Advanced Tradesperson	<ul style="list-style-type: none"> ➤ “Advanced trades ... work” ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new and other staff, as required”

Table B1.2: HSU-DD1: Description of the work performed by administrative employees

Classification Level	Description of the work performed by administrative employees
Level 1	<ul style="list-style-type: none"> ➤ “administrative services work that support the provision of person-centered care... [sic]”
Level 2	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care”
Level 3	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Admin/clerical work” ➤ “undertake a range of basic clerical functions within established routines methods and procedures”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Admin/clerical work” ➤ “applying ... administrative skills and arithmetic skills”
Level 5 Senior employee	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new staff as required.” ➤ “applying ... well-developed arithmetic skills and a comprehensive knowledge of medical terminology ...”
Level 6	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “applying ... well-developed arithmetic skills and a comprehensive knowledge of medical terminology ...”

Table B1.3: HSU-DD1: Description of the work performed by food services employees

Classification Level	Description of the work performed by food services employees
Level 1	<ul style="list-style-type: none"> ➤ “food services work that supports the provision of person-centered care [sic]” ➤ “undertake basic ... food services” ➤ “Physical effort in ... kitchen assistance work and in the use of equipment such as ... kitchen equipment.”
Level 2	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “undertake ... food services” ➤ “Food services work - the work may involve applying: <ol style="list-style-type: none"> 1. Assist in the preparation of food for cooking. 2. Preparation of light refreshments. 3. General waiting/table service and clearing duties” ➤ “Physical effort in ... kitchen assistance work and in the use of equipment such as ... kitchen equipment.”
Level 3	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Assist in the preparation and cooking of food” ➤ “Physical effort in ... kitchen assistance work and in the use of equipment such as ... kitchen equipment.”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “undertake food services” ➤ “prepare and cook all meals”
Level 5 Senior employee	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new staff as required.” ➤ “undertake food services” ➤ “prepare and cook all meals” ➤ “manage the daily operations of the kitchen, including monitoring/managing stock levels, and maintaining quality control”
Level 6 Senior Chef	<ul style="list-style-type: none"> ➤ “Advanced ... food services work” ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new and other staff, as required.” ➤ “undertake food services” ➤ “prepare and cook all meals” ➤ “manage the daily operations of the kitchen, including monitoring/managing stock levels, and maintaining quality control” ➤ “Assist to design, implement and review menus, in line with nutritional requirements”

Table B1.4: HSU-DD1: Description of the work performed by personal care workers

Classification Level	Description of the work performed by personal care workers
<p>Level 2</p>	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “basic personal care and social support” ➤ “undertake basic personal care, such as assistance with dressing and showering” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.”
<p>Level 3</p>	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “a range of individualised personal care and support such as: intimate personal care, supervising personal hygiene, toileting, social and emotional support, assistance with communication, mobility and eating.” ➤ “documentation of care provided and resident condition” ➤ “undertake intimate bodily personal care” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.”
<p>Level 4 Cert III</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as: intimate personal care, medical/clinical assistance, provision of social and emotional support in line with residents’ care plans.” ➤ “documentation of care provided and resident condition” ➤ “induct and support other aged care employees to acquire relevant skills” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.”
<p>Level 5 Senior PCW</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support” ➤ “administration of medication (where appropriate training has been completed and competency verified).” ➤ “documentation of care provided and resident condition” ➤ “Provision of support, induction and mentoring in domains of personal and clinical care to new workers and other workers as required” ➤ “inducting and assisting other aged care employees acquire relevant skills.” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment.”
<p>Level 6 Specialist PCW (Cert IV)</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support such as at Levels 4 and 5 as well as in domains of specialised practice such as working with residents in a dementia unit” ➤ “documentation of care provided and resident condition.” ➤ “Provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment”

Table B1.5: HSU-DD1: Description of the work performed by RAOs

Classification Level	Description of the work performed by RAOs
Level 3	➤ “provide basic person-centred recreational or life style activities”
Level 4 Cert III	➤ “Run person-centred recreational or life style activities”
Level 5 Senior employee	➤ “Devise and run provide person-centred recreational or life style activities on an individual and group basis...”
Level 6 Specialist RAO	➤ “Devise and run provide person-centred recreational or life style activities on an individual and group basis...”

Table B1.6: HSU-DD1: Description of the work performed by home care employees

Classification Level	Description of the work performed by home care employees
Level 1	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums , in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames”
Level 2	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic personal care, such as assistance with dressing and /or showering, social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.”
Level 3 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of personal care and support such as: intimate personal care personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames”
Level 4 Senior	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of advanced personal care and support such as: intimate personal care, , assisting clients to take medications, provision of social and emotional support in line with client’s care plans” ➤ “work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required such as in the use of hoists” ➤ “may involve contribution to changes to clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.”
Level 5 Specialist	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care” ➤ “provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “contribution to the development of, and changes to, clients’ care plans.”

Classification Level	Description of the work performed by home care employees
	<ul style="list-style-type: none"> ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.”
<p style="text-align: center;">Level 6 Supervisor</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve leadership, administration, training and rostering of home care employees.” ➤ “may involve guidance, counselling and regular supervision of direct home care employees.” ➤ “may involve communication and establishment of relationships with clients and family members as required.” ➤ “may involve assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “may involve case management of services provided to individual clients.” ➤ “may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.”
<p style="text-align: center;">Level 7 Care Coordinator</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve coordination and overall management of a home care service.” ➤ “may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.” ➤ “may involve reporting as required to the Commonwealth.” ➤ “may be responsible for the development of budgets, and for management of ordering consumables and stock items.”

ANNEXURE B2

Table B2.1: HSU-DD1: Description of the work performed by PCW vs HCW

Description: PCW		Description: HCW	
Level 2	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “basic personal care and social support” ➤ “undertake basic personal care, such as assistance with dressing and showering” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.” 	Level 1	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames”
Level 3	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “a range of individualised personal care and support such as: intimate personal care, supervising personal hygiene, toileting, social and emotional support, assistance with communication, mobility and eating.” ➤ “documentation of care provided and resident condition” ➤ “undertake intimate bodily personal care” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.” 	Level 2	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic personal care, such as assistance with dressing and/or showering, social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as: intimate personal care, medical/clinical assistance, provision of social and emotional support in line with residents’ care plans.” ➤ “documentation of care provided and resident condition” ➤ “induct and support other aged care employees to acquire relevant skills” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.” 	Level 3 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of personal care and support such as: intimate personal care personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames”

Description: PCW		Description: HCW	
<p style="text-align: center;">Level 5 Senior PCW</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support” ➤ “administration of medication (where appropriate training has been completed and competency verified).” ➤ “documentation of care provided and resident condition” ➤ “Provision of support, induction and mentoring in domains of personal and clinical care to new workers and other workers as required” ➤ “inducting and assisting other aged care employees acquire relevant skills.” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment.” 	<p style="text-align: center;">Level 4 Senior HCE</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of advanced personal care and support such as: intimate personal care, assisting clients to take medications, provision of social and emotional support in line with client’s care plans” ➤ “work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required such as in the use of hoists” ➤ “may involve contribution to changes to clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.”
<p style="text-align: center;">Level 6 Specialist HCE (Cert IV)</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support such as at Levels 4 and 5 as well as in domains of specialised practice such as working with residents in a dementia unit” ➤ “documentation of care provided and resident condition.” ➤ “Provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment” 	<p style="text-align: center;">Level 5 Specialist</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care” ➤ “provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “contribution to the development of, and changes to, clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.”

Description: PCW		Description: HCW	
Level 7 Supervisor	<ul style="list-style-type: none"> ➤ “Coordination and overall team management of employees in relevant stream.” ➤ “Leadership, administration, training and rostering of relevant groups of employees.” ➤ “Guidance, counselling and regular supervision of relevant employees.” ➤ “Communication with and establishment of relationships with residents and residents’ family members as required.” ➤ “Coordination of resources and supervision and support of employees.” ➤ “ Assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “Responding to, managing and, where required, reporting complaints from residents and/or their families about the quality of services provided” 	Level 6 Supervisor	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve leadership, administration, training and rostering of home care employees.” ➤ “may involve guidance, counselling and regular supervision of direct home care employees.” ➤ “may involve communication and establishment of relationships with clients and family members as required.” ➤ “may involve assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “may involve case management of services provided to individual clients.” ➤ “may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.”
		Level 7 Care Coordinator	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve coordination and overall management of a home care service.” ➤ “may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.” ➤ “may involve reporting as required to the Commonwealth.” ➤ “may be responsible for the development of budgets, and for management of ordering consumables and stock items.”

