

OPAN submission

OPAN Review of Proposed Changes to Certificate IV Qualifications

Certificate IV in Ageing Support and related care
and support training products

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About OPAN

The Older Persons Advocacy Network (OPAN) is the national peak body for independent aged care advocacy. Our network comprises nine state and territory organisations that have delivered advocacy, information, and education services to older people across Australia for more than 30 years:

ACT	ACT Disability, Aged and Carer Advocacy Services	SA	Aged and Disability Advocacy Australia (ADA Australia)
SA	SA Aged Rights Advocacy Service (ARAS)	TAS	Advocacy Tasmania
NSW	NSW Seniors Rights Service (SRS)	NT	Darwin Community Legal Service
VIC	VIC Elder Rights Australia (ERA)	NT	CatholicCare NT (Central Australia)
WA	Advocare (WA)		

OPAN receives funding from the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). OPAN aims to provide a national voice for aged care advocacy and promote excellence and national consistency in the delivery of advocacy services under the NACAP.

The free services provided by OPAN's network members support older people and their supporters to understand and address issues relating to Commonwealth-funded aged care. In 2025–26, OPAN delivered 64,591 advocacy cases. This represents a 23.7% increase from the 52,206 advocacy cases delivered in 2024–25.

OPAN is always on the side of the older person. Its independence from government and service providers is a key strength of both individual and systemic advocacy.

OPAN works to amplify the voices of older people seeking and using aged care services and to build human rights into all aspects of aged care service delivery. OPAN acknowledges the knowledge, lived experience, wisdom and guidance provided by older people and advocates in preparing this submission.

Summary of what OPAN would like HumanAbility to consider

1. HumanAbility should publish a transparent mapping of every current core capability, the proposed volume of learning and the occupational outcomes of each specialisation.
2. Not to treat low enrolments as evidence that a capability is unimportant. RTO availability and cost often shape enrolment. Decisions should also consider statutory obligations, known harms, future workforce needs and the experience of older people.
3. Require a coherent minimum core for every graduate. Essential rights, safeguarding, communication, diversity, care planning, dementia, clinical risk recognition, palliative care and complaints and advocacy capability must not depend on an RTO's elective choices.
4. Require either a relevant entry pathway, such as Certificate III in Individual Support (Ageing) or verified equivalent skills and experience, or retain sufficient foundational core units and workplace assessment within the Certificate IV. The qualification should not assume capabilities it does not require entrants to possess.
5. Retain authentic workplace assessment for relational, intimate and higher-risk support. Simulation can supplement practice and protect people in sensitive end-of-life or emergency scenarios, but it should not become the default substitute for supervised workplace evidence.
6. Ensure references to a person's support network are always conditional on the older person's choice, consent and privacy, and distinguish informal supporters, registered supporters, advocates and substitute decision-makers.
7. Require a second-round crosswalk showing how the final core and specialisations address the Aged Care Act 2024 Statement of Rights, the Aged Care Code of Conduct, the strengthened Aged Care Quality Standards and relevant incident and restrictive practice obligations.

OPAN supports

- The direction of reform, particularly the move towards rights-based, person-centred and strengths-based practice.
- Explicit recognition that the Aged Care Act and the two Royal Commissions change what workers must know and do.
- A stronger focus on person-centred communication, autonomy, dignity of risk and supported decision-making.
- The move to make identifying and reporting abuse core in the Certificate IV in Disability Support, provided equivalent mandatory safeguarding outcomes are confirmed for ageing support.
- Reframing restrictive practice content towards prevention, alternatives and elimination of the need for restrictive practices.
- Greater attention to changing needs, deterioration, referrals, assistive technology, community participation and collaboration across services.
- More robust performance evidence where a single demonstration does not establish competence.
- Clearer pathways and portable capabilities across aged care and disability, where sector-specific rights, laws, funding arrangements and occupational boundaries remain explicit.

