

PROFESSIONALISING SKILLS FOR GOOD FOOD IN AGED CARE

**SUMMARY TRAINING NEEDS
ANALYSIS REPORT, 2025**

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Use

This report has been developed for external distribution.

Contents

Summary Key Findings	3
Summary Actions and Opportunities	5
Introduction	7
Discussion	8
Findings	12
Training Options	20
Summary of Identified Actions and Opportunities	24
Appendices	25

Acknowledgement of Country

TAFE SA acknowledges the traditional owners of the land on which our campuses are located. We pay our respects to their Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander Peoples. It is a privilege to be sharing these lands on which we live, work, and learn.

We recognise that these lands have always been places of teaching, learning and knowledge sharing. We acknowledge the deep and enduring spiritual connection the First Nation's people have to these lands and their ongoing contributions to education.

We recognise that Aboriginal and Torres Strait Islanders have maintained their cultures, heritage, beliefs, languages, and lores and these are of ongoing importance. We commit ourselves to learning from the wisdom and knowledge of the Traditional Owners and to fostering a spirit of respect, inclusivity, and reconciliation within our TAFE SA community.

A note on terminology

Term	Definition
Apprenticeship	"A structured training arrangement which combines on-the-job training and work experience while in paid employment with formal off-the-job training with a registered training organisation (RTO). The apprentice enters into a contract of training or training agreement with an employer, which imposes mutual obligations on both parties. Traditionally, apprenticeships were in trade occupations (declared vocations) and were of four years' duration, but the duration of contracts has been formally reduced in some trades and the apprenticeship system broadened."¹
Attitudes	"Attitude is a way of thinking or feeling about someone or something. It includes the manner in which a person may deal with things emotionally and it is often reflected in a person's behaviour. A person's attitude can significantly affect feelings, values appreciation and motivations towards something."²
Chefs	"Chefs plan and organise the preparation and cooking of food in dining and catering establishments."³
Cooks	"Cooks prepare, season and cook food in dining and catering establishments."⁴
Funded Training	"All Registered Training Organisations (RTOs) operating in South Australia have the opportunity to receive funding for the delivery of courses and skill sets that are published on the Subsidised Training List (STL). The STL is a complete list of the qualifications you can get funding to deliver in South Australia. It has been created, and continues to be guided, by industry demand, market insights, trends, and training provider feedback."⁵
HumanAbility	The jobs and skills council aligned to the aged and disability services, children's education and care, health, human (community) services, and sport and recreation industry sectors.

¹ VOCEdplus, *Glossary of VET*, n.d.

² The PEAK Performance Centre, *Knowledge, skills, and attitudes*, n.d.

³ Jobs and Skills Australia, *Chefs*, n.d.

⁴ Jobs and Skills Australia, *Cooks*, n.d.

⁵ Skills SA, *How the system works*, n.d.

IDDSI	International Dysphagia Diet Standardisation Initiative
Kitchenhands	"Kitchenhands assist kitchen and service staff in preparing and serving food, and clean food preparation and service areas." ⁶
Knowledge	"...a familiarity, awareness or understanding that has been acquired through experience or education; knowledge supports and informs skills." ⁷
Recognition of Prior Learning (RPL)	"The acknowledgement of a person's skills and knowledge acquired through previous informal/formal training, experience in the workplace, voluntary work, social or domestic activity, which may be used to grant status or credit in a subject or module. It can lead to a full qualification in the VET sector." ⁸
SaCSA	Service and Creative Skills Australia; the jobs and skills council aligned to the arts, personal services, retail, tourism, and hospitality industry sectors.
Skills	"...an ability to perform a particular activity that may be developed through vocational training or practice." ⁹
RTO	Registered Training Provider
TNA	Training Needs Analysis
Traineeship	"A system of vocational training combining off-the-job training with an approved training provider with on-the-job training and practical work experience. Traineeships generally take one to two years and are now a part of the Australian Apprenticeships system." ¹⁰

⁶ Jobs and Skills Australia, [Kitchenhands](#), n.d.

⁷ VOCEdplus, [Glossary of VET](#), n.d.

⁸ VOCEdplus, [Glossary of VET](#), n.d.

⁹ VOCEdplus, [Glossary of VET](#), n.d.

¹⁰ VOCEdplus, [Glossary of VET](#), n.d.