Table B2.2: Description of the work performed by HCW in HSU-DD1 vs HCE in SCHADS Award

Description: HCE in HSU-DD1		Description: HCE in SCHADS Award	
Level 1	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames” 	HCE Level 1	<ul style="list-style-type: none"> ➤ “An employee in this level performs broad tasks involving the utilisation of a range of basic skills in the provision of domestic assistance and support and is responsible for the quality of their work.” ➤ “Indicative but not exclusive tasks include: the undertaking of semi-skilled work, including cleaning, vacuuming, dusting, washing and ironing, shopping, sweeping paths, minor maintenance jobs, preparation and cooking of meals, defrosting refrigerators, emptying and cleaning of commodes, banking and account payment, organising appointments, assistance with care of pets, and care of indoor and outdoor pot plants.”
Level 2	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic personal care, such as assistance with dressing and /or showering, social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.” 	HCE Level 2	<ul style="list-style-type: none"> ➤ “An employee in this level performs broad tasks involving the utilisation of a range of developed skills in the provision of domestic assistance and support.” ➤ “Indicative but not exclusive tasks include: the provision of personal care, supervising daily hygiene, laying out clothes and assisting in dressing, make beds, tidy rooms, preparation and cooking of meals and assistance with meals, dry cleaning, perform gardening duties, undertake basic repairs, clean, fitting and removal of aids and appliances, monitoring medications, fitting and changing of catheters, assistance with communication, accompanying clients on outings, domestics assistance and organising appointments.”
Level 3 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of personal care and support such as: intimate personal care personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of 	HCE Level 3	<ul style="list-style-type: none"> ➤ “Indicative but not exclusive tasks include: computer and other office skills; maintain mail register and records; sort, process and record invoices and correspondence; prepare meals and special functions; provide input into meal planning; order foodstuffs and commodities; liaise with dieticians on special needs; schedule work programs on a routine and regular basis; co-ordinate and direct the work of support staff including maintenance (no more than four); oversee the provision of domestic services; provide personal care to clients with particular emphasis on those requiring extra help due to specific physical problems or frailty; schedule maintenance work programs on a routine and regular basis; plan, develop, and co-ordinate diversional therapy programs and carry out general maintenance falling within the scope of trades skills.”

Description: HCE in HSU-DD1		Description: HCE in SCHADS Award	
	mobility aids such as walking frames”		
Level 4 Senior HCE	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of advanced personal care and support such as: intimate personal care, assisting clients to take medications, provision of social and emotional support in line with client’s care plans” ➤ “work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required such as in the use of hoists” ➤ “may involve contribution to changes to clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.” ➤ 	--	
Level 5 Specialist	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care” ➤ “provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “contribution to the development of, and changes to, clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.” 	HCE Level 4	<ul style="list-style-type: none"> ➤ “Employees will be required to plan, direct and train subordinate staff. Employees are also required to have a thorough understanding of the relevant technology, procedures and processes used within their operating unit.” ➤ “Indicative but not exclusive of the skills required include: the manipulation of data e.g. modify fields of information and create spreadsheets; create new forms of files or records using a computer based records system; access and extract information from external sources e.g. local authorities; roster staff and direct work programs; oversee the work and training of lower level employees; provide guidance and counselling; assist in the development of budgets; order consumables and routine stock items used in domestic support areas; develop client care plans and oversee the provision of domestic services.”

Description: HCE in HSU-DD1		Description: HCE in SCHADS Award	
Level 6 Supervisor	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve leadership, administration, training and rostering of home care employees.” ➤ “may involve guidance, counselling and regular supervision of direct home care employees.” ➤ “may involve communication and establishment of relationships with clients and family members as required.” ➤ “may involve assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “may involve case management of services provided to individual clients.” ➤ “may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.” 	--	
Level 7 Care Coordinator	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve coordination and overall management of a home care service.” ➤ “may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.” ➤ “may involve reporting as required to the Commonwealth.” ➤ “may be responsible for the development of budgets, and for management of ordering consumables and stock items.” 	HCE Level 5	<ul style="list-style-type: none"> ➤ “Co-ordinators in this level require a thorough understanding of the relevant technology, procedures and processes used within their operating unit. Co-ordinators are required to have an understanding of the function of the position within its organisational context, including relevant policies, regulations and precedents. Positions in this level may provide direction, leadership and structured training or on-the-job training to supervised employees or groups of employees.”

ANNEXURE C

Table C1: HSU-DD1: Qualifications and experience – Residential Aged Care

	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
Indirect Care	Less than three months' work experience.	More than three months work experience. <i>or</i> Between 3-12 months service for general clerks.	More than 6 months work experience. <i>or</i> 1 years + of service for general clerks.	Formal qualifications and/or relevant skills training and experience	Formal qualifications, including trade certification, and/or relevant skills training and experience in aged care	<i>(may require)</i> Formal qualifications, including trade certification, and/or relevant skills training and experience in aged care
Personal Care	N/A	Entry level up to 6 months experience.	6 months or more experience.	Cert III or equivalent	Cert III or equivalent <i>(may require first aid)</i>	<i>(may require)</i> Cert IV or equivalent or Diploma
RAO	N/A	N/A	Entry level up to 6 months experience	From 6 months experience	A relevant qualification and/or equivalent knowledge, skills and experience <i>(may require first aid)</i>	A relevant qualification and/or <i>(may require)</i> Cert IV or equivalent or Diploma

Table C2: HSU-DD1: Qualifications and experience – Home Care

Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
Less than three months' work experience in the aged care industry	Entry level for provision of personal care work up to six months	A relevant Certificate III qualification or equivalent. <i>"If an employee holds a relevant Certificate III they must be classified no lower than this level."</i> <i>(may "hold" first aid)</i>	A relevant Certificate III qualification or equivalent + 1 year experience at Level 3 <i>(may "hold" first aid)</i>	A relevant Certificate IV qualification (or equivalent knowledge and skills in dementia care and palliative care) + previous experience as a level 4 worker <i>(may "hold" first aid)</i>	A relevant Certificate III or IV qualification <i>(may "hold" first aid)</i>	A relevant Diploma or Degree with equivalent knowledge and relevant skills

ANNEXURE D

Table D1: HSU-DD1: Accountability and Extent of Authority – Residential Aged Care

Accountability and Extent of Authority – Residential Aged Care						
	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
Indirect Care	“The work is performed under direct or routine supervision.”	“The work is performed under direct supervision, either individually or in a team.”	“work is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion.”	“work is subject to limited direct supervision and requires a medium level of individual responsibility, accountability and discretion.”	[no description]	[no description]
Personal Care	N/A	<p>“The work is performed under direct supervision, either individually or in a team.”</p> <p>“Personal care work: may involve observing and reporting any changes in residents’ social, emotional and clinical status to supervisor.”</p>	<p>“the work performed is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents’ clinical, social and emotional status to supervisor.”</p>	<p>“The work is performed with limited direct supervision. The work may involve a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents’ clinical, social and emotional status to supervisor”</p>	<p>“1. The work may involve a substantial level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents’ including those who do not have the capacity to make decisions about their care.</p> <p>2.The work may involve accountability for the proficient training, supporting and mentoring new and other care staff as required.</p> <p>3. The work may involve accountability for closely monitoring and reporting any changes in</p>	<p>“1. The work is performed with minimal direct supervision.</p> <p>2. The work may involve a high level of autonomy, accountability and discretion in negotiating the services to be provided to residents with the residents themselves and/or with their family members, including with and for residents who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the proficient training, supporting, mentoring personal care employees in areas of specialised practice.</p>

Accountability and Extent of Authority – Residential Aged Care						
	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
					residents' condition or circumstances to supervisor."	4. The work may involve accountability for responding immediately to any reported changes in residents' condition or circumstances to supervisor."
RAO	N/A	N/A	"the work performed is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents' clinical, social and emotional status to supervisor."	"The work is performed with limited direct supervision. The work may involve a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents' clinical, social and emotional status to supervisor"	[no description]	[no description]

Table D2: HSU-DD1: Accountability and Extent of Authority – Home Care

Accountability and Extent of Authority – Home Care						
Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
<p>The work is performed without direct in-person supervision.</p> <p>The work is clearly defined in clients' care plans, requiring minimal employee discretion in the type of work to be performed.</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work is clearly defined in clients' care plans and requires a basic level of employee responsibility, accountability and discretion in negotiating how it is to be undertaken with clients.</p> <p>3. The work may involve the monitoring and reporting of any changes in clients' social, emotional and clinical status or circumstances to supervisor.</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work involves a medium level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including with those who may not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor.</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including those who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the training, supporting and mentoring of new and other staff as required.</p> <p>4. The work may involve accountability for monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including those who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the proficient training, supporting and mentoring of new and other staff in areas of specialised practice as required.</p> <p>4. The work may involve accountability for closely monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor</p>	<p>1. The work is performed under limited direct supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating the aged care services to be provided to clients with the clients themselves and/or with their family members, including with and for clients who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the proficient training, supporting, mentoring and on-going supervision of care staff.</p> <p>4. The work may involve accountability for responding immediately to any reported changes in client's status or circumstances to supervisor.</p>	<p>1. The work is performed under minimal direct supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in managing a home care service.</p> <p>3. Work at this level may involve co-ordinating resources and/or giving support to more senior employees or engaging in duties of a specialist nature.</p> <p>4. Where the prime responsibility is for resource co-ordination, the freedom to act is governed by clear objectives and/or budgets with frequent prior consultation with more senior employees and a regular reporting mechanism to ensure adherence to plans.</p> <p>5. The work may involve accountability for the quality, effectiveness, cost and timeliness of the programs, projects or work plans under their control, for the safety and security of the assets being</p>

Accountability and Extent of Authority – Home Care

Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
						<p>managed and for the well-being of staff and clients.</p> <p>6. The work may involve ensuring that all employees in the home care service are trained in safe working practices and in the safe operation of equipment and are made aware of all occupational health and safety policies and procedures.</p> <p>7. The work may involve accountability for the proficient management of the home care service including the ongoing supervision of home care team leaders/supervisors relevant skills.</p>