Priority issues for OPAN

1. Qualification reduction and the four-unit core

The proposed reduction is not automatically a reduction in learning because revised units may be broader. However, the summary does not show the complete four-unit core, unit size, volume of learning, mandatory workplace evidence or mapping from the current 15 core units. OPAN therefore cannot determine whether the qualification remains safe and credible for senior and specialised ageing support roles.

The risk is heightened because the qualification retains no entry requirement. A learner could enter without a Certificate III pathway while personal support, healthy body systems, legal and ethical compliance, work health and safety, diversity, palliative care, individual service planning, independence and wellbeing, and support for relationships with carers and families are removed from the core or moved elsewhere. If the redesigned qualification relies on prior knowledge, that knowledge must be an entry requirement. If it does not, it must remain assessable within the qualification.

Requested evidence. HumanAbility should publish a line-by-line mapping of the current core to the proposed core and specialisations, identify any content removed, state the proposed volume of learning and mandatory workplace requirements, and explain how each specialisation supports a defined occupational outcome.

2. Rights must be demonstrated, not only known

The Statement of Rights is now central to aged care practice. Every graduate should be able to apply the rights to independence, autonomy, choice, control, privacy, accessible communication, cultural safety, freedom from abuse and access to an advocate. These outcomes should appear in performance criteria and performance evidence, not only in knowledge evidence or a broad empowerment unit.

Assessment should test whether a worker can explain options in an accessible way, seek and record informed consent, support an older person to make and communicate a decision, recognise undue influence or conflict, uphold a decision involving risk, and support access to independent advocacy or complaints without reprisal.

3. Support networks and supported decision-making

The consistent inclusion of support networks is positive, but the wording could unintentionally shift authority away from the older person. A support network should only be involved where the person wants that involvement and to the extent authorised. Paid workers and family members should not automatically be treated as trusted supporters, and consultation with a network must not become a substitute for direct engagement with the person.

The revised units should distinguish a person chosen informally for support, a registered supporter under the Aged Care Act, an independent advocate and a lawful substitute decision-maker. Workers also need skills to identify conflicts of interest, coercion, financial abuse and situations in which a support person may not be acting in line with the older person's will and preferences. A list of OPAN resources, including understanding supported decision-making, is provided in Appendix A.

4. Safeguarding, complaints and independent advocacy

The summary strengthens knowledge about abuse, neglect and exploitation, but it does not establish that every ageing support graduate must demonstrate how to prevent, recognise, respond to and report harm. The Code of Conduct requires action, not awareness alone. Core assessment should cover violence, discrimination, exploitation, neglect, abuse, sexual misconduct, financial abuse, coercive control, organisational abuse, restrictive practices and serious incidents.

Workers should also demonstrate how to respond when an older person raises a concern: listen and preserve immediate safety, explain internal and external options, support access to an advocate and language services, protect confidentiality, avoid reprisal, document accurately and escalate within role. This is particularly important for workers delivering services alone in a person's home.

5. Diversity, cultural safety and trauma-aware practice

Removing Work with diverse people from the core is not acceptable unless equivalent and assessable outcomes are embedded across the proposed core. Cultural safety cannot be left to an elective. The core must address Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, older LGBTI people, Forgotten Australians and Care Leavers, veterans, people living with dementia or disability, and people affected by homelessness, isolation or trauma.

Where older concepts such as social devaluation are removed, they should be replaced with contemporary understanding of ageism, ableism, racism, stigma, discrimination, intersectionality, institutionalisation and social exclusion. Removing outdated terminology must not remove the capability to recognise structural harm.

6. Palliative care, nutrition, oral health and clinical risk

Palliative care is too central to ageing support to be optional in its entirety. Every graduate needs baseline capability in recognising deterioration and possible end-of-life needs, communicating respectfully about goals and preferences, following care plans and advance care planning documents within role, providing comfort, involving chosen supporters, and making timely referrals. More advanced planning capability can sit in a specialisation.