Summary Key Findings

1. Training Product Limitations:

- The current culinary qualifications do not adequately address the diverse range of skills and knowledge needed by aged care kitchen staff. Further, limitations in the packaging of the qualification prevent opportunity for customisation, while prescriptive evidence requirements within units of competency do not always align to workplace requirements.

2. Training Gaps:

- Existing cookery qualifications do not adequately address aged care-specific nutritional needs, including texture-modified meals in accordance with the IDDSI framework.

3. Workforce Challenges:

- Recruiting and retaining skilled kitchen staff remains a significant issue, amplified by occupational shortages, and the unique challenges of working in aged care kitchens.

4. Dietary Needs and Cultural Diversity:

- There is a clear link between the quality of food provided to aged care residents and their risk of malnutrition. Training must accommodate the diverse nutritional requirements and food preferences of aged care residents, and the cultural backgrounds of both residents and kitchen staff.

5. Allied Health Professional Engagement:

- Dietitians, speech pathologists and nutritionists play a crucial role in dietary planning, though engagement levels vary. Engagement with allied health professionals is a key function of those kitchen staff responsible for menu planning. Further, it is crucial that kitchen staff understand the relationship between menu planning, food preparation and variations, the nutritional intake of residents, and their ability to safely consume the meals prepared.

6. Resident Satisfaction:

- Food satisfaction remains one of the least positive aspects of aged care, underscoring the need for continued improvements and improved skill and knowledge development.

Summary Actions and Opportunities

- The findings from the training needs analysis were used to inform development of recognition of prior learning tools for the Certificate II in Cookery. Up to 40 unqualified aged care kitchen staff working in South Australian aged care organisations were provided an opportunity to participate in an RPL assessment program to formally recognise their existing skills and knowledge.
- Pending funding approval, Phase 3 of this project may explore a pre-employment pathway program to support new entrants into the aged care culinary workforce.

- There is an opportunity to promote the importance and availability of training solutions to aged care providers, including traineeship and apprenticeship opportunities, along with the value of supporting career progression and training pathways for kitchen staff.

Sharing Findings

- Project findings have been shared with Service and Creative Skills Australia (SaCSA) and HumanAbility, the respective Jobs and Skills Councils (JCSs) for cookery and hospitality and aged care industry sectors, providing them with valuable information to consider as they undertake reviews of current training product offerings.
- Providing aged care organisations with information from this training needs analysis will reinforce the important role that kitchen staff play in providing quality care and food to older people in residential care. It would further promote the value of staff training, and the opportunities available.

Advocacy and Mentorship

- The Maggie Beer Foundation has an opportunity to continue leveraging their influence to advocate for change. The findings of the training needs analysis will provide them with valuable information to support their advocacy.
- Expanding the Trainer Mentor Program and the suite of online training modules will contribute to the skilling and upskilling of the aged care culinary workforce.

Revision of Training Products

- Jobs and Skills Councils should consider the prescriptiveness within current qualifications and units of competency. Flexibility in the way these products are written allows for industry contextualisation and provides registered training organisations with more appropriate options to address the skill needs of the aged care culinary workforce.

New Training Products

- The findings of the training need analysis verify the need for additional training to be developed. Both non-accredited training such as micro-credentials and nationally accredited products such as an accredited course provide varied solutions to address the range of skill gaps identified.

Postscript:

At the time of publication SaCSA have released draft units of competency targeting the skills and knowledge required of culinary staff in health care settings to address specific nutritional needs of those receiving care.

Introduction

The Professionalising Skills for Good Food in Aged Care project was a collaboration between TAFE SA and the Maggie Beer Foundation and responded to the need for skilled chefs, cooks and kitchenhands in the aged care sector.

The findings of the 2021 Royal Commission into Aged Care emphasised the urgent necessity to improve the quality and quantity of food provided in residential care facilities. Key recommendations from the 2021 final report included the need for:

- A new Aged Care Act prioritising resident autonomy and choice.
- Strengthened standards requiring high-quality, tailored meals.
- Greater engagement with dietitians and allied health professionals.
- Enhanced training requirements for kitchen and service staff.

These findings prompted the introduction of the Aged Care Bill 2024, effective 1 July 2025, and the Strengthened Aged Care Quality Standards. Notable inclusions are resident involvement in menu planning and varied, nutritious meals.