ANNEXURE E

Table E1: HSU-DD1: Judgment and decision-making – Residential Aged Care

Judgment and decision-making – Residential Aged Care						
	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
Indirect Care	“The work is performed with minimal responsibility and discretion.”	“Basic situational judgement and problem-solving skills to adapt to changes in the individual needs of residents and immediately notifying supervisor in emergency situations.”	“Basic situational judgement in adjusting care and support to the specific needs of each resident. The work may involve the immediate resolution of minor problems that relate to the provision of basic personal care and other services and recognising and knowing how to deal promptly with emergency situations”	“Moderate situational judgement in adjusting care and support to the specific needs of each client. The work may involve the immediate resolution of moderate problems that relate to the provision of personal care, support and other services in accordance with residents’ care plans and recognising and knowing how to deal promptly with emergency situations.”	“High level situational judgement in adjusting care and support to the specific needs of each resident. The work may involve the immediate resolution of serious problems that relate to the provision of personal care and support and other services and recognising and dealing promptly with emergency situations.”	“High level situational judgement in adjusting care and support to the specific needs of each resident and in managing employees. The work may involve the immediate resolution of serious problems that relate to the provision of personal care and support and other services for individual residents and responding promptly to emergency situations.”
Personal Care	N/A					
RAO						

Table E2: HSU-DD1: Judgment and decision-making – Home Care

Judgment and decision-making – Home Care						
Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
<p>Basic situational judgement and problem-solving skills to adapt to changes in specific needs of each client.</p> <p>The work may involve the resolution of minor problems that directly relate to the provision of social support and domestic assistance for an individual client and in responding promptly with emergency situations.</p>	<p>1. Basic situational judgement and problem-solving skills to adapt to changes in the specific needs of each client.</p> <p>2. The work may involve the resolution of minor problems that relate to the provision of personal care, social support and domestic assistance in accordance with clients' care plans and dealing promptly with emergency situations</p>	<p>1. Moderate situational judgement in adjusting care and support to the specific needs of each client.</p> <p>2. The work may involve the immediate resolution of minor problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</p>	<p>1. High level situational judgement in adjusting care and support to the specific needs of each client.</p> <p>2. The work may involve the immediate resolution of moderate problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</p>	<p>1. High level situational judgement in adjusting care and support to the specific needs of each client.</p> <p>2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</p>	<p>1. High level situational judgement in adjusting care and support to the specific needs of each client and in managing home care employees.</p> <p>2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care, support and domestic assistance for individual clients and responding promptly to emergency situations.</p>	<p>1. While the objectives of the work are well defined, sound judgement is involved in determining the particular method, technology, process or equipment to be used must be selected from a range of available alternatives.</p> <p>2. The work may involve the resolution of complex or serious system problems that relate to the provision of good quality home care services.</p> <p>3. Where problems are of a complex or technical nature with solutions not related to previously encountered situations, some creativity and originality is required.</p>

ANNEXURE F

Table F1: HSU-DD1: Specialist Knowledge and Skills – Residential Aged Care – Personal Care Workers

Specialist Knowledge and Skills – Residential Aged Care – Personal Care Workers					
Sub-category	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Specialist
Role Specific Knowledge / Skills	<p>1. Knowledge and skills to undertake basic personal care, such as assistance with dressing and showering while maintaining residents’ dignity and maintaining residents’ and employees’ health and safety.</p>	<p>1. Knowledge and skills to undertake intimate bodily personal care with frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>2. Basic knowledge of medical conditions associated with aging and clinical procedures, and of working with residents after discharge from hospital</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge and skills to induct and support other aged care employees to acquire relevant skills</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge of inducting and assisting other aged care employees acquire relevant skills.</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge of inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice.</p> <p>7. Knowledge and skills in a specialist domain of practice, such as dementia care, palliative care or a household model of care.</p>
Mandatory Training	<p>2. Basic knowledge of hygiene practices, infection control and prevention.</p>	<p>3. Knowledge of hygiene practice, infection control and prevention.</p>	<p>4. Knowledge of hygiene practice, infection control and prevention.</p>	<p>4. Knowledge of hygiene practice, infection control and prevention.</p>	<p>4. Knowledge of hygiene practice, infection control and prevention.</p>

Specialist Knowledge and Skills – Residential Aged Care – Personal Care Workers					
Sub-category	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Specialist
	5. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	7. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	8. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	8. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	9. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.
Communication and Interpersonal skills	<p>3. Basic relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>4. Sound communication and interpersonal skills in dealing respectfully with a range of residents who are able to make the decisions about the personal care and other support they need.</p>	<p>4. Good relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>6. Sound communication and interpersonal skills in dealing respectfully with a range of residents including those who may not be able to make the decisions about the personal care and other support they require, and their families.</p> <p>5. Knowledge and skills to work empathetically with residents with mild cognitive impairment including understanding individual residents’ specific behaviours and triggers for distress or agitation.</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>7. Sound communication and interpersonal skills in dealing respectfully with a range of residents who may not be able to make the decisions about the personal care and other support they require and their families.</p> <p>6. Knowledge and skills to work empathetically with residents with moderate cognitive impairment, including dementia.</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>7. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents who may not be able to make the decisions about the personal care and other support they require, and their families.</p> <p>6. Knowledge and skills to work empathetically with residents with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which residents may become distressed or agitated.</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>8. High level communication and interpersonal skills in dealing respectfully with a range of residents and/or family members for residents who may not be able to make the decisions about the personal care and other support they require and their families.</p> <p>6. Knowledge and skills to work empathetically with residents with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which residents may become distressed or agitated.</p>
Prioritisation	6. Capability to organise and prioritise work within allotted time.	8. Capability to organise and prioritise work as situation requires within scheduled times.	9. Capability to organise and re-prioritise work as situation requires scheduled times	9. Capability to organise and re-prioritise work as situation requires scheduled times.	[No description]

Table F2: HSU-DD1: Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers

Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers						
Sub-category	Level 1	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Senior/Adv'd
<p>Role Specific Knowledge / Skills:</p> <p>All indirect care</p>	<p>1. No previous training or experience in aged care, work is performed within established routines, methods and procedures.</p> <p>1. On-the-job training to ensure:</p> <p>a. Skills to undertake basic cleaning, laundry and food services while maintaining residents' and own and other employees' health and safety.</p>	<p>1. Adequate skills to undertake cleaning, laundry and food services while maintaining residents' and own and other employees' health and safety.</p>	<p>1. Skills to drive a less than 3 ton vehicle, undertake and provide food services while maintaining residents' and own and other employees' health and safety.</p>	[No description]	[No description]	[No description]
<p>Knowledge / Skills:</p> <p>Food services only</p>	N/A	<p>1. Assist in the preparation of food for cooking.</p> <p>2. Preparation of light refreshments.</p> <p>3. General waiting/table service and clearing duties.</p>	<p>1. Basic knowledge of the specific nutritional needs, cooking processes and requirements of older adults and of individual residents.</p>	<p>1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.</p> <p>2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.</p> <p>3. Skills to prepare and cook all meals</p>	<p>1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.</p> <p>2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.</p> <p>3. Skills to prepare and cook all meals.</p> <p>4. Capability to manage the daily operations of the</p>	<p>1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.</p> <p>2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.</p> <p>3. Skills to prepare and cook all meals.</p> <p>4. Capability to manage the daily operations of the</p>

Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers

Sub-category	Level 1	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Senior/Adv'd
					kitchen, including monitoring/managing stock levels, and maintaining quality control	kitchen, including monitoring/managing stock levels, and maintaining quality control. 5. Assist to design, implement and review menus, in line with nutritional requirements.
Role Specific Knowledge / Skills: Admin only	N/A	N/A	1. skills to undertake a range of basic clerical functions within established routines methods and procedures.	1. administrative skills and arithmetic skills.	1. well-developed arithmetic skills and a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance and aged care systems.	6. Well-developed arithmetic skills and a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance and aged care systems.
Mandatory Training	1. On-the-job training to ensure: b. Basic knowledge of infection control and prevention and food handling protocols. d. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.	2. Basic knowledge of infection control and prevention and food handling protocols. 4. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.	2. Good knowledge of infection control and prevention and food handling protocols. 4. Knowledge and observance of the Charter of Aged Care Rights and the maintenance of residents' dignity and confidentiality.	1. Good knowledge of infection control and prevention and food handling protocols. 3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.	1. Good knowledge of infection control and prevention and food handling protocols. 3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality	2. Good knowledge of infection control and prevention and food handling protocols. 4. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.

Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers

Sub-category	Level 1	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Senior/Adv'd
Communication and Interpersonal skills	1. On-the-job training to ensure: c. Basic communication and interpersonal skills in dealing respectfully with a range of residents, and/or their families.	3. Basic communication and interpersonal skills in dealing respectfully with a range of residents and their families.	3. Good communication and interpersonal skills in dealing respectfully with a range of residents and their families.	2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.	2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.	3. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.
Prioritisation	[No description]	[No description]	5. Capability to organise and prioritise work within scheduled times.	4. Capability to organise and prioritise work within scheduled times.	4. Capability to organise and prioritise work within scheduled times.	5. Capability to organise and prioritise work within scheduled times.