Similarly, low enrolment should not justify removing access to nutrition, culturally appropriate food, food safety, oral health and medication-related units without showing where essential recognition and escalation skills will sit. The strengthened Quality Standards place substantial weight on nutrition, hydration, oral health, medicines, clinical deterioration and palliative care. The qualification must prepare workers to recognise and escalate risk while respecting choice and dignity of risk.

7. Workplace assessment and assessment quality

OPAN should oppose blanket removal of workplace evidence from units involving person-centred service responses, specialised nutrition and continence support, supported decision-making or complex needs. These are relational capabilities that can be performed well on paper and poorly with a real person. Assessment should include supervised practice with people who consent, across more than one person or context where feasible, and should incorporate feedback about whether the person felt heard, respected, safe and in control.

Simulation remains appropriate for rare, unsafe or highly sensitive scenarios, including some end-of-life events and clinical emergencies. It should be realistic, assessed by people with current sector expertise, and used alongside workplace evidence rather than as a wholesale replacement.

8. Cross-sector units and the aged care context

Portable skills across aged care and disability are useful, particularly at the interface for older people with disability. However, removing references to the NDIS does not by itself create an aged care unit. Aged care has different statutory rights, provider duties, funding arrangements, assessment pathways, service models, complaints mechanisms and workforce roles.

The proposed support service coordination units should not be imported into ageing support until the occupational outcome is defined. Support coordination is an established NDIS term, while Support at Home uses care management and residential aged care uses different planning and coordination arrangements. Sector-specific application and assessment conditions are needed, including navigating interfaces without shifting responsibility to the older person.

The finance discussion should also distinguish individual budgets, provider or team budgets, billing and claiming, and safeguarding a person's money. AN-ACC is a residential provider funding classification, not an individual budget managed in the same way as a Support at Home budget. A cross-sector unit should focus on transparent, ethical stewardship and explain the distinct schemes rather than treating them as equivalents.

Minimum outcomes that should be core for every ageing support graduate

- Apply the Statement of Rights, Code of Conduct and strengthened Quality Standards in day-to-day work.
- Use accessible, culturally safe and trauma-aware communication, including interpreters and communication aids where required.
- Support decision-making, informed consent, privacy, autonomy and dignity of risk, including for people living with dementia or cognitive impairment.
- Prevent, recognise, respond to and report abuse, neglect, exploitation, discrimination, sexual misconduct, financial abuse and restrictive practices.
- Facilitate person-led assessment, care and services planning, review and coordination across providers and health, disability and social care interfaces.
- Recognise and escalate deterioration and risks relating to falls, medicines, nutrition, hydration, swallowing, continence, oral health, mental health and end-of-life care within scope of practice.
- Support relationships and community connection while keeping the older person's preferences and consent primary.
- Explain and support access to complaints, open disclosure, independent advocacy, language services and external review pathways without reprisal.
- Use digital records, assistive technology and monitoring tools with informed consent, privacy, security, human oversight and attention to digital exclusion.
- Reflect on practice, work within role boundaries, seek supervision and contribute to continuous improvement and practice leadership.