A skilled kitchen workforce is essential to addressing the identified deficiencies, ensuring aged care residents are provided with high quality food which meets their individual nutritional, dietary and cultural needs.

Project Aims

The project aimed to identify the most appropriate qualification to address the current skills of unqualified chefs, cooks and kitchenhands; the Certificate II in Cookery or the Certificate III in Commercial Cookery. It further aimed to identify additional training required to address any skill gaps not covered by these qualifications.

Funded by Skills SA via a Skills Shortage Solutions grant, the project contained two phases:

- **Phase 1:** Conduct a Training Needs Analysis (TNA) informed by engagement with aged care providers in two South Australian regions, to identify the training needs of aged care kitchen staff and develop upskilling strategies via a Gap Closure Plan.
- **Phase 2:** Design, implement and evaluate an RPL process to professionalise existing skills of kitchen staff in aged care settings, and then use the evaluation findings to refine the Gap Closure Plan developed in Phase 1.

Four regional aged care organisations contributed to the training needs analysis research by participating in surveys and interviews.

This report documents the findings and recommendations of the training needs analysis implemented in Phase 1.

Discussion

Legislation and Standards

The background research undertaken during the training needs analysis included reviewing the findings of the Royal Commission into Aged Care Quality and Safety, and the associated changes to the Aged Care Act and Standards.

Where the existing Aged Care Act 1997 is primarily centred on providers and how they are funded, the new Aged Care Act is centred on older Australians and the protection of their right to safe, quality care.¹¹ It includes a Statement of Rights that focuses on the right of older Australians to “*independence, autonomy, empowerment and freedom of choice*”.¹² There is an emphasis on choice, with individuals who access funded care having the right to exercise choice in the delivery of aged care services provided to them, and extends to the types of food and nutrition provided.

Relevant to the provision of quality and nutritional food to aged care residents, the strengthened Aged Care Standards include:

- A requirement for aged care providers to have practices in place that uphold the rights of older people, including their right to independence, choice and control, culturally safe care, and dignity of risk.
- A requirement that all staff, including service staff such as chefs, cooks and kitchen hands receive training on the delivery of person-centred care and caring for people living with dementia.
- Inclusion of Standard 6, which focuses specifically on the provision of food and nutrition in residential care, including:
 - The involvement of residents, chefs, cooks and Accredited Practising Dietitians, in planning meal and menu choices, that are regularly changed.
 - Quality, nutritional meals that provide variety, and meet the assessed needs of each resident.
 - The availability of options that allow residents to exercise choice.
 - The provision of dining experiences that promote social engagement and support reablement.^{13,14}

The Role of Allied Health Professionals

Providing food that meets the assessed needs of each resident requires input from allied health professionals such as dietitians to provide input into menu design to ensure residents receive meals that contain the nutrition required, and that is served in a texture appropriate to the needs of individual residents.¹⁵

¹¹ Department of Health and Aged Care, [*A new model for regulating aged care and new Aged Care Act – Frequently asked questions*](#), n.d.

¹² The Parliament of the Commonwealth of Australia, [*Aged Care Bill 2024*](#), 2024

¹³ Department of Health and Aged Care, [*What's different in the strengthened Quality Standards*](#), 2024

¹⁴ Department of Health and Aged Care, [*Strengthened aged care quality standards*](#), 2023

¹⁵ Department of Health and Aged Care, [*Strengthened aged care quality standards*](#), 2023

Resident Satisfaction

Annual resident experience survey results suggest that resident satisfaction with food remains the least positive aspect of their care, with 30% of respondents indicating they ‘never’ or ‘some of the time’ like the food they are provided. Those who are least positive about the food they receive are residents with high nursing requirements and those in homes who care for the largest number of residents.¹⁶ Further, culturally and linguistically diverse residents had lower levels of satisfaction with the care they received. First Nations Australian’s were dissatisfied with the communication they received and the way that their home was run.¹⁷

Quote

“The extent to which this trend reflects the need for modified diets amongst residents with greater burdens of illness is unclear, but highlights opportunities for aged care homes to explore options to improve the food experience for these residents.”

