



HumanAbility

**25-009 Summary of
proposed changes for -
CHC43015 Cert IV in
Ageing Support -
CHC43121 Cert IV in
Disability Support-
11461NAT Diploma of
Leadership in Disability
Services**

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Introduction

This document accompanies the draft *CHC43121 Certificate IV in Disability Support*, *CHC43015 Certificate IV in Ageing Support* and the associated units of competency, and *11461NAT Diploma of Leadership in Disability Services* released for Round 1 public and government consultation on the project portal.

It sets out, product by product, what is proposed to change, why, and where your feedback would be most valuable. It is a reading aid for the drafts on the portal, not a replacement.

The online portal drafts are the products under consultation in the project's scope of work.

Why this review is happening

This project forms part of HumanAbility's program of work to ensure qualifications, skill sets and units of competency remain current, industry-relevant and responsive to workforce need.

The care and support sectors have changed substantially. The Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability have reshaped expectations of the workforce. The Aged Care Act 2024 and its Statement of Rights, the NDIS Practice Standards, and the sector-wide movement toward rights-based, person-centred and strengths-based practice have changed what workers are expected to know and do.

At the same time, the Training Package Organising Framework, effective from 1 July 2025, has changed how training products are designed. The framework requires clearer separation of knowledge outcomes, skill outcomes and their application; the minimum level of prescription necessary for quality training and assessment; and the removal of duplication across units.

The draft products released for consultation respond to both: what the sector now expects of workers, and how training products must now be built.

Please refer to the project page <https://humanability.com.au/project/aged-care-disability-leisure-and-health-qualification-review> for further information about the project.

How to read the drafts

Three things will help you review what you see on the portal.

- **Products carry an M.** Where a unit code appears with an appended M, for example CHCAGE010M, this indicates a major change to the product. Codes are expected to change as a result of this project.

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- **Products are at different stages of development.** This is deliberate. Some products carry the greatest change, others are presented as targeted revisions, and some may be presented as direction for consultation rather than complete drafts. Every product in scope is being consulted on.
- **Changes to elective banks are not national retirements.** Where a unit is proposed for removal from a qualification's elective bank, this does not mean the unit is being retired from the national training system. Units removed from this qualification may continue to exist and be delivered within other qualifications.

What we are asking you for

Round 1 is about direction and gathering insights. We are testing whether the proposed shape is right before we develop it in full.

Your feedback is most useful on four things:

1. **The pathway.** Does the proposed structure reflect how people actually move into and through care and support roles?
2. **Occupational outcomes.** Is the qualification aimed at the right work, at the right level, with the right boundaries around the role?
3. **The specific design questions.** Each product section in this document ends with questions for stakeholders. These are genuine open questions where we need a directional view, including on specialisations, mandatory work placement, proposed unit mergers, and units that may become * Application of Skills and Knowledge (ASK) units. They are not exhaustive, and we seek your views on what more we should consider and why.
4. **Implementation reality.** What will be difficult to deliver, host, supervise or assess, and why.

***Note:** An Application of Skills and Knowledge (ASK) unit is a new type of VET training product that focuses on the knowledge, skills, judgement, and capabilities a learner needs to apply in real work situations, rather than prescribing a detailed list of specific tasks they must perform. It gives qualification developers and RTOs greater flexibility to design and deliver training that reflects industry needs, supports transferable skills, and allows learners to demonstrate competence in different workplace contexts while still achieving clear and relevant outcomes.

More information here: <https://www.dewr.gov.au/download/17051/vet-qualification-reform-registered-training-organisations/40402/vet-qualification-reform-registered-training-organisations/pdf>

11461NAT Diploma of Leadership in Disability Services

The *11461NAT Diploma of Leadership in Disability Services* is a current accredited course under the Australian Skills Quality Authority (ASQA). This Diploma addresses the needs of frontline leaders and emerging leaders, helping build workforce capability, workforce attraction, retention, and career development.

Disability provider peak, AbilityFirst, is currently funded by the Department of Health, Disability and Ageing to provide ongoing management of the diploma. HumanAbility has been approached by the Department of Social Services to review the qualification for consideration for incorporation into the CHC Community Services Training Package. The course is classified under the ANZSCO Identifier as 411711 (Community Worker), with the field of education being Human Welfare Studies and Services.

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What Round 1 is not for

Round 1 is not the point at which detailed drafting is finalised. It would not be a good use of your time to:

- edit individual performance criteria for wording
- comment on formatting, sequencing or unit codes
- raise products outside the six qualifications in scope for this project
- raise matters better addressed through RTO policy, workplace induction, supervision or professional development

Matters in the final category are often significant, and we would still like to hear them. They will be recorded and routed, but a national training product is not the instrument that resolves them.

What happens with your feedback

A consultation log will be maintained and published. It will record what was raised, how the project responded, and where consensus was not reached. Not every suggestion may be adopted, and where a suggestion is not adopted, the log will record why.

Feedback from Round 1 will inform detailed redevelopment and mapping. The revised products will be reviewed by the project's Technical Committee and released for Round 2 consultation, which will test the full qualification and unit designs before validation and submission.