Table F3: HSU-DD1: Specialist Knowledge and Skills – Home Care Employees (Levels 1-6)

Specialist Knowledge and Skills – Home Care Employees						
Sub-category	Level 1	Level 2	Level 3 – Cert III	Level 4 – Senior	Level 5 – Specialist	Level 6 – Supervisor
Role Specific Knowledge / Skills	<p>1. Skills to undertake cleaning and other domestic support in private homes while maintaining clients’ and employees’ health and safety.</p>	<p>1. Knowledge and skills to undertake personal care, such as assistance with dressing and showering as well as cleaning and other domestic support in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p>	<p>1. Knowledge and skills to undertake intimate bodily personal care in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p> <p>2. Knowledge of medical conditions associated with aging and performance of clinical procedures in working with clients with chronic health conditions, and/or after discharge from hospital.</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care, in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and skills in working with clients with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge and skills to induct and support other home care employees acquire relevant skills.</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care, in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, skills in working with clients with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge and skills to induct and assist other home care employees acquire relevant skills.</p> <p>4. Knowledge and skills in a specialist domain of practice, such as dementia care or palliative care.</p>	<p>3. Good management skills in working with home care employees.</p> <p>4. Sound knowledge of the skills required in the delivery of home care services in the Australian aged care system.</p> <p>5. Sound knowledge of the programs in the Australian aged care system, their funding and reporting requirements and their means testing of clients/residents.</p> <p>6. Sound financial and budgeting skills in establishing care plans within the constraints of the level of home care funding allocated to clients.</p> <p>8. Knowledge of relevant industrial instruments and their provisions in the rostering and allocation of home care employees.</p>

Specialist Knowledge and Skills – Home Care Employees						
Sub-category	Level 1	Level 2	Level 3 – Cert III	Level 4 – Senior	Level 5 – Specialist	Level 6 – Supervisor
						9. Knowledge and skills in training and providing supportive supervision to home care employees.
Mandatory Training	<p>2. Knowledge of hygiene practice and basic infection control and prevention.</p> <p>6. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients’ dignity and confidentiality.</p>	<p>2. Knowledge of hygiene practices and basic infection control and prevention.</p> <p>5. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients’ dignity and confidentiality.</p>	<p>3. Knowledge of hygiene practices and infection control and prevention.</p> <p>7. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients’ dignity and confidentiality.</p>	<p>4. Knowledge of hygiene practices and infection control and prevention.</p> <p>8. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients’ dignity and confidentiality.</p>	<p>5. Knowledge of hygiene practices and infection control and prevention.</p> <p>9. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients’ dignity and confidentiality.</p>	<p>10. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients’ dignity and confidentiality.</p> <p>11. Knowledge and application of the Aged Care Quality Standards relevant to the provision of home care and the rights and duties of clients, providers and employees.</p>
Communication and Interpersonal skills	<p>3. Basic relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>4. Sound communication and interpersonal skills in dealing respectfully with a range of clients who are all able to communicate and make decisions about the support they require,</p>	<p>3. Moderate relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>4. Sound communication and interpersonal skills in dealing respectfully with a range of clients who are all able to make the decisions about the personal care and other support they need,</p>	<p>4. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>6. Sound communication and interpersonal skills in dealing respectfully with a range of clients including those who may not be able to make the decisions about the personal care and</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>7. Sound communication and interpersonal skills in dealing respectfully with a range of clients including those who may not be able to make the decisions about the personal care and</p>	<p>6. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>8. High level communication and interpersonal skills in dealing respectfully with a range of clients who may not be able to make the decisions about the</p>	<p>1. The capability to gain co-operation and assistance from members of the public and other employees in the performance of well-defined activities.</p> <p>7. High level communication and interpersonal skills in dealing respectfully with a range of clients and/or family members of clients who may not be able to</p>

Specialist Knowledge and Skills – Home Care Employees

Sub-category	Level 1	Level 2	Level 3 – Cert III	Level 4 – Senior	Level 5 – Specialist	Level 6 – Supervisor
	<p>clients' families, members of the public, other health professionals, and other employees.</p> <p>5. Adequate written documentation skills to update visits in clients' care plans.</p>	<p>clients' families, members of the public, other health professionals, and other employees.</p> <p>7. Written documentation skills to update visits in clients' care plans.</p>	<p>other support they require, clients' families, members of the public, other health professionals, and other employees.</p> <p>9. Written documentation skills to update visits in clients' care plans.</p> <p>5. Knowledge and skills to work empathetically dealing with clients with mild cognitive impairment including understanding individual clients' specific behaviours and triggers for distress or agitation.</p>	<p>other support they require, clients' families, members of the public, other health professionals, and other employees.</p> <p>10. Written documentation skills to update visits in clients' care plans.</p> <p>6. Knowledge and skills in dealing with clients with moderate cognitive impairment, including dementia.</p>	<p>personal care and other support they require, clients' families, members of the public, other health professionals, and other employees.</p> <p>11. Written documentation skills to update visits in clients' care plans.</p> <p>7. Knowledge and skills in working with clients with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which clients may become distressed or agitated.</p>	<p>make the decisions about the personal care and other support they require, members of the public, other health professionals, and other employees.</p> <p>2. Sound written and documentation skills to write reports, as required, in their field of expertise.</p>
Prioritisation	[No description]	6. Capability to organise and prioritise work within allotted time.	8. Capability to organise and re-prioritise work as situation requires within allotted time.	9. Capability to organise and re-prioritise work as situation requires within allotted time.	10. Capability to organise and re-prioritise work as situation requires within allotted time.	12. Capability to organise and re-prioritise home care services as required.

ANNEXURE A

Table A1: HSU-DD1: Work Environment – Residential Aged Care

Work Environment – Residential Aged Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
Level 1: General, Administrative and Food Services streams only	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, polishers, heavy laundry and kitchen equipment. 2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids and matter. 3. Emotional demands such as verbal or physical aggression from residents, their family members; and experiencing death of residents.
Level 2: Personal & General streams	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter 3. Emotional demands such as from resident distress, verbal or physical aggression from residents' families, experiencing death of residents. <p>In the general, administrative and food services stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers, heavy laundry and kitchen equipment 2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids and matter. 3. Emotional demands such as from resident distress, verbal or physical aggression from residents or their family members and experiencing death of residents.
Level 3: Personal & General streams	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter.

Work Environment – Residential Aged Care Employees

Classification Level	Work Environment Definition (colour coding and emphasis added)
	<p>3. Emotional demands such as from residents and residents’ families, including communicating with residents with mild cognitive decline, experiencing verbal or physical aggression and and/or experiencing death of residents.</p> <p>In the general, administrative and food services stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers and kitchen equipment. 2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids and matter. 3. Emotional demands such as from resident distress, verbal or physical aggression from residents or their family members; and experiencing death of residents.
<p>Level 4: Personal & General streams (Cert III or equivalent)</p>	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter. 3. Emotional demands such as from residents and residents’ families, including communicating with residents with mild cognitive decline, experiencing verbal or physical aggression and and/or experiencing death of residents.
<p>Level 5: Senior Personal & General streams</p>	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment. 2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids and matter. 3. Emotional demands such as from residents and residents’ families, including residents with moderate to profound cognitive decline, experiencing verbal or physical aggression from residents or residents’ families and/or experiencing death of client/residents.
<p>Level 6: Specialist Personal Care /Senior RAO/Senior</p>	<p>In the personal care stream, the work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment.

Work Environment – Residential Aged Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
Chef/Advanced Tradesperson	<p>2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as such as bodily fluids and matter.</p> <p>3. Emotional demands such as from residents and/or residents’ families in respect of services provided, including residents with moderate to profound cognitive decline experiencing verbal or physical aggression from residents or residents’ families, and/or experiencing death of residents, and/or in providing dementia care, palliative care and/or a household model of care.</p>
Level 7 Supervisor	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Emotional demands such as from residents, residents’ families and relevant employees in respect of services provided and the allocation of work. 2. Responding to, managing and, where required, reporting complaints from residents and/or their families about the quality of services provided.

Table A2: HSU-DD1: Work Environment – Home Care

Work Environment – Home Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
Level 1: Home care employee	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames. 2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working in the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures. 3. Emotional demands such as from clients with limited or no other social support, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with the illness/ hospitalisation/death of clients.
Level 2: Home care employee	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames. 2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence).

Work Environment – Home Care Employees	
Classification Level	Work Environment Definition (colour coding and emphasis added)
	<p>3. Emotional demands such as from clients who lack social contact, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with illness/hospitalisation/ death of clients.</p>
<p>Level 3: Home care employee (Cert III)</p>	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence). Emotional demands such as from clients and clients’ families, including communicating with clients with mild cognitive impairment, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with illness/hospitalisation/death of clients.
<p>Level 4: Senior home care employee</p>	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence). Emotional demands such as from clients and clients’ families, including communicating with clients with moderate cognitive impairment, experiencing verbal or physical aggression from clients or clients’ families and/or dealing with illness/hospitalisation/death of clients.
<p>Level 5: Specialist home care employee</p>	<p>The work may involve:</p> <ol style="list-style-type: none"> 1. Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids, (including faecal and urinary incontinence).