– Department of Health and Aged Care¹⁸

Skills Shortages

There are both national and South Australian skills shortages for both chefs and cooks, the driver for which has been classified as a retention gap.¹⁹

“Retention gap shortages are where there are below average rates of retention, potentially reinforced by low numbers of new applicants per vacancy. This is a category where increasing the throughput of qualified applicants is unlikely to solve the problem because of the low likelihood of retaining them. Ways to enhance the attractiveness of the occupation through improved remuneration and/or working conditions, professional development and clearer career pathways would be potential solutions to alleviate this kind of shortage.”²⁰

There is currently no skills shortage data available specific to the aged care culinary workforce.

The Royal Commission found a direct link between the quality of food and nutrition provided, and the challenges faced by aged care providers of the recruitment and turnover of unqualified chefs, cooks and kitchenhands due to the skills shortages that exist with these occupations.²¹

Culinary Qualifications

The SIT Training Package is aligned to the tourism, travel and hospitality industry sectors. It contains 28 qualifications, of which nine specifically relate to cookery and kitchen operations. Of these, the Certificate II in Cookery and Certificate III in Commercial Cookery have been developed to address the skill requirements of kitchenhands and trade cooks working in hospitality venues such as restaurants, hotels and cafes.

¹⁶ Department of Health and Aged Care, [*Residents’ experience survey report: What we heard in 2022 and 2023*](#), n.d.

¹⁷ The Department of Health and Aged Care, *Residents’ experience survey report: What we heard in 2022 and 2023*, n.d.

¹⁸ Department of Health and Aged Care, [*Residents’ experience survey report: What we heard in 2022 and 2023*](#), n.d.

¹⁹ Jobs and Skills Australia, [*Jobs and Skills Atlas*](#), n.d.

²⁰ Jobs and Skills Australia, [*Jobs and Skills Atlas*](#), n.d.

²¹ Royal Commissions, [*Aged Care Quality and Safety*](#), n.d.

SIT20421 Certificate II in Cookery

The SIT20421 Certificate II in Cookery qualification “reflects the role of individuals working in kitchens who use a defined and limited range of food preparation and cookery skills to prepare food and menu items. They are involved in mainly routine and repetitive tasks and work under direct supervision. This qualification does not meet the requirements for trade recognition as a cook but can provide a pathway towards achieving that.”²²

This qualification requires the completion of 13 units; 7 core and 6 elective units of competency. This qualification does not allow for the importation of units of competency, which restricts any opportunity to address required skills and knowledge requirements through units of competency outside the qualification.

A full list of the core and elective units of competency available within this qualification is provided at **Appendix 2**. In total, there are 19 elective units of competency available, that have been clustered into four elective groups addressing: cookery and catering, Asian cookery, patisserie, and general electives.

SIT30821 Certificate III in Commercial Cookery

The SIT30821 Certificate III in Commercial Cookery qualification “reflects the role of cooks who use a wide range of well-developed cookery skills and sound knowledge of kitchen operations to prepare food and menu items. Using discretion and judgement, they work with some independence and under limited supervision using plans, policies and procedures to guide work activities. Completion of this qualification contributes to recognition as a trade cook.”²³

This qualification requires the completion of 25 units; 20 core and 5 elective units of competency.

As with the Certificate II in Cookery qualification, the Certificate III in Commercial Cookery also does not allow for the importation of units of competency, which restricts any opportunity to address skills and knowledge requirements through units of competency outside of the qualification.

A full list of the core and elective units of competency available within this qualification is provided at **Appendix 3**. In total, there are 29 elective units of competency available, that are clustered into three elective groups addressing: cookery and catering, Asian cookery, and general electives.

TAFE SA Delivery

The Certificate III in Commercial Cookery qualification is on the Subsidised Training List (STL) and subsidised by the South Australian Government.²⁴ The funding only applies to apprentices who complete the qualification under a contract of training. Apprenticeship qualifications are traditionally delivered over a period of four years. Graduates of the apprenticeship are recognised as trade qualified cooks.

The qualification is also offered over 12 months to students who are not under a contract of training. Under this delivery mode, it does not attract funding and a full fee of approximately \$12,000 applies. At the time of publication, graduates of the 12-month program are not recognised as trade qualified.

²² Training.gov.au, *SIT20421 – Certificate II in Cookery*, 2022.

²³ Training.gov.au, *SIT30821 – Certificate III in Commercial Cookery*, 2022.