These are drafts, and we expect them to change.

How to give feedback

- **On the portal.** You can comment on a specific product, lodged against that product and the relevant section. This is the primary channel and produces the clearest record. Please provide comments through the portal by October 19, 2026.
- **Through the consultation survey.** This is an additional tool to capture design questions in this document, and for choices that span more than one product.
- **Through the work placement survey.** This is for questions about mandatory workplace requirements. If your organisation employs care and support workers or hosts learners on placement, this survey matters particularly. The endorsement process requires evidence of employer support for any mandatory workplace requirement, and of employer willingness to host learners. Your response forms part of that evidence and will help us review your expert insights.
- **At a consultation session.** These sessions explain the changes and help you frame a response. Comments raised in a session are recorded, but we advise you to also lodge them through the portal or survey. Contact details, session dates and the consultation close date are available on the project page.

Project scope

Products are rolled out progressively on the consultation portal for feedback. This document focuses on the qualification and units of competency listed below (available from August 31, 2026).

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Qualifications

CHC43015M Cert IV in Ageing Support

CHC43121M Cert IV in Disability Support

CHC5000N Diploma of Leadership in Disability Services

Units of Competency

CHCAGE008M Implement falls prevention strategies

CHCAGE009M Provide services for older people

CHCAGE010M Plan and implement person-centred care interventions to minimise risk

CHCCCS006M Facilitate individual service planning and delivery

CHCDIS014M Use augmentative and alternative communication systems for supported decision-making

CHCDIS015M Develop and provide person-centred service responses

CHCDIS016M Develop and promote positive person-centred behaviour supports

CHCDIS017M Facilitate community participation and social inclusion

CHCDIS018M Facilitate ongoing skills development using a person-centred approach

CHCDIS019N Provide person-centred support for complex and changing needs

CHCDIS021M Prepare for support service coordination

CHCDIS022M Facilitate support service coordination

CHCDIS023M Provide specialised nutrition and continence support

CHCPAL004 Contribute to planning and implementation of care services using a palliative care approach

Qualifications

CHC43015M Certificate IV in Ageing Support

Table 1: Proposed changes to *CHC43015 Certificate IV in Ageing Support* > *CHC43015M Certificate IV in Ageing Support*

Section	Stage – Round 1 Public and Government Consultation
Description	New application to improve clarity and clearly capture the qualification purpose
Entry Requirements	No change (no entry requirement)
Foundation Skills Outcomes	New field. Indicates the foundation skill outcomes a competent learner is expected to have upon completion of the qualification. This field will be populated with more detail prior to validation of qualification in latter part of this review
Packaging Rules	- Total number of units decreased from 18 to 10 - Number of core units decreased from 15 to 4 3 specialisation options added - Number of elective units decreased from 59 to 50
Units of Competency	Units removed from core and moved to either/both specialisation options and/or the elective bank (or for other reasons, as specified): - CHCAGE001 Facilitate the empowerment of older people (unit superseded) - CHCAGE003 Coordinate services for older people (unit superseded) - CHCAGE004 Implement interventions with older people at risk (unit superseded) - CHCCCS006 Facilitate individual service planning delivery - CHCCCS011 Meet personal support needs (unit superseded) - CHCCCS036 Support relationships with carers and families - CHCCCS040M Support independence and wellbeing - CHCCCS041 Recognise healthy body systems - CHCDIV001 Work with diverse people - CHCLEG003 Manage legal and ethical compliance - CHCPAL003M Deliver care services using a palliative approach - HLTWH002 Follow safe work practices for direct client care Units added to the core: - CHCCOM002M Use communication to build relationships - CHCCCS038M Facilitate the empowerment of people receiving support Units removed from elective bank, due to enrolment numbers analysis: - BSBFIN501 Manage budgets and financial plans - BSBOPS301 Maintain business resources - BSBINS201 Process and maintain workplace information - BSBLDR411 Demonstrate leadership in the workplace

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- BSBLDR413 Lead effective workplace relationships
- BSBSTR402 Implement continuous improvement
- BSBTEC201 Use business software applications
- CHCPAS003 Plan for the provision of pastoral and spiritual care
- CHCPAS004 Provide pastoral and spiritual care
- HLTAHA039 Assist in the development of meals and menus to meet dietary and cultural requirements
- HLTAHA042 Assist with screening and management of nutritional risk
- HLTAID014 Provide advanced first aid
- HLTFS001 Follow basic food safety practices
- HLTHPS007 Administer and monitor medications
- HLTOHC008 Inform and support patients and groups about oral health
- HLTOHC009 Apply and use basic oral health products
- HLTOHC010 Use basic oral health screening tools
- HLTOHC011 Apply fluoride varnish
- TAEDEL412 Facilitate workplace-based learning
- TAEDEL414 Mentor in the workplace

Unit imported to elective bank:

- CHCAGE007M Recognise and report risk of falls

Questions for consideration	• Do the proposed specialisations meet industry need and offer suitable pathways for learners into defined roles in the sector? • Are there electives that have been removed from the elective bank, due to negligible enrolment numbers in recent years, that should be reinstated?
Rationale for Change at this Stage- Summary	• The addition of specialisation options into this qualification has been discussed with and endorsed by the qualification review's Technical Committee, and is intended to provide more targeted graduate and industry outcomes • Reductions in the qualification's overall size, and the number of electives, shaped by analysis of enrolment and completion data • Addition of elective required as it is a pre-requisite for an existing elective offering

CHC43121M Certificate IV in Disability Support

Table 2: Proposed changes to CHC43121 Certificate IV in Disability Support > CHC43121M Certificate IV in Disability Support

Section	Stage – Round 1 Public and Government Consultation
Title	No change
Description	New application to improve clarity and clearly capture the qualification purpose
Entry Requirements	Previous entry requirement of Certificate III in Individual Support (Disability) removed
Foundation Skills Outcomes	New field. Indicates the foundation skill outcomes a competent learner is expected to have upon completion of the qualification. This field will be populated with more detail prior to validation of qualification in latter part of this review
Packaging Rules	- Number of core units decreased from 7 to 4 3 specialisation options added - Number of elective units decreased from 50 to 42
	Units removed from core and moved to either/both specialisation options and/or the elective bank (or for other reasons, as specified): - CHCCCS044M Follow established person-centred behaviour supports - CHCDIS017M Facilitate community participation and social inclusion - CHCLEG003 Manage legal and ethical compliance - CHCMHS001 Work with people with mental health issues - HLTWHS003 Maintain work health and safety
	Unit moved from elective bank to core: CHCCCS033 Identify and report abuse
Units of Competency	Unit imported into core: CHCPRP003 Reflect on and improve own professional practice
	Units removed from elective bank, due to enrolment numbers analysis: - BSBSTR402 Implement continuous improvement - CHCCCS008 Develop strategies to address unmet needs - CHCCCS037 Visit client residence - CHCCCS042 Prepare meals - CHCINM001 Meet statutory and organisation information requirements - CHCMGT001 Develop, implement and review quality framework - HLTFSE001 Follow basic food safety practices - HLTROHC007 Recognise and respond to oral health issues
Questions for consideration	Do the proposed specialisations meet industry need and offer suitable pathways for learners into defined roles in the sector?

	• Are there electives that have been removed from the elective bank, due to negligible enrolment numbers in recent years, that should be reinstated?
Rationale for Change at this Stage- Summary	• The addition of specialisation options into this qualification has been discussed with and endorsed by the qualification review's Technical Committee, and is intended to provide more targeted graduate and industry outcomes • Reduction in the number of electives was shaped by analysis of enrolment data, which suggested several offerings have been taken up only by a very small amount of learners enrolled in the qualification over at least a three-year period

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CHC5000N Diploma of Leadership in Disability Services

Table 3: Questions for CHC5000N > 11461NAT Diploma of Leadership in Disability Services

Section	Stage – Round 1 Public and Government Consultation
Title	Diploma of Leadership in Disability Services
Description	This course is intended to provide existing and aspiring frontline leaders in the disability services sector with the skills and knowledge needed to successfully lead a team of frontline workers delivering services to National Disability Insurance Scheme (NDIS) participants, while contributing to the growth of their organisation. Upon completion of this course learners will be able to: • Demonstrate financial acumen in responsibly managing a budget within the competitive pressures of the disability sector and the parameters of the NDIS operational guidelines. • Understand and articulate how the work of their team contributes to their organisation's vision, mission and business objectives and to the disability sector, and how decisions support improved customer outcomes and achieve organisational goals. • Comply with the governance framework and ensure organisational compliance with legislative, regulatory, policy and procedural requirements of the NDIS, while assessing and managing operational risks. • Facilitate clear and cogent communication between all stakeholders in the disability sector, to foster accountability, authenticity, inclusion and diversity and augment a safe working environment. While the occupation outcomes of this course align to the occupation description for OSCA code 4222232 Disability Team Leader, on the Australian Bureau of Statistics (ABS) website, the AQF level of the qualification does not align to the Skill Level (Skill Level 3) assigned to this occupation by the ABS. The Course and its outcomes sit at a Skill level higher (Skill Level 2) than that assigned to the occupation by the ABS.
Entry Requirements	Nil
Foundation Skills Outcomes	New field. Indicates the foundation skill outcomes a competent learner is expected to have upon completion of the qualification.
Packaging Rules	Total Number of units: 12 8 core units • BSBLDR523 Lead and manage effective workplace relationships • BSBOPS502 Manage business operational plans • BSBOPS504 Manage business risk • BSBPEF502 Develop and use emotional intelligence • BSBTWK501 Lead diversity and inclusion • CHCMGT003 Lead the work team • NAT11461001 Lead effectively in the disability sector

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- **NAT11461002 Manage finance in the disability sector**
- 4 elective units** of which:
- 2 elective units must be selected from the elective units listed below:
 - BSBMKG433 Undertake marketing activities
 - BSBPEF501 Manage personal and professional development
 - BSBPMG430 Undertake project work
 - CHCCSM014 Provide case management supervision
 - CHCDIS019 Provide person-centred services to people with disability with complex needs
 - CHCMGT001 Develop, implement and review quality framework
 - CHCMGT005 Facilitate workplace debriefing and support process
 - CHCPRP001 Develop and maintain networks and collaborative partnerships
 - For the remaining 2 elective units:
 - up to 2 units may be selected from the elective units listed above.
 - if not listed, up to 2 units may be selected from a Diploma or above, from this or any other currently endorsed Training Package qualification or accredited course.