Work Environment – Home Care Employees

Classification Level	Work Environment Definition (colour coding and emphasis added)
	<p>3. Emotional demands such as from clients and clients' families, including clients with moderate to profound cognitive decline, experiencing verbal or physical aggression from clients or clients' families and/or providing end of life care and/or dealing with illness/hospitalisation/death of clients.</p>
Level 6: Home Care Supervisor	<p>The work may involve:</p> <p>1. Emotional demands such as from clients and/or clients' families in respect of home care services allocated, including in respect of clients with moderate to profound cognitive impairment; experiencing verbal or physical aggression from clients or clients' families.</p>
Level 7: Care Coordinator	<p>The work may involve:</p> <p>1. Emotional demands such as from clients, clients' families, and home care employees in respect of home care services being provided; and</p> <p>2. Responding to, managing and, where required, reporting complaints from clients and/or their families and home care employees about the quality of services provided.</p>

ANNEXURE B1

This document sets out the description of the work required by reference to the proposed text in HSU-DD1 (extracts were not limited to the category “*description of work*”).

Table B1.1: HSU-DD1: Description of the work performed by general services employees

Classification Level	Description of the work performed by general services employees
Level 1	<ul style="list-style-type: none"> ➤ “General ... services work that support the provision of person-centred care...” ➤ “undertake basic cleaning, laundry ... services” ➤ “Physical effort in cleaning, laundry ... assistance work and in the use of equipment such as vacuums, polishers, heavy laundry ...”
Level 2	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “undertaking cleaning, laundry ... services” ➤ “Physical effort in cleaning, laundry ... assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers, heavy laundry ...”
Level 3	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “drive a less than 3 ton vehicle” ➤ “Physical effort in cleaning, laundry ... assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers...”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care”
Level 5 Senior employee	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new staff as required.”
Level 6 Advanced Tradesperson	<ul style="list-style-type: none"> ➤ “Advanced trades ... work” ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new and other staff, as required”

Table B1.2: HSU-DD1: Description of the work performed by administrative employees

Classification Level	Description of the work performed by administrative employees
Level 1	<ul style="list-style-type: none"> ➤ “administrative services work that support the provision of person-centered care... [sic]”
Level 2	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care”
Level 3	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Admin/clerical work” ➤ “undertake a range of basic clerical functions within established routines methods and procedures”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Admin/clerical work” ➤ “applying ... administrative skills and arithmetic skills”
Level 5 Senior employee	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new staff as required.” ➤ “applying ... well-developed arithmetic skills and a comprehensive knowledge of medical terminology ...”
Level 6	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “applying ... well-developed arithmetic skills and a comprehensive knowledge of medical terminology ...”

Table B1.3: HSU-DD1: Description of the work performed by food services employees

Classification Level	Description of the work performed by food services employees
Level 1	<ul style="list-style-type: none"> ➤ “food services work that supports the provision of person-centered care [sic]” ➤ “undertake basic ... food services” ➤ “Physical effort in ... kitchen assistance work and in the use of equipment such as ... kitchen equipment.”
Level 2	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “undertake ... food services” ➤ “Food services work - the work may involve applying: <ol style="list-style-type: none"> 1. Assist in the preparation of food for cooking. 2. Preparation of light refreshments. 3. General waiting/table service and clearing duties” ➤ “Physical effort in ... kitchen assistance work and in the use of equipment such as ... kitchen equipment.”
Level 3	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Assist in the preparation and cooking of food” ➤ “Physical effort in ... kitchen assistance work and in the use of equipment such as ... kitchen equipment.”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “undertake food services” ➤ “prepare and cook all meals”
Level 5 Senior employee	<ul style="list-style-type: none"> ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new staff as required.” ➤ “undertake food services” ➤ “prepare and cook all meals” ➤ “manage the daily operations of the kitchen, including monitoring/managing stock levels, and maintaining quality control”
Level 6 Senior Chef	<ul style="list-style-type: none"> ➤ “Advanced ... food services work” ➤ “Supports the provision of person-centred care” ➤ “Provision of support, induction and mentoring of new and other staff, as required.” ➤ “undertake food services” ➤ “prepare and cook all meals” ➤ “manage the daily operations of the kitchen, including monitoring/managing stock levels, and maintaining quality control” ➤ “Assist to design, implement and review menus, in line with nutritional requirements”

Table B1.4: HSU-DD1: Description of the work performed by personal care workers

Classification Level	Description of the work performed by personal care workers
<p>Level 2</p>	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “basic personal care and social support” ➤ “undertake basic personal care, such as assistance with dressing and showering” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.”
<p>Level 3</p>	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “a range of individualised personal care and support such as: intimate personal care, supervising personal hygiene, toileting, social and emotional support, assistance with communication, mobility and eating.” ➤ “documentation of care provided and resident condition” ➤ “undertake intimate bodily personal care” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.”
<p>Level 4 Cert III</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as: intimate personal care, medical/clinical assistance, provision of social and emotional support in line with residents’ care plans.” ➤ “documentation of care provided and resident condition” ➤ “induct and support other aged care employees to acquire relevant skills” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.”
<p>Level 5 Senior PCW</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support” ➤ “administration of medication (where appropriate training has been completed and competency verified).” ➤ “documentation of care provided and resident condition” ➤ “Provision of support, induction and mentoring in domains of personal and clinical care to new workers and other workers as required” ➤ “inducting and assisting other aged care employees acquire relevant skills.” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment.”
<p>Level 6 Specialist PCW (Cert IV)</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support such as at Levels 4 and 5 as well as in domains of specialised practice such as working with residents in a dementia unit” ➤ “documentation of care provided and resident condition.” ➤ “Provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment”

Table B1.5: HSU-DD1: Description of the work performed by RAOs

Classification Level	Description of the work performed by RAOs
Level 3	➤ “provide basic person-centred recreational or life style activities”
Level 4 Cert III	➤ “Run person-centred recreational or life style activities”
Level 5 Senior employee	➤ “Devise and run provide person-centred recreational or life style activities on an individual and group basis...”
Level 6 Specialist RAO	➤ “Devise and run provide person-centred recreational or life style activities on an individual and group basis...”

Table B1.6: HSU-DD1: Description of the work performed by home care employees

Classification Level	Description of the work performed by home care employees
Level 1	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums , in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames”
Level 2	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic personal care, such as assistance with dressing and /or showering, social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.”
Level 3 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of personal care and support such as: intimate personal care personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames”
Level 4 Senior	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of advanced personal care and support such as: intimate personal care, , assisting clients to take medications, provision of social and emotional support in line with client’s care plans” ➤ “work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required such as in the use of hoists” ➤ “may involve contribution to changes to clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.”
Level 5 Specialist	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care” ➤ “provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “contribution to the development of, and changes to, clients’ care plans.”

Classification Level	Description of the work performed by home care employees
	<ul style="list-style-type: none"> ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.”
<p style="text-align: center;">Level 6 Supervisor</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve leadership, administration, training and rostering of home care employees.” ➤ “may involve guidance, counselling and regular supervision of direct home care employees.” ➤ “may involve communication and establishment of relationships with clients and family members as required.” ➤ “may involve assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “may involve case management of services provided to individual clients.” ➤ “may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.”
<p style="text-align: center;">Level 7 Care Coordinator</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve coordination and overall management of a home care service.” ➤ “may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.” ➤ “may involve reporting as required to the Commonwealth.” ➤ “may be responsible for the development of budgets, and for management of ordering consumables and stock items.”

ANNEXURE B2

Table B2.1: HSU-DD1: Description of the work performed by PCW vs HCW

Description: PCW		Description: HCW	
Level 2	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “basic personal care and social support” ➤ “undertake basic personal care, such as assistance with dressing and showering” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.” 	Level 1	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames”
Level 3	<ul style="list-style-type: none"> ➤ “provides person-centred care” ➤ “a range of individualised personal care and support such as: intimate personal care, supervising personal hygiene, toileting, social and emotional support, assistance with communication, mobility and eating.” ➤ “documentation of care provided and resident condition” ➤ “undertake intimate bodily personal care” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.” 	Level 2	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic personal care, such as assistance with dressing and /or showering, social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.”
Level 4 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as: intimate personal care, medical/clinical assistance, provision of social and emotional support in line with residents’ care plans.” ➤ “documentation of care provided and resident condition” ➤ “induct and support other aged care employees to acquire relevant skills” ➤ “Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, assisting residents in and out of wheelchairs, zimmer frames and other equipment.” 	Level 3 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of personal care and support such as: intimate personal care personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames”

Description: PCW		Description: HCW	
<p style="text-align: center;">Level 5 Senior PCW</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support” ➤ “administration of medication (where appropriate training has been completed and competency verified).” ➤ “documentation of care provided and resident condition” ➤ “Provision of support, induction and mentoring in domains of personal and clinical care to new workers and other workers as required” ➤ “inducting and assisting other aged care employees acquire relevant skills.” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment.” 	<p style="text-align: center;">Level 4 Senior HCE</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of advanced personal care and support such as: intimate personal care, assisting clients to take medications, provision of social and emotional support in line with client’s care plans” ➤ “work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required such as in the use of hoists” ➤ “may involve contribution to changes to clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.”
<p style="text-align: center;">Level 6 Specialist HCE (Cert IV)</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “advanced personal care and support such as at Levels 4 and 5 as well as in domains of specialised practice such as working with residents in a dementia unit” ➤ “documentation of care provided and resident condition.” ➤ “Provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice” ➤ “undertake intimate bodily personal care” ➤ “physical effort in showering /bathing/dressing residents including in confined spaces hoists, wheelchairs, equipment, and other household equipment” 	<p style="text-align: center;">Level 5 Specialist</p>	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care” ➤ “provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “contribution to the development of, and changes to, clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.”

