PROFESSIONALISING SKILLS FOR GOOD FOOD IN AGED CARE



The Professionalising Skills for Good Food in Aged Care project was a partnership between TAFE SA and the Maggie Beer Foundation, funded by Skills SA through a Skills Shortage Solutions Grant. The project responded to findings from the Royal Commision into Aged Care Quality and Safety and aimed to strengthen the aged care kitchen workforce by identifying clear qualification pathways and recognising the skills of existing staff through Recognition of Prior Learning (RPL).

ABOUT THE PROJECT

PHASE 1

Phase 1 reviewed existing cookery qualifications to assess their relevance to aged care kitchens. The analysis identified key skill and knowledge gaps in the aged care culinary workforce.

PHASE 2

Phase 2 designed, delivered, and evaluated a Recognition of Prior Learning process. This process formally assessed and acknowledged the skills of experienced but unqualified culinary staff working in aged care.

KEY FINDINGS

1. Training Gaps

- · Current cookery qualifications don't cover aged care needs.
- Gaps include knowledge of IDDSI, aged care nutritional needs, texture modification, and cultural menu planning.
- Training products lack flexibility and relevance to aged care contexts.

2. Workforce Challenges

- · Recruiting and retaining skilled staff is difficult.
- · Many organisations rely on unqualified or out-of-sector workers.
- · Apprenticeships and traineeships are underused.

3. Recognition of Prior Learning (RPL)

• RPL effectively recognises staff skills but is underutilised.

4. Allied Health Engagement

- Dietitians, nutritionists, and speech pathologists are vital to safe, nutritious meal planning.
- Kitchen staff need stronger links with allied health to align food preparation with resident needs.

5. Resident Needs and Satisfaction

- Food quality directly affects nutrition, wellbeing, and malnutrition risk.
- Resident satisfaction with meals is low, highlighting the need for skilled, professional kitchen staff.

6. Industry Priorities

- · Providers want tailored pre-employment and gap training programs.
- Training must be practical, accessible, and focused on resident outcomes.

HOW IS QUALITY FOOD DEFINED?

While no single definition of quality food was found, the research highlighted that good food in residential aged care should:

- Meet each resident's dietary and nutritional needs.
- Be textured to suit medical and dietary requirements.
- Involve residents in planning and decision-making.
- Use fresh, high-quality ingredients.
- Offer residents choice, autonomy, and dignity of risk.
- Provide variety across meals.
- Look, smell, and taste appealing.
- Be served in a way that encourages social interaction.
- Be delivered at the right temperature and at appropriate times.

RECRUITMENT AND RETENTION

INDUSTRY FEEDBACK

1

Flexible staffing helps

Multi-skilled workers and central kitchen models improve efficiency, morale, and retention. 2

Strong onboarding matters

Blended, longer inductions reduce unpreparedness compared with online-only programs.

3

Targeted recruitment works

School and university students fill food service roles effectively, though often short-term. 4

Context affects stability

Regional areas rely more on unqualified staff, with turnover varying by site and role. 5

Pay and recognition are critical

Limited wage growth, low recognition, and stigma around kitchen roles reduce morale and push staff toward better-paid care roles. G

Demographic change reduces the talent pool

Retirements and high student turnover contribute to ongoing shortages.

OUALIFIED STAFF

Of the aged care culinary staff surveyed during the TNA, 75% did not hold a cookery qualification.

Analysis of South Australian job advertisements for aged care kitchen roles showed:

- 40% requested applicants hold a qualification
- 50% of chef roles requested a qualification
- 62% of cook roles requested a qualification
- 21% of kitchenhand roles requested a qualification

40%
50%
62%
21%

Research shows that qualified chefs are more likely to plan and prepare meals with better presentation, taste and aroma, directly impacting residents' nutrition and quality of life.

Research also shows that the job titles of chef and cook are often used interchangeably, impacting understanding of skills, knowledge and responsibilitoes aligned to specific job roles.

TRAINING AND SKILLS

INDUSTRY FEEDBACK

1

Significant skill gaps

Many cooks lack aged care– specific knowledge, and training is often delivered by unqualified staff. 9

Essential IDDSI skills

Knowledge of international Dysphagia Diet Standardisastion Initiative (IDDSI) is essential, with inhouse gap training used to address training requirements.