**Questions for consideration
Qual Level**

- Is AQF Level 5 the right level for this role?
- How should this product relate to *CHC52021 Diploma of Community Services* and to the *CHCSS00134 Leadership in Disability Support skill set*? Is there duplication that should be resolved?
- What entry requirements, if any, are appropriate? Should prior direct support experience be required?
- What pathway should exist from Certificate IV into this qualification, and from this qualification into higher education?

**Questions for consideration
NAT Units**

- CHCDIS000N1 Lead effectively in the disability sector**
- The current structure already contains BSBLDR523 *Lead and manage effective workplace relationships*, CHCMGT003 *Lead the work team*, and BSBTWK501 *Lead diversity and inclusion*. We would like to establish what is left once those are accounted for.
- What can a graduate of this unit do that a graduate of CHCMGT003 *Lead the work team* cannot?
 - The unit is currently framed around leading within the NDIS. Is the capability specific to the NDIS, or is it leading a care and support team in a regulated, funded environment? Would the same capability apply in aged care under the strengthened Quality Standards and Support at Home?
 - Should this unit address practice leadership as distinct from team leadership?

- Is the sector-specific content substantive enough to require a bespoke unit, or could it be delivered by contextualising an existing endorsed leadership unit through Application and Assessment Conditions?
- If a cross-sector version were developed, what content would need to remain disability-specific?
- Is this an ASK candidate, or does the regulatory content require discrete EPC assessment?

CHCDIS000N2 Manage finance in the disability sector

"Finance in the disability sector" looks at different capabilities at different levels performed by different people.

- What roles actually require: managing funding attached to individual participants, managing a team or service budget, or both?
- Is financial management part of the frontline practice leader role in your organisation, or does it sit with a manager above that role?
- BSBOPS502 *Manage business operational plans* is already in the structure, and BSBFIN501 *Manage budgets and financial plans* exists in the BSB package. What capability is not covered by these?
- How much of the current content is NDIS pricing and claiming knowledge? Content tied to a pricing arrangement that is reissued annually is a currency risk in an endorsed training package. Should scheme-specific mechanics be in a unit of competency at all, or handled as currency-independent principles?
- Is there an equivalent aged care capability, given Australian National Aged Care Classification (AN-ACC) and Support at Home, that would support a cross-sector unit on managing funded supports and resources?
- What financial decisions does this role make, and what is escalated and to whom?

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Units of Competency

CHCAGE008M Implement falls prevention strategies

Table 4. Proposed changes to CHCAGE008 Implement falls prevention strategies > CHCAGE008M Implement falls prevention strategies

Section	Stage – Round 1 Public and Government Consultation
Application	• Update to reflect broader settings work may be undertaken • Updated types of supervisory arrangements that may apply. • Reference to who may constitute a person’s support network also updated.
Pre-requisite unit	CHCAGE007M Recognise and report risk of falls
Elements and performance criteria	• Updated wording to reflect TPOF principles • Updated terminology to support network • Added person-centred communication techniques to PC1.2 • Changed ‘confirm’ to ‘verify’ for easier assessment
Performance Evidence	No change
Knowledge Evidence	• Amplified role of person-centred communication techniques (not simply ‘communication techniques’). E • Expanded reference to knowing how to evaluate falls prevention strategies, to include ‘continuing’ and ‘revising’, not just ‘halting’ • Rearranged list of knowledge under headings to remove duplication
Assessment Conditions	Added access to further resources to reflect changes in PC
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language

CHCAGE009M Provide services for older people

Table 5. Proposed changes to CHCAGE009 Provide services for older people > CHCAGE009M Provide services for older people

Section	Stage – Round 1 Public and Government Consultation
Application	- Added context as to what ‘services’ may entail - Added greater detail about types of work outcomes - Updated reference to who may be part of person’s support network - Updated supervisory statement.
Elements and performance criteria	- Updated Element 1 wording from ‘deliver services...’ to ‘prepare to deliver services...’ - Added in PCs to Element 1 to better step out the preparatory and job role scope confirmation process functions. - New Element 2 and associated PCs, separating out now the actual delivery of services. - Edited PC2.3 as outside scope of job role. - Updated wording throughout to reflect TPOF principles around clarity and measurable, observable outcomes. - Many PCs included 2 verbs which can be covered by just the one
Performance Evidence	Expanded to greater reflect competency against performance criteria.
Knowledge Evidence	- Added knowledge around legal and ethical considerations for how to report identified concerns, and organisational policies for seeking feedback from supported person on support provided, and how to make relevant referrals when person’s needs are outside own job role scope - Expansion of the types and possible signs of abuse, neglect, and exploitation - Addition of knowledge around how to monitor for and report on changes to person’s condition, and how to identify what further supports may exist for person outside of scope of own job role
Assessment Conditions	Update to refer to current mandatory competency requirements for assessors
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support