Description: PCW		Description: HCW	
Level 7 Supervisor	<ul style="list-style-type: none"> ➤ “Coordination and overall team management of employees in relevant stream.” ➤ “Leadership, administration, training and rostering of relevant groups of employees.” ➤ “Guidance, counselling and regular supervision of relevant employees.” ➤ “Communication with and establishment of relationships with residents and residents’ family members as required.” ➤ “Coordination of resources and supervision and support of employees.” ➤ “ Assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “Responding to, managing and, where required, reporting complaints from residents and/or their families about the quality of services provided” 	Level 6 Supervisor	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve leadership, administration, training and rostering of home care employees.” ➤ “may involve guidance, counselling and regular supervision of direct home care employees.” ➤ “may involve communication and establishment of relationships with clients and family members as required.” ➤ “may involve assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “may involve case management of services provided to individual clients.” ➤ “may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.”
		Level 7 Care Coordinator	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve coordination and overall management of a home care service.” ➤ “may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.” ➤ “may involve reporting as required to the Commonwealth.” ➤ “may be responsible for the development of budgets, and for management of ordering consumables and stock items.”

Table B2.2: Description of the work performed by HCW in HSU-DD1 vs HCE in SCHADS Award

Description: HCE in HSU-DD1		Description: HCE in SCHADS Award	
Level 1	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, in use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames” 	HCE Level 1	<ul style="list-style-type: none"> ➤ “An employee in this level performs broad tasks involving the utilisation of a range of basic skills in the provision of domestic assistance and support and is responsible for the quality of their work.” ➤ “Indicative but not exclusive tasks include: the undertaking of semi-skilled work, including cleaning, vacuuming, dusting, washing and ironing, shopping, sweeping paths, minor maintenance jobs, preparation and cooking of meals, defrosting refrigerators, emptying and cleaning of commodes, banking and account payment, organising appointments, assistance with care of pets, and care of indoor and outdoor pot plants.”
Level 2	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “basic personal care, such as assistance with dressing and /or showering, social support and domestic assistance in line with care plans” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.” 	HCE Level 2	<ul style="list-style-type: none"> ➤ “An employee in this level performs broad tasks involving the utilisation of a range of developed skills in the provision of domestic assistance and support.” ➤ “Indicative but not exclusive tasks include: the provision of personal care, supervising daily hygiene, laying out clothes and assisting in dressing, make beds, tidy rooms, preparation and cooking of meals and assistance with meals, dry cleaning, perform gardening duties, undertake basic repairs, clean, fitting and removal of aids and appliances, monitoring medications, fitting and changing of catheters, assistance with communication, accompanying clients on outings, domestics assistance and organising appointments.”
Level 3 Cert III	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of personal care and support such as: intimate personal care personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing/dressing clients including in confined spaces, in the use of hoists, assisting clients in and out of wheelchairs, and with use of 	HCE Level 3	<ul style="list-style-type: none"> ➤ “Indicative but not exclusive tasks include: computer and other office skills; maintain mail register and records; sort, process and record invoices and correspondence; prepare meals and special functions; provide input into meal planning; order foodstuffs and commodities; liaise with dieticians on special needs; schedule work programs on a routine and regular basis; co-ordinate and direct the work of support staff including maintenance (no more than four); oversee the provision of domestic services; provide personal care to clients with particular emphasis on those requiring extra help due to specific physical problems or frailty; schedule maintenance work programs on a routine and regular basis; plan, develop, and co-ordinate diversional therapy programs and carry out general maintenance falling within the scope of trades skills.”

Description: HCE in HSU-DD1		Description: HCE in SCHADS Award	
	mobility aids such as walking frames”		
Level 4 Senior HCE	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “The work may involve a range of advanced personal care and support such as: intimate personal care, assisting clients to take medications, provision of social and emotional support in line with client’s care plans” ➤ “work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required such as in the use of hoists” ➤ “may involve contribution to changes to clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.” ➤ 	--	
Level 5 Specialist	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care” ➤ “provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.” ➤ “contribution to the development of, and changes to, clients’ care plans.” ➤ “Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.” 	HCE Level 4	<ul style="list-style-type: none"> ➤ “Employees will be required to plan, direct and train subordinate staff. Employees are also required to have a thorough understanding of the relevant technology, procedures and processes used within their operating unit.” ➤ “Indicative but not exclusive of the skills required include: the manipulation of data e.g. modify fields of information and create spreadsheets; create new forms of files or records using a computer based records system; access and extract information from external sources e.g. local authorities; roster staff and direct work programs; oversee the work and training of lower level employees; provide guidance and counselling; assist in the development of budgets; order consumables and routine stock items used in domestic support areas; develop client care plans and oversee the provision of domestic services.”

Description: HCE in HSU-DD1		Description: HCE in SCHADS Award	
Level 6 Supervisor	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve leadership, administration, training and rostering of home care employees.” ➤ “may involve guidance, counselling and regular supervision of direct home care employees.” ➤ “may involve communication and establishment of relationships with clients and family members as required.” ➤ “may involve assistance with the development of budgets, ordering consumables and routine stock items.” ➤ “may involve case management of services provided to individual clients.” ➤ “may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.” 	--	
Level 7 Care Coordinator	<ul style="list-style-type: none"> ➤ “Provision of person-centred care” ➤ “may involve coordination and overall management of a home care service.” ➤ “may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.” ➤ “may involve reporting as required to the Commonwealth.” ➤ “may be responsible for the development of budgets, and for management of ordering consumables and stock items.” 	HCE Level 5	<ul style="list-style-type: none"> ➤ “Co-ordinators in this level require a thorough understanding of the relevant technology, procedures and processes used within their operating unit. Co-ordinators are required to have an understanding of the function of the position within its organisational context, including relevant policies, regulations and precedents. Positions in this level may provide direction, leadership and structured training or on-the-job training to supervised employees or groups of employees.”

ANNEXURE C

Table C1: HSU-DD1: Qualifications and experience – Residential Aged Care

	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
Indirect Care	Less than three months' work experience.	More than three months work experience. <i>or</i> Between 3-12 months service for general clerks.	More than 6 months work experience. <i>or</i> 1 years + of service for general clerks.	Formal qualifications and/or relevant skills training and experience	Formal qualifications, including trade certification, and/or relevant skills training and experience in aged care	<i>(may require)</i> Formal qualifications, including trade certification, and/or relevant skills training and experience in aged care
Personal Care	N/A	Entry level up to 6 months experience.	6 months or more experience.	Cert III or equivalent	Cert III or equivalent <i>(may require first aid)</i>	<i>(may require)</i> Cert IV or equivalent or Diploma
RAO	N/A	N/A	Entry level up to 6 months experience	From 6 months experience	A relevant qualification and/or equivalent knowledge, skills and experience <i>(may require first aid)</i>	A relevant qualification and/or <i>(may require)</i> Cert IV or equivalent or Diploma

Table C2: HSU-DD1: Qualifications and experience – Home Care

Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
Less than three months' work experience in the aged care industry	Entry level for provision of personal care work up to six months	A relevant Certificate III qualification or equivalent. <i>"If an employee holds a relevant Certificate III they must be classified no lower than this level."</i> <i>(may "hold" first aid)</i>	A relevant Certificate III qualification or equivalent + 1 year experience at Level 3 <i>(may "hold" first aid)</i>	A relevant Certificate IV qualification (or equivalent knowledge and skills in dementia care and palliative care) + previous experience as a level 4 worker <i>(may "hold" first aid)</i>	A relevant Certificate III or IV qualification <i>(may "hold" first aid)</i>	A relevant Diploma or Degree with equivalent knowledge and relevant skills

ANNEXURE D

Table D1: HSU-DD1: Accountability and Extent of Authority – Residential Aged Care

Accountability and Extent of Authority – Residential Aged Care						
	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
Indirect Care	“The work is performed under direct or routine supervision.”	“The work is performed under direct supervision, either individually or in a team.”	“work is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion.”	“work is subject to limited direct supervision and requires a medium level of individual responsibility, accountability and discretion.”	[no description]	[no description]
Personal Care	N/A	<p>“The work is performed under direct supervision, either individually or in a team.”</p> <p>“Personal care work: may involve observing and reporting any changes in residents’ social, emotional and clinical status to supervisor.”</p>	<p>“the work performed is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents’ clinical, social and emotional status to supervisor.”</p>	<p>“The work is performed with limited direct supervision. The work may involve a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents’ clinical, social and emotional status to supervisor”</p>	<p>“1. The work may involve a substantial level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents’ including those who do not have the capacity to make decisions about their care.</p> <p>2. The work may involve accountability for the proficient training, supporting and mentoring new and other care staff as required.</p> <p>3. The work may involve accountability for closely monitoring and reporting any changes in</p>	<p>“1. The work is performed with minimal direct supervision.</p> <p>2. The work may involve a high level of autonomy, accountability and discretion in negotiating the services to be provided to residents with the residents themselves and/or with their family members, including with and for residents who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the proficient training, supporting, mentoring personal care employees in areas of specialised practice.</p>