Unit-by-unit comments

Product	OPAN assessment	Round 1 recommendation
CHCAGE008M Falls prevention	Direction supported, but the summary emphasises process and communication more than autonomy and outcomes.	Embed dignity of risk, supported choice and mobility; distinguish prevention from restriction; include environmental factors, medicines, vision, footwear, assistive technology, post-fall review and referral within role.
CHCAGE009M Services for older people	Potentially the main ageing practice unit and should be core. Added abuse and deterioration content is welcome.	Require practical application of rights, consent, cultural safety, dementia-inclusive communication, complaints and independent advocacy, sexual safety, safeguarding, feedback and escalation. Confirm authentic workplace evidence.
CHCAGE010M Person-centred care interventions to minimise risk	The focus on eliminating the need for restrictive practices is strongly supported. The title and risk framing may still encourage paternalism or medicalised intervention.	Make clear that an agreed support strategy is not a restrictive practice; require alternatives, least restriction, authorisation and consent rules, monitoring, review, reporting, de-escalation and respect for a person's decision to accept risk.
CHCCCS006M Individual service planning and delivery	This is central to senior ageing support and should not be optional. Supported decision-making should be observable in performance evidence.	Retain as core or demonstrate full equivalence in another core unit. Require person-led goals, accessible plans, review when needs change, coordination, consent-based information sharing and escalation across service interfaces.
CHCDIS014M AAC and supported decision-making	The rights-based direction is welcome and relevant to many older people. Device quotas alone do not demonstrate effective supported decision-making.	Assess whether the person understood, expressed a choice and remained in control. Clarify whether two decisions are required for each of three people. Permit authentic simulation where access to particular AAC modalities is limited, and involve AAC users in assessment design.
CHCDIS015M Person-centred service responses	Removing the workplace requirement is a concern. The question about PC1.5 cannot be	Retain authentic observation and publish the exact PC before seeking a view on occupational scope. Prior records should inform care but never override the person's current account, consent or preferences.

Product	OPAN assessment	Round 1 recommendation
	answered because the PC text is not reproduced in the summary.	
CHCDIS016M Positive behaviour supports	Restrictive practice content should remain because workers must understand its limits, but the unit must not qualify a Certificate IV worker to perform practitioner-only functions.	Keep strong prevention, trauma-aware support and elimination content. Use 'conduct' only where the task is clearly within role; otherwise specify implementation, observation, recording, reporting and contribution under an authorised plan.
CHCDIS017M Community participation and inclusion	Dignity of risk, transport and assistive technology additions are positive. Removing employment-related content may narrow social and economic participation.	Retain capability to support employment goals through referral and coordination within role. Replace social devaluation content with contemporary ageism, ableism, discrimination, stigma and structural exclusion.
CHCDIS018M Ongoing skills development	The focus on self-determination is positive. Greater support-network involvement requires safeguards.	Make participation by supporters conditional on the person's direction and consent. Assess whether teaching strategies reflect the person's own goals and preferred ways of learning.
CHCDIS019M Complex and changing needs	The broader title is clearer but may obscure the occupational and sector context. An ASK format could suit integrated judgement only if assessment remains rigorous.	Do not use an ASK unit to reduce observable evidence. Include changes in will and preferences, decision-making support, interfaces, escalation, clinical deterioration and the impact on the person, not only the support network.
CHCDIS021M and CHCDIS022M Support service coordination	Broadening beyond the NDIS is promising, but 'support coordination' is not a direct aged care equivalent. The rationale based on reduced NDIS eligibility is an unstable and inappropriate basis for aged care design.	Define the aged care occupation and settings first. Merge only if distinct preparation and facilitation outcomes can be retained without loss. Include rights, care management, funding and service agreements, provider choice, conflicts, thin service availability, complaints, advocacy and transitions between systems.
CHCDIS023M Nutrition and continence support	Both areas involve dignity, privacy and clinical risk. Combining them may dilute competence, and removing workplace evidence creates risk.	Require multiple demonstrations across both domains, with supervised workplace evidence where safe and consented. Include scope and delegation, infection prevention, dysphagia and aspiration escalation, nutrition and hydration, privacy, consent, cultural needs and dignity of risk.

Product	OPAN assessment	Round 1 recommendation
CHCPAL004M Palliative care planning and implementation	The unit remains important and the increase from one to two occasions is sensible. Baseline palliative capability should not disappear from the ageing core.	Retain a mandatory foundation and offer this advanced unit within a clear specialisation. Cover goals and preferences, advance care planning, culturally safe and spiritual care, symptom escalation, family and carer support, grief and bereavement, privacy and supported decision-making.

References

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6. [Federal Register of Legislation, Aged Care Act 2024](#). Accessed 10 September 2026.
7. [Federal Register of Legislation, Aged Care Rules 2025](#). Accessed 10 September 2026.
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OPAN member organisations by state or territory:



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