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CHCAGE010M Plan and implement person-centred care interventions to minimise risk

Table 6. Proposed changes to CHCAGE010 Implement interventions with older people to reduce risk > CHCAGE010M Plan and implement person-centred care interventions to minimise risk

Stage – Round 1 Public and Government Consultation	
Section	
Title	The proposed title change is to better reflect a person-centred care approach rather than focusing solely on older people. This makes the unit applicable to a broader range of care settings. The revised title also uses clearer, action-oriented language that aligns more closely with contemporary industry practice and the intended learning outcomes.
Application	Added wording around support network.
Elements and performance criteria	• All elements amended to reflect ‘support network’ terminology and edited for clarity and in line with style guide. • ‘Risk minimisation strategies’ referred to as ‘person-centred care interventions’ to reflect aged care standards. • Edited PC1.3 to reflect learner outcome. • PC1.6 moved to be PC1.4 to better reflect order of planning process. • PC2.2 ‘assist’ changed as it’s a term that’s hard to assess. • PC3.1 edited to reflect learner outcome. • PC3.2 moved to PC2.3 to better reflect process of identifying first and implementing second.
Performance Evidence	Minor style and wording changes
Knowledge Evidence	• Added person-centred care and dignity of risk to rights of older person to reflect Aged Care Quality Standards and recommendations from royal commissions. • Added types of person-centred care interventions given change to unit title. • Specified knowledge of national and state/territory legislation and standards. • Removed reference to specific nutrition screening tool. • Reduced list of types of abuse, aligning to TPOF. • Combined organisational policies and procedures into one section. • Edited restrictive practice section to include difference between person-centred care interventions and restrictive practices and shifted focus to eliminating the need to use them.
Assessment Conditions	Added simulated scenarios.

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Section	Stage – Round 1 Public and Government Consultation
Rationale for Change at this Stage- Summary	Aligning unit of competency to reflect changes in the sector because of royal commissions and changes to standards. Reframing unit to focus on person-centred care outcomes. Reflects recommendation from Royal Commission. Aligns to Aged Care Quality Standards

CHCCCS006M Facilitate individual service planning and delivery

Table 7. Proposed changes to CHCCCS006 Facilitate individual service planning and delivery > CHCCCS006M Facilitation individual service planning and delivery

Section	Stage – Round 1 Public and Government Consultation
Application	Minimal change. Update to supervision expectations. Added support network terminology.
Foundation Skills	Standard statement retained. No unit-level Foundation Skills table.
Elements and performance criteria	• Wording updated to reflect TPOF principles, and clarification to wording around who may constitute part of a person's support network. • Updated PC1.2 to have a clearer action and outcome • Separated PC1.3 into 2 PC as recommended by TPOF • Moved PC1.5 to element 2 as it's part of planning not establishing relationships • Edited PC2.3 to include supported decision-making given industry focus • Edited PC2.4 for clarity • Edited PC3.6 to have a clearer action and outcome • Combined PC4.3 and PC4.4 as support is a vague verb to assess and now provides an outcome as part of the PC. • PC4.3 moved to element 3 as part of delivery rather than reviewing. • Edited PC4.5 as it's duplicated in PC5.4 – changed to include changing, emerging and transitional support needs as this was in KE but not covered in PC. • PC4.5 moved to element 3 as part of delivery rather than reviewing. • Removed PC5.3 – 'maintain' seeks continuity of task over a period which can be difficult to assess.
Performance Evidence	• Expanded to specify evidence that must be demonstrated in line with PC. • Included focus on person-centred practices and collaboration with support network and other service providers.
Knowledge Evidence	• Removed list of specific personnel in planning process to align to TPOF • Added human-rights based and person-centred practice to align with industry • Added person-centred communication techniques • Added individualised plans • Added organisational policies and procedures • Added age-appropriate participating in planning as it was not covered and this unit is part of child, youth and family qualifications

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Assessment Conditions	Updated to align to TPOF
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support. Align to NDIS workforce capability framework.

CHCDIS014M Use augmentative and alternative communication systems for supported decision-making

Table 8. Proposed changes to CHCDIS014 Develop and use strategies for communication with augmentative and alternative communication systems > CHCDIS014M Use augmentative and alternative communication systems for support decision-making