²⁴ Skills SA, Subsidised Training List 11.1, 2025

Trade Recognition

As of 2021, the recognition process sits with the South Australian Skills Commission. To be trade recognised, individuals must sit an industry interview, complete a skills demonstration and have four years of relevant industry experience.²⁵

The Role of Units of Competency

Units of competency express the skills and knowledge required to perform specific tasks within the workplace; known as performance criteria. Units of competency also provide specific guidance on the knowledge and skills (knowledge evidence and performance evidence) that must be demonstrated by an individual to be deemed competent.

In some units of competency, this guidance is prescriptive, specifying the volume and frequency that a skill must be demonstrated, and the types of equipment, material, people or products that must be used.

By way of example, the unit SITHCC025 Prepare and present sandwiches is an elective unit within both the Certificate II in Cookery and Certificate III in Commercial Cookery. To be deemed competent, an individual must demonstrate that they can prepare each of the following sandwiches:

- Club
- Filled
- Open
- Pressed
- Wraps

They must use a variety of ingredients and fillings, and use each of the following breads at least once:

- Commercial sliced bread
- Focaccia
- Gluten free bread
- Sourdough
- Flatbread²⁶

Within a recognition of prior learning assessment process, a candidate would be required to demonstrate they can make five different styles of sandwiches using the five different breads. The types of food served within an aged care home will impact the available evidence an individual may have.

²⁵ South Australian Skills Commission, *Occupational Recognition Service*, n.d.

²⁶ Training.gov.au, *SITHCCC025 Prepare and present sandwiches*, 2022

Findings

What is Quality Food?

The research was unable to locate a single definition of quality food within an aged care setting. However, using the numerous information sources and data collected during the training needs analysis, it has been determined that the planning and provision of quality food within residential aged care must:

- Meet the individual dietary and nutritional needs of residents.
- Be textured appropriately to meet the assessed individual dietary and medical needs of residents.
- Involve input from residents.
- Use quality ingredients.
- Provide residents with choice, autonomy, and dignity of risk.
- Provide residents with variety.
- Be flavoursome, aromatic and appealingly presented.
- Be served in a way that encourages social interaction.
- Be served at the correct temperature and at appropriate times.

The Role of the Kitchen Staff

The Royal Commission into Aged Care Quality and Safety highlighted the role food and nutrition has in the ensuring the health of older people and their satisfaction with the care they receive.²⁷ There is evidence to support the link between food, a person's connection to culture, community and wellbeing.²⁸ As such, kitchen staff in residential aged care settings play a vital role in the quality and safety of care provided to older people.

Working in an aged care setting requires kitchen staff to have specific knowledge and skills to prepare quality food that meets the various dietary, nutritional, personal and cultural needs of residents. While these skills and knowledge may be applied at different levels depending on the job role, all kitchen staff must understand the IDDSI framework and be able to apply the framework to ensure residents receive meals with the correct texture. Further, they must have the skills and knowledge to prepare meals with the appropriate nutritional content required of residents. However, the data collected indicates that not all kitchen staff have the required skills and knowledge.

The Aged Care Culinary Workforce

Recruitment and Retention

The data collected during the training needs analysis suggest that aged care organisations will regularly recruit for kitchen staff, with some organisations unable to fill roles due to lack of appropriate candidates. While there is evidence of a high turnover rate for a portion of kitchen staff, there is also evidence of long-term retention. This information aligns with national skills shortage

²⁷ Royal Commissions, *Final report*, n.d.

²⁸ Aged Care Quality and Safety Commission, *Why meals matter*, n.d.

information for chefs and cooks, where a retention gap has been identified as the key driver for the skills shortage.^{29, 30}

Different Job Titles, Same Duties

Data collected suggests there is inconsistent use within the aged care sector of the job titles of cook and chef. These occupation titles are being used interchangeably by different aged care organisations. For example, some organisations employ a cook who will primarily undertake similar tasks and responsibilities as an individual employed as a chef in another organisation. This practice further clouds the data available about the aged care culinary workforce including the number of individuals employed in each occupation, the responsibilities of each job role, and the qualifications required of or held by individuals in these roles.

Required Qualifications

The data collected suggests it is common practice to recruit for and employ kitchen staff with no formal qualifications.