7

Induction quality affects retention

Longer, blended onboarding better prepares staff, while rushed induction leads to turnover. 4

Upskilling is paydriven

Staff often train for financial benefit, while organisations struggle to justify training costs without clear returns. F

Training must be practical and accessible

Staff prefer short, tailored training. However, lower levels of literacy and digital skills, and shift patterns make participation difficult. ĥ

Food quality and resident experience are impacted

Qualification gaps, inconsistent standards, and lack of formal service skills directly affect meal quality and resident satisfaction

INDUSTRY SUMMARY REPORT

SKILLS GAPS

Kitchen staff working in aged care settings require specific skills and knowledge to ensure the nutritional and dietary needs of residents are met. Current national training products do not address these requirements



- Knowledge of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework and how to apply it.¹
- Catering to individual, cultural, nutritional and dietary preferences of older people.
- Communicating with the care team and allied health professionals to address the dietary needs of older people.
- Working with specialised diets for older people.
- Serving prepared food at the appropriate temperature and consistency to meet individual dietary needs.

WORKFORCE AND TRAINING PATHWAYS

INDUSTRY FEEDBACK

Limited awareness of entry pathways

Apprenticeships and traineeships are not widely known in the sector.

2

Perceptions hinder recruitment

Negative views of aged care kitchen roles reduce appeal; sectorwide promotion and preemployment programs are needed to change

perceptions.

3

Pre-employment design is critical

On-demand training, guest speakers, and education about the needs of older residents are valued components. 4

Training delivery preferences are clear

Providers and staff strongly prefer in-person learning, with one-day-per-week plus block release models seen as more effective than online delivery.

F

Future qualification requirements are uncertain

There is concern that chef or cook qualifications may become mandatory, creating workforce planning challenges. G

In-house training supports flexibility

Many organisations provide gap training and use aged care qualifications for multi-skilled roles to meet operational needs.

TRAINING ALIGNMENT AND LIMITATIONS

Currently, no units of competency in existing culinary qualifications address the specific skills required to plan and prepare food that meets the nutritional and dietary needs of aged care residents. Service and Creative Skills Australia (SaCSA), the Jobs and Skills Council for the culinary sector, is developing four new units of competency to close these gaps. These units are intended to:

- Be included as elective options within the Certificate III in Commercial Cookery.
- Be offered as stand-alone skill sets for upskilling current staff.

This work will provide clearer training pathways and better alignment between workforce needs and formal qualifications.

INDUSTRY FEEDBACK ENCOURAGED

Feedback and input from industry is valuable and helps inform training product development. Further details and contact information can be found on SaCSA's <u>Culinary Skills for Aged Care Food Service</u> project page.

INDUSTRY SUMMARY REPORT

TRAINING AT TAFE SA

TAFE SA offers qualifications that align with different roles in aged care kitchens:

Certificate II in Cookery

 Best suited to kitchenhands and staff completing basic food preparation tasks. This course is available full-time and part-time at both metropolitan and regional campuses.

Certificate III in Commercial Cookery

• Designed for cooks and chefs responsible for menu planning and a wide range of cooking techniques. Delivered as a four-year apprenticeship at metropolitan and regional campuses.

These qualifications provide structured pathways for staff to gain recognised skills and support career development within aged care kitchens.

RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning (RPL) allows staff to have their existing skills, knowledge, and work experience formally recognised.

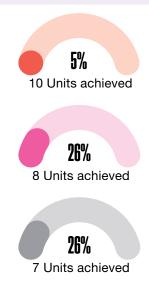
A pilot Certificate II in Cookery RPL program was offered to unqualified aged care culinary staff. Assessment combined on-the-job observation, workplace documentation, and discussion with assessors.



Of the 19 students who completed the program, all students achieved recognition for units of competency.

Units achieved:

- 5% achieved 10 units
- · 26% achieved 8 units
- · 63% achieved 7 units
- 5% achieved 1 unit





BENEFITS OF RECOGNITION OF PRIOR LEARNING

STUDENT BENEFITS

- Better understanding of their capabilities
- Increased confidence and pride in their skills
- Stronger outlook on career pathways
- · Willingness to mentor other staff

WHAT IS TAFE SA DOING TO RESPOND TO THESE FINDINGS?

- Exploring funding opportunities to address identified skills gaps through contextualised training materials and bespoke training programs.
- Continuing to liaise with industry and SaCSA regarding the development of the new aged care culinary units of competency.

ORGANISATIONAL BENEFITS

- Time and cost efficiency
- · Less disruption from staff release
- Increased productivity outcomes of the program

WE VALUE COLLABORATION. YOUR EXPERTISE MATTERS.



If you have information or experiences that could support our ongoing research, we encourage you to reach out.

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