Accountability and Extent of Authority – Residential Aged Care

	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
					residents' condition or circumstances to supervisor."	4. The work may involve accountability for responding immediately to any reported changes in residents' condition or circumstances to supervisor."
RAO	N/A	N/A	"the work performed is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents' clinical, social and emotional status to supervisor."	"The work is performed with limited direct supervision. The work may involve a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents' clinical, social and emotional status to supervisor"	[no description]	[no description]

Table D2: HSU-DD1: Accountability and Extent of Authority – Home Care

Accountability and Extent of Authority – Home Care						
Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
<p>The work is performed without direct in-person supervision.</p> <p>The work is clearly defined in clients' care plans, requiring minimal employee discretion in the type of work to be performed.</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work is clearly defined in clients' care plans and requires a basic level of employee responsibility, accountability and discretion in negotiating how it is to be undertaken with clients.</p> <p>3. The work may involve the monitoring and reporting of any changes in clients' social, emotional and clinical status or circumstances to supervisor.</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work involves a medium level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including with those who may not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor.</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including those who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the training, supporting and mentoring of new and other staff as required.</p> <p>4. The work may involve accountability for monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor</p>	<p>1. The work is performed without direct in-person supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including those who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the proficient training, supporting and mentoring of new and other staff in areas of specialised practice as required.</p> <p>4. The work may involve accountability for closely monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor</p>	<p>1. The work is performed under limited direct supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating the aged care services to be provided to clients with the clients themselves and/or with their family members, including with and for clients who do not have the capacity to make decisions about their care.</p> <p>3. The work may involve accountability for the proficient training, supporting, mentoring and on-going supervision of care staff.</p> <p>4. The work may involve accountability for responding immediately to any reported changes in client's status or circumstances to supervisor.</p>	<p>1. The work is performed under minimal direct supervision.</p> <p>2. The work involves a high level of employee responsibility, accountability and discretion in managing a home care service.</p> <p>3. Work at this level may involve co-ordinating resources and/or giving support to more senior employees or engaging in duties of a specialist nature.</p> <p>4. Where the prime responsibility is for resource co-ordination, the freedom to act is governed by clear objectives and/or budgets with frequent prior consultation with more senior employees and a regular reporting mechanism to ensure adherence to plans.</p> <p>5. The work may involve accountability for the quality, effectiveness, cost and timeliness of the programs, projects or work plans under their control, for the safety and security of the assets being</p>

Accountability and Extent of Authority – Home Care

Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
						<p>managed and for the well-being of staff and clients.</p> <p>6. The work may involve ensuring that all employees in the home care service are trained in safe working practices and in the safe operation of equipment and are made aware of all occupational health and safety policies and procedures.</p> <p>7. The work may involve accountability for the proficient management of the home care service including the ongoing supervision of home care team leaders/supervisors relevant skills.</p>

ANNEXURE E

Table E1: HSU-DD1: Judgment and decision-making – Residential Aged Care

Judgment and decision-making – Residential Aged Care						
	Level 1	Level 2	Level 3	Level 4 Cert III	Level 5 Senior	Level 6 Specialist/Adv'd
Indirect Care	“The work is performed with minimal responsibility and discretion.”	“Basic situational judgement and problem-solving skills to adapt to changes in the individual needs of residents and immediately notifying supervisor in emergency situations.”	“Basic situational judgement in adjusting care and support to the specific needs of each resident. The work may involve the immediate resolution of minor problems that relate to the provision of basic personal care and other services and recognising and knowing how to deal promptly with emergency situations”	“Moderate situational judgement in adjusting care and support to the specific needs of each client. The work may involve the immediate resolution of moderate problems that relate to the provision of personal care, support and other services in accordance with residents’ care plans and recognising and knowing how to deal promptly with emergency situations.”	“High level situational judgement in adjusting care and support to the specific needs of each resident. The work may involve the immediate resolution of serious problems that relate to the provision of personal care and support and other services and recognising and dealing promptly with emergency situations.”	“High level situational judgement in adjusting care and support to the specific needs of each resident and in managing employees. The work may involve the immediate resolution of serious problems that relate to the provision of personal care and support and other services for individual residents and responding promptly to emergency situations.”
Personal Care	N/A					
RAO						

Table E2: HSU-DD1: Judgment and decision-making – Home Care

Judgment and decision-making – Home Care						
Level 1	Level 2	Level 3 Cert III	Level 4 Senior	Level 5 Specialist	Level 6 Supervisor	Level 7 Coordinator
<p>Basic situational judgement and problem-solving skills to adapt to changes in specific needs of each client.</p> <p>The work may involve the resolution of minor problems that directly relate to the provision of social support and domestic assistance for an individual client and in responding promptly with emergency situations.</p>	<p>1. Basic situational judgement and problem-solving skills to adapt to changes in the specific needs of each client.</p> <p>2. The work may involve the resolution of minor problems that relate to the provision of personal care, social support and domestic assistance in accordance with clients' care plans and dealing promptly with emergency situations</p>	<p>1. Moderate situational judgement in adjusting care and support to the specific needs of each client.</p> <p>2. The work may involve the immediate resolution of minor problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</p>	<p>1. High level situational judgement in adjusting care and support to the specific needs of each client.</p> <p>2. The work may involve the immediate resolution of moderate problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</p>	<p>1. High level situational judgement in adjusting care and support to the specific needs of each client.</p> <p>2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</p>	<p>1. High level situational judgement in adjusting care and support to the specific needs of each client and in managing home care employees.</p> <p>2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care, support and domestic assistance for individual clients and responding promptly to emergency situations.</p>	<p>1. While the objectives of the work are well defined, sound judgement is involved in determining the particular method, technology, process or equipment to be used must be selected from a range of available alternatives.</p> <p>2. The work may involve the resolution of complex or serious system problems that relate to the provision of good quality home care services.</p> <p>3. Where problems are of a complex or technical nature with solutions not related to previously encountered situations, some creativity and originality is required.</p>

ANNEXURE F

Table F1: HSU-DD1: Specialist Knowledge and Skills – Residential Aged Care – Personal Care Workers

Specialist Knowledge and Skills – Residential Aged Care – Personal Care Workers					
Sub-category	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Specialist
Role Specific Knowledge / Skills	<p>1. Knowledge and skills to undertake basic personal care, such as assistance with dressing and showering while maintaining residents’ dignity and maintaining residents’ and employees’ health and safety.</p>	<p>1. Knowledge and skills to undertake intimate bodily personal care with frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>2. Basic knowledge of medical conditions associated with aging and clinical procedures, and of working with residents after discharge from hospital</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge and skills to induct and support other aged care employees to acquire relevant skills</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge of inducting and assisting other aged care employees acquire relevant skills.</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge of inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice.</p> <p>7. Knowledge and skills in a specialist domain of practice, such as dementia care, palliative care or a household model of care.</p>
Mandatory Training	<p>2. Basic knowledge of hygiene practices, infection control and prevention.</p>	<p>3. Knowledge of hygiene practice, infection control and prevention.</p>	<p>4. Knowledge of hygiene practice, infection control and prevention.</p>	<p>4. Knowledge of hygiene practice, infection control and prevention.</p>	<p>4. Knowledge of hygiene practice, infection control and prevention.</p>

Specialist Knowledge and Skills – Residential Aged Care – Personal Care Workers					
Sub-category	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Specialist
	5. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	7. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	8. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	8. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.	9. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents’ dignity and confidentiality.
Communication and Interpersonal skills	<p>3. Basic relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>4. Sound communication and interpersonal skills in dealing respectfully with a range of residents who are able to make the decisions about the personal care and other support they need.</p>	<p>4. Good relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>6. Sound communication and interpersonal skills in dealing respectfully with a range of residents including those who may not be able to make the decisions about the personal care and other support they require, and their families.</p> <p>5. Knowledge and skills to work empathetically with residents with mild cognitive impairment including understanding individual residents’ specific behaviours and triggers for distress or agitation.</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>7. Sound communication and interpersonal skills in dealing respectfully with a range of residents who may not be able to make the decisions about the personal care and other support they require and their families.</p> <p>6. Knowledge and skills to work empathetically with residents with moderate cognitive impairment, including dementia.</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>7. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents who may not be able to make the decisions about the personal care and other support they require, and their families.</p> <p>6. Knowledge and skills to work empathetically with residents with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which residents may become distressed or agitated.</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.</p> <p>8. High level communication and interpersonal skills in dealing respectfully with a range of residents and/or family members for residents who may not be able to make the decisions about the personal care and other support they require and their families.</p> <p>6. Knowledge and skills to work empathetically with residents with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which residents may become distressed or agitated.</p>
Prioritisation	6. Capability to organise and prioritise work within allotted time.	8. Capability to organise and prioritise work as situation requires within scheduled times.	9. Capability to organise and re-prioritise work as situation requires scheduled times	9. Capability to organise and re-prioritise work as situation requires scheduled times.	[No description]