Section	Stage – Round 1 Public and Government Consultation
Title	Focus changed to what AACs are for rather than developing strategies to use them.
Application	Added terminology of support network which can include family, paid and unpaid carers, health professionals or other support staff.
Elements and performance criteria	• PC1.3 edited to reflect a skill rather than adhering to protocols • PC1.4 deleted, duplicated in PC4.5 • Element 2 and all PCs completed re-worked to support person to understand information and options. PC2.7 remains the same. • Element 3 and all PCs edited to reflect using AACs to facilitate decision-making taking place. • Added rights, dignity and decision-making rights to new PC3.2. • Element 4 edited to monitor and review AAC systems instead of communication strategies. • PC4.2, PC4.3 and PC4.4 edited to reflect change in approach to unit.
Performance Evidence	• Increased frequency of evidence to require using AAC with 3 people to make 2 supported decisions. • Specified the need to use one high-tech AAC, one low-tech AAC and one multi-modal AAC
Knowledge Evidence	• Added theory of supported decision making • Expanded on human rights relevance
Assessment Conditions	Reworded to meet TPOF
Rationale for Change at this Stage- Summary	The unit title and content were revised to better reflect contemporary person-centred practice and the emphasis on supported decision making within disability and community services. The outcomes described in the revised unit are more specifically concerned with enabling individuals who use AAC to participate in decisions that affect their lives.
Questions for consideration	Is the Performance Evidence adequate for reflecting competency?

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CHCDIS015M Develop and provide person-centred service responses

Table 9. Proposed changes to CHCDIS015 Develop and provide person-centred service responses > CHCDIS015M Develop and provide person-centred service responses

Section	Stage – Round 1 Public and Government Consultation
Application	• Addition made to highlight need for person-centred communication and strategic skills, and update to supervision statement • Added support network terminology
Elements and performance criteria	• Emphasis added to using person-centred communication techniques that meet individual needs and preferences of person requiring support. • Other general wording updates made to align with TPOF principles. • Edited PC1.4 as it was a duplicate of PC1.6. Now focused on accessing previous reports to develop future service. • PC1.4 moved to PC1.1 to set foundational knowledge • Edited PC1.3 for action to be clearer and added outcome • Moved PC1.3 to PC1.2 to reflect process. • Removed PC2.5 • Removed PC3.3 and PC3.4: this is outside scope of job role.
Performance Evidence	Removed requirement for evidence to happen in workplace
Knowledge Evidence	• Added principle of supported decision-making • Removed long list of life domains that assistive technology can support to align to with TPOF. • Added role of support networks in service responses. • Grouped assistive technology items
Assessment Conditions	Update to refer to current mandatory competency requirements for assessors
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support. Align to NDIS workforce capability framework.
Questions for consideration	Is PC1.5 outside of scope of job role?

CHCDIS016M Develop and promote positive person-centred behaviour supports

Table 10. Proposed changes to CHCDIS016 Develop and promote positive person-centred behaviour supports ? CHCDIS016M Develop and promote positive person-centred behaviour supports

Stage – Round 1 Public and Government Consultation	
Application	Expansion to work outcomes and update to supervision statement. Added support network terminology
Elements and performance criteria	Edits and refinement to PCs to provide clarity and improve process flow, alongside wording changes to align with TPOF principles • Edited verbs such as monitor which are vague and imply continuity which can be hard to assess. • Standardised terminology to ‘individualised behaviour support plan’ • Separated PC1.1 into 2 PCs to ensure each PC has a clear assessable task. • Edited PC1.3 to use person-centred communication techniques. • Merged PC1.2 into PC1.1 • Moved PC 2.1 to PC 1.5 to better reflect process • Added trauma-informed to PC2.2 as mentioned in KE • Edited PC2.3 to include a strength-based approach • Edited PC2.4 to reflect safety being a priority and to remove reference that person living with disability is responsible for making sure they don’t get abused. • Moved PC2.8 to PC3.5 to better reflect process and element • Edited PC3.4 from coordinate to conduct as a clear and more assessable action task. • Merged PC3.7 and PC3.8 as there is duplication • Reordered PC3.7 and PC3.6 to better reflect process
Performance Evidence	Addition of consulting with person, support network, and others involved in care and support of person.
Knowledge Evidence	• Individualised behaviour support plans added, including associated roles and responsibilities relating to development and application. • Added post-incident recovery processes • Removed references to social devaluation as it’s an old concept of disability support philosophy and isn’t referenced anywhere else in the unit. • Removed duplication of Human Rights • Removed reference to specific frameworks

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Assessment Conditions	Minor changes to wording
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support Align to NDIS workforce capability framework. Aligned to NDIS behaviour support and restrictive practices.
Questions for consideration	Is this updated unit to standard for industry? How does this unit align with NDIS requirements for behaviour support practitioners? PC3.4 used to be 'coordinate' and 'conduct' has been proposed. Is conduct outside of scope of job role? Coordinate is not assessable under TPOF. Is restrictive practice appropriate to remain in this unit?

CHCDIS017M Facilitate community participation and social inclusion

Table 11. Proposed changes to CHCDIS017 Facilitate community participation and social inclusion > CHCDIS017M Facilitate community participation and social inclusion

Section	Stage – Round 1 Public and Government Consultation
Application	Expansion of expected work outcomes and update to supervision statement
Elements and performance criteria	• Significant edits to wording throughout, to align with TPOF principles, alongside greater involvement of person and person’s support network in parts of process. • Moved PC3.4 to PC3.5 to better reflect process • Moved PC3.3 to PC3.1 to better reflect process • Amended PC3.5 for clarity and to be stronger task orientated PC • Moved PC3.5 to PC3.3 to better reflect process • Combined PC3.1 and PC3.2 to remove duplication and clarity • Removed PC2.4 as outside scope of job role to support employer to facilitate person’s participation and inclusion. Work itself can be part of community participation and social inclusion and doesn’t need to be called out specifically.
Performance Evidence	Added elements to reflect changes to PC and ensure terminology consistency
Knowledge Evidence	• Removed reference to employers and strategies for employers • Added approaches to balancing duty of care, dignity of risk and person’s decision-making rights • Added travel and transport • Added assistive technologies and environmental modifications • Removed reference to social devaluation as it’s considered an outdated theory
Assessment Conditions	Minor changes to terminology used
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support

CHCDIS018M Facilitate ongoing skills development using a person-centred approach

Table 12. Proposed changes to CHCDIS018 Facilitate ongoing skills development using a person-centred approach > CHCDIS018M Facilitate ongoing skills development using a person-centred approach

Section	Stage – Round 1 Public and Government Consultation
Application	• Expansion to expected work outcomes and update to supervision statement • Edited to align to TPOF
Elements and performance criteria	• Introduced greater role of person's support network in multiple parts of the process. • Stepped out Element 2 to incorporate identification of strategies alongside their planning. • Edited PC1.4 to be clearly aligned to task • Edited PC3.2 to be clearly focused on task • Removed PC5.2 as not assessable or aligned to TPOF and covered in PC5.3 • Edited PC5.3 to be clearer and easier to assess
Performance Evidence	• Added in consultation with person's support network • Edited according to TPOF
Knowledge Evidence	• Added person-centred communication techniques • Added references to referrals to other support services • Added formal and informal learning opportunities • Added strategies that promote motivation, participation and self-determination in learning
Assessment Conditions	Update to refer to current mandatory competency requirements for assessors
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language, along with responses to findings from Royal Commissions and other inquiries around need to enhance person-centred communication techniques and agency/self-autonomy of individuals receiving support

CHCDIS019M Provide person-centred support for complex and changing needs

Table 13. Proposed changes to CHCDIS019 Provide person-centred services to people with disability with complex needs > CHCDIS019M Provide person-centred support for complex and changing needs

Section	Stage – Round 1 Public and Government Consultation
Title	New title to reflect unit content and modernise outcome of unit.
Application	Added support network terminology
Elements and performance criteria	- Split element 1 into 2 elements to align to TPOF and make clearer the workplace outcomes - Moved PC1.5 to new element 2 - Moved previous PC2.3 and PC2.4 to new element 2 as it relates to determining person-centred support - Edited PC 4.3 to be clearer on observable task
Performance Evidence	Edited performance evidence to align with TPOF and performance criteria
Knowledge Evidence	Removed following knowledge evidence: - Disability types as covered in core units - Restrictive practices as covered in unit CHCCCS044 - Systemic issues as covered in core units Added - principles of person-centred practice and strengths-based approaches - factors that influence support priorities for people with complex and changing needs - purpose and components of individualised plans - impacts of complex and changing needs on person and support network
Assessment Conditions	Changes to align to TPOF requirements
Rationale for Change at this Stage- Summary	- Unit broadened from disability-specific services to community care and support services for transferability. - Knowledge, skills and assessment requirements changed to support transferable practice and clarify worker autonomy, responsibility and accountability.
Questions for consideration	- This unit could benefit from being an ASK unit. What are your thoughts on this? - Is the title change reflected of current industry terminology?

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CHCDIS021M Prepare for support service coordination

Table 14. Proposed changes to CHCDIS021 Prepare for NDIS support service coordination > CHCDIS021M Prepare for support service coordination

Section	Stage – Round 1 Public and Government Consultation
Title	Change to Prepare for support service coordination, to broaden unit scope beyond NDIS supports and services and into the aged care context
Application	• Major change. • Widening of scope from NDIS to all of disability system and aged care system. • Update to supervision statement.
Elements and performance criteria	• Removed references to NDIS system • Removed PC1.2 • Edited PCs to align with TPOF: clear, observable tasks
Performance Evidence	Expanded to align with PC as per TPOF
Knowledge Evidence	• Removed specificity of NDIS knowledge aligning to TPOF and to broadened unit scope. • Expansion of funding systems, service delivery frameworks and stakeholder roles and responsibilities to all of disability support system and aged care • Addition of detail on support coordination job role, including professional boundaries, responsibilities, codes of conduct, and time management • Removed benefits and risks of registered and non-registered service providers as not relevant to this unit and covered in CHCDIS022M
Assessment Conditions	Updated to align to TPOF wording Broadened so not just disability settings
Rationale for Change at this Stage- Summary	• industry feedback during Focus Groups: the concept of expanding the content to both aged care and the non-NDIS systems received support when socialised. This was especially noted given the context of the scaling back of NDIS eligibility in coming years. Broadening this unit would see it better fit for purpose as the industry evolves. • imminent changes to NDIS eligibility arrangements • evolving scope of disability and aged care support systems requiring roles around support coordination
Questions for consideration	• Given the very low number of enrolments of this elective unit in its current form, does expanding its application and scope in this way offer greater potential for its

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use and take-up in the coming years, and do these changes reflect industry need appropriately?