Table F2: HSU-DD1: Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers

Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers						
Sub-category	Level 1	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Senior/Adv'd
<p>Role Specific Knowledge / Skills:</p> <p>All indirect care</p>	<p>1. No previous training or experience in aged care, work is performed within established routines, methods and procedures.</p> <p>1. On-the-job training to ensure:</p> <p>a. Skills to undertake basic cleaning, laundry and food services while maintaining residents' and own and other employees' health and safety.</p>	<p>1. Adequate skills to undertake cleaning, laundry and food services while maintaining residents' and own and other employees' health and safety.</p>	<p>1. Skills to drive a less than 3 ton vehicle, undertake and provide food services while maintaining residents' and own and other employees' health and safety.</p>	[No description]	[No description]	[No description]
<p>Knowledge / Skills:</p> <p>Food services only</p>	N/A	<p>1. Assist in the preparation of food for cooking.</p> <p>2. Preparation of light refreshments.</p> <p>3. General waiting/table service and clearing duties.</p>	<p>1. Basic knowledge of the specific nutritional needs, cooking processes and requirements of older adults and of individual residents.</p>	<p>1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.</p> <p>2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.</p> <p>3. Skills to prepare and cook all meals</p>	<p>1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.</p> <p>2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.</p> <p>3. Skills to prepare and cook all meals.</p> <p>4. Capability to manage the daily operations of the</p>	<p>1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.</p> <p>2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.</p> <p>3. Skills to prepare and cook all meals.</p> <p>4. Capability to manage the daily operations of the</p>

Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers

Sub-category	Level 1	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Senior/Adv'd
					kitchen, including monitoring/managing stock levels, and maintaining quality control	kitchen, including monitoring/managing stock levels, and maintaining quality control. 5. Assist to design, implement and review menus, in line with nutritional requirements.
<p>Role Specific Knowledge / Skills:</p> <p>Admin only</p>	N/A	N/A	1. skills to undertake a range of basic clerical functions within established routines methods and procedures.	1. administrative skills and arithmetic skills.	1. well-developed arithmetic skills and a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance and aged care systems.	6. Well-developed arithmetic skills and a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance and aged care systems.
<p>Mandatory Training</p>	<p>1. On-the-job training to ensure:</p> <p>b. Basic knowledge of infection control and prevention and food handling protocols.</p> <p>d. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.</p>	<p>2. Basic knowledge of infection control and prevention and food handling protocols.</p> <p>4. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.</p>	<p>2. Good knowledge of infection control and prevention and food handling protocols.</p> <p>4. Knowledge and observance of the Charter of Aged Care Rights and the maintenance of residents' dignity and confidentiality.</p>	<p>1. Good knowledge of infection control and prevention and food handling protocols.</p> <p>3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.</p>	<p>1. Good knowledge of infection control and prevention and food handling protocols.</p> <p>3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality</p>	<p>2. Good knowledge of infection control and prevention and food handling protocols.</p> <p>4. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.</p>

Specialist Knowledge and Skills – Residential Aged Care – Indirect Care Workers

Sub-category	Level 1	Level 2	Level 3	Level 4 -- Cert III	Level 5 – Senior	Level 6 – Senior/Adv'd
Communication and Interpersonal skills	1. On-the-job training to ensure: c. Basic communication and interpersonal skills in dealing respectfully with a range of residents, and/or their families.	3. Basic communication and interpersonal skills in dealing respectfully with a range of residents and their families.	3. Good communication and interpersonal skills in dealing respectfully with a range of residents and their families.	2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.	2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.	3. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.
Prioritisation	[No description]	[No description]	5. Capability to organise and prioritise work within scheduled times.	4. Capability to organise and prioritise work within scheduled times.	4. Capability to organise and prioritise work within scheduled times.	5. Capability to organise and prioritise work within scheduled times.

Table F3: HSU-DD1: Specialist Knowledge and Skills – Home Care Employees (Levels 1-6)

Specialist Knowledge and Skills – Home Care Employees						
Sub-category	Level 1	Level 2	Level 3 – Cert III	Level 4 – Senior	Level 5 – Specialist	Level 6 – Supervisor
Role Specific Knowledge / Skills	<p>1. Skills to undertake cleaning and other domestic support in private homes while maintaining clients’ and employees’ health and safety.</p>	<p>1. Knowledge and skills to undertake personal care, such as assistance with dressing and showering as well as cleaning and other domestic support in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p>	<p>1. Knowledge and skills to undertake intimate bodily personal care in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p> <p>2. Knowledge of medical conditions associated with aging and performance of clinical procedures in working with clients with chronic health conditions, and/or after discharge from hospital.</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care, in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and skills in working with clients with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge and skills to induct and support other home care employees acquire relevant skills.</p>	<p>2. Knowledge and skills to undertake intimate bodily personal care, in private homes while maintaining clients’ dignity and maintaining clients’ and employees’ health and safety.</p> <p>3. Knowledge of medical conditions associated with aging and performance of clinical procedures, skills in working with clients with chronic health conditions, and/or after discharge from hospital.</p> <p>1. Knowledge and skills to induct and assist other home care employees acquire relevant skills.</p> <p>4. Knowledge and skills in a specialist domain of practice, such as dementia care or palliative care.</p>	<p>3. Good management skills in working with home care employees.</p> <p>4. Sound knowledge of the skills required in the delivery of home care services in the Australian aged care system.</p> <p>5. Sound knowledge of the programs in the Australian aged care system, their funding and reporting requirements and their means testing of clients/residents.</p> <p>6. Sound financial and budgeting skills in establishing care plans within the constraints of the level of home care funding allocated to clients.</p> <p>8. Knowledge of relevant industrial instruments and their provisions in the rostering and allocation of home care employees.</p>

Specialist Knowledge and Skills – Home Care Employees						
Sub-category	Level 1	Level 2	Level 3 – Cert III	Level 4 – Senior	Level 5 – Specialist	Level 6 – Supervisor
						9. Knowledge and skills in training and providing supportive supervision to home care employees.
Mandatory Training	<p>2. Knowledge of hygiene practice and basic infection control and prevention.</p> <p>6. Knowledge of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.</p>	<p>2. Knowledge of hygiene practices and basic infection control and prevention.</p> <p>5. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.</p>	<p>3. Knowledge of hygiene practices and infection control and prevention.</p> <p>7. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.</p>	<p>4. Knowledge of hygiene practices and infection control and prevention.</p> <p>8. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.</p>	<p>5. Knowledge of hygiene practices and infection control and prevention.</p> <p>9. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.</p>	<p>10. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.</p> <p>11. Knowledge and application of the Aged Care Quality Standards relevant to the provision of home care and the rights and duties of clients, providers and employees.</p>
Communication and Interpersonal skills	<p>3. Basic relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>4. Sound communication and interpersonal skills in dealing respectfully with a range of clients who are all able to communicate and make decisions about the support they require,</p>	<p>3. Moderate relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>4. Sound communication and interpersonal skills in dealing respectfully with a range of clients who are all able to make the decisions about the personal care and other support they need,</p>	<p>4. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>6. Sound communication and interpersonal skills in dealing respectfully with a range of clients including those who may not be able to make the decisions about the personal care and</p>	<p>5. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>7. Sound communication and interpersonal skills in dealing respectfully with a range of clients including those who may not be able to make the decisions about the personal care and</p>	<p>6. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</p> <p>8. High level communication and interpersonal skills in dealing respectfully with a range of clients who may not be able to make the decisions about the</p>	<p>1. The capability to gain co-operation and assistance from members of the public and other employees in the performance of well-defined activities.</p> <p>7. High level communication and interpersonal skills in dealing respectfully with a range of clients and/or family members of clients who may not be able to</p>

Specialist Knowledge and Skills – Home Care Employees

Sub-category	Level 1	Level 2	Level 3 – Cert III	Level 4 – Senior	Level 5 – Specialist	Level 6 – Supervisor
	<p>clients' families, members of the public, other health professionals, and other employees.</p> <p>5. Adequate written documentation skills to update visits in clients' care plans.</p>	<p>clients' families, members of the public, other health professionals, and other employees.</p> <p>7. Written documentation skills to update visits in clients' care plans.</p>	<p>other support they require, clients' families, members of the public, other health professionals, and other employees.</p> <p>9. Written documentation skills to update visits in clients' care plans.</p> <p>5. Knowledge and skills to work empathetically dealing with clients with mild cognitive impairment including understanding individual clients' specific behaviours and triggers for distress or agitation.</p>	<p>other support they require, clients' families, members of the public, other health professionals, and other employees.</p> <p>10. Written documentation skills to update visits in clients' care plans.</p> <p>6. Knowledge and skills in dealing with clients with moderate cognitive impairment, including dementia.</p>	<p>personal care and other support they require, clients' families, members of the public, other health professionals, and other employees.</p> <p>11. Written documentation skills to update visits in clients' care plans.</p> <p>7. Knowledge and skills in working with clients with moderate to profound cognitive impairment, including dementia, such as the skills to understand and de-escalate situations in which clients may become distressed or agitated.</p>	<p>make the decisions about the personal care and other support they require, members of the public, other health professionals, and other employees.</p> <p>2. Sound written and documentation skills to write reports, as required, in their field of expertise.</p>
Prioritisation	[No description]	6. Capability to organise and prioritise work within allotted time.	8. Capability to organise and re-prioritise work as situation requires within allotted time.	9. Capability to organise and re-prioritise work as situation requires within allotted time.	10. Capability to organise and re-prioritise work as situation requires within allotted time.	12. Capability to organise and re-prioritise home care services as required.