- Could this unit be merged with CHCDIS022M Facilitate support service coordination?
- Is the title correct?
- Is this a Certificate IV level unit?

CHCDIS022M Facilitate support service coordination

Table 15. Proposed changes to CHCDIS022 Coordinate NDIS participant support service coordination > CHCDIS02M Facilitation support service coordination

Section	Stage – Round 1 Public and Government Consultation
Title	Change to broaden unit scope beyond NDIS supports and services and into the aged care context
Application	- Major change. Widening of scope from NDIS to all of disability system and aged care system. - Update to supervision statement - Added support network terminology
Pre-requisite unit	CHCDIS021M (although could potentially be merged – see question below)
Elements and performance criteria	- Removal of limiting references to NDIS system - Addition of consulting with person's network to help determine person's needs and preferences and, manage person's expectations, and support with service implementation and review
Performance Evidence	- Removed references to NDIS as per broadened unit scope - Terminology change from 'participant' to 'person' - Removed PC3.3 and PC3.4
Knowledge Evidence	- Expansion of references to non-NDIS disability supports and aged care support - Removed specificity of NDIS knowledge aligning to TPOF and to broadened unit scope. - Removed services for families in crisis as not relevant to unit - Removed KE covered in CHCDIS021M: service coordination as a role, stakeholder roles and responsibilities - Removed support practices as mapped to core unit CHCCCS038M
Assessment Conditions	Updated to align with TPOF
Rationale for Change at this Stage- Summary	- industry feedback during Focus Groups: the concept of expanding the content to both aged care and the non-NDIS systems received support when socialised. This was especially noted given the context of the scaling back of NDIS eligibility in coming years. Broadening this unit would see it better fit for purpose as the industry evolves. - imminent changes to NDIS eligibility arrangements - evolving scope of disability and aged care support systems requiring roles around support coordination

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Questions for consideration

- Given the very low number of enrolments of this elective unit in its current form, does expanding its application and scope in this way offer greater potential for its use and take-up in the coming years, and do these changes reflect industry need appropriately?
- Could this unit be merged with CHCDIS021M Prepare for support service coordination?

CHCDIS023M Provide specialised nutrition and continence support

Table 16. Proposed changes to CHCDIS023 Provide specialised support > CHCDIS023M Provide specialised nutrition and continence support

Section	Stage – Round 1 Public and Government Consultation
Title	Added specifics application of nutrition and continence to title for clarity
Application	Expansion to expected work outcomes and update to supervision statement. Added
Pre-requisite unit	CHCCCS041 Recognise healthy body systems CHCDIS020M Work in disability support setting
Elements and performance criteria	• Addition of consulting with person's support network in confirming person's specialised care needs • Linking specialised care supports more directly to those listed in person's individualised plans • Updating wording throughout, to meet clarity expectations under TPOF principles • Made PC2.7 into 2 PCs to reflect TPOF principles • PC3.1 and PC3.2 moved to end of element to better reflect process •
Performance Evidence	• Number of times learner needs to demonstrate competence has been increased. Demonstrating one time is not enough to indicate competency. • Removed requirement for one demonstration to be in the workplace.
Knowledge Evidence	No change
Assessment Conditions	Update to reflect ability for workplace or simulated environments.
Rationale for Change at this Stage- Summary	General updates to reflect TPOF principles around clarity and use of language
Questions for consideration	• Are the increased requirements in the performance evidence sufficient?

CHCPAL004 Contribute to planning and implementation of care services using a palliative care approach

Table 17. Proposed changes to CHCPAL004 Contribute to planning and implementation of care services using a palliative care approach > CHCPAL004M Contribute to planning and implementation of care services using a palliative care approach

Section	Stage – Round 1 Public and Government Consultation
Application	• Expansion to work outcomes • Added support network terminology
Pre-requisite unit	CHCPAL003M Deliver care services using a palliative care approach
Elements and performance criteria	• general edits to wording throughout to align with TPOF principles • Removed PC1.1 • Combined PC2.2 and PC2.3 to avoid duplication • Removed PC3.1 • Reordered PC6.3 and PC6.2 to better reflect process • combined PC6.4 and PC6.3
Performance Evidence	Increased number of occasions from one to 2 as usually, completing a task once does not prove competency.
Knowledge Evidence	• Added person-centred practices and communication techniques • Reordered and grouped to align to TPOF
Assessment Conditions	Edited to align to TPOF
Rationale for Change at this Stage- Summary	• Alignment with TPOF • Focus Group advice on importance of identifying changes and deterioration in person's condition and understanding organisational policies and procedures around subsequent reporting • Recommendations from Aged Care Royal Commission, such as on importance of communication skills and capabilities in facilitating person's agency and self-determination around decisions relating to their care • National Palliative Care Standards framework (itself a response to, and practical implementation of findings from, Aged Care Royal Commission)
Questions for consideration	Does the proposed unit continue to meet industry outcomes? Consider this in the context of the updated prerequisite unit, CHCPAL003M.



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