Based on a sample of 27 Seek job advertisements, between 40% and 50% of job advertisements for chefs and cooks do not list a qualification as a requirement for candidates. That figure increases to approximately 79% for kitchenhand job advertisements.

Further, a survey was conducted of kitchen staff working in the four participating aged care organisations, receiving 12 responses. Of these, one individual holds a Certificate II in Cookery. Three hold a Certificate III in Commercial Cookery, one of which also holds the Certificate II qualification. This indicates 25% of kitchen staff hold a cookery qualification.

Job Role	Number of Respondents	Number Who Hold Certificate II in Cookery	Number Who Hold Certificate III in Commercial Cookery
Chefs	2	1	2
Cooks	4	0	1
Kitchenhands	6	0	0

Table 1: Aged care kitchen staff who hold formal qualifications. Source: Survey for aged care kitchen staff

In a national 2020 survey of residential aged care providers, 36.8% of single home providers and 18.2% of multi-home providers reported they did not have a qualified chef responsible for preparing meals. The survey received 292 responses which represented approximately 43% of residential aged care homes within Australia.³¹ This larger sample size provides a more holistic picture of the number of unqualified chefs working in aged care kitchens. However, it should be noted that those figures may have changed in four years since the survey was implemented.

²⁹ Jobs and Skills Australia, [Jobs and Skills Atlas](#), n.d.

³⁰ Jobs and Skills Australia, [Jobs and Skills Atlas](#), n.d.

³¹ Mellow et al., [Food, nutrition and the dining experience in aged care settings: Findings of a nationwide survey](#), 2023

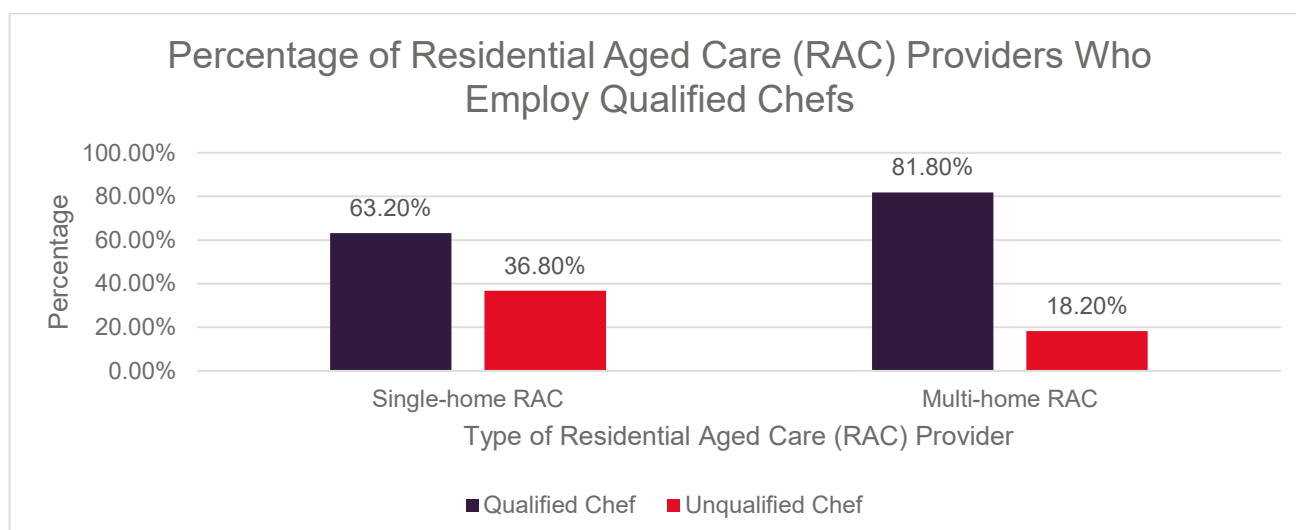


Figure 1: Percentage of residential aged care providers who employ qualified chefs. Source: Developed by TAFE SA using data from Food, nutrition and the dining experience in aged care settings: Findings of a nationwide survey

Upskilling and Training Methods

In house training coupled with accredited training with registered training organisations were the most common upskilling and training methods used by aged care organisations.

Further, the data suggests there is a greater volume of kitchenhands employed in each organisation than cooks or chefs, and it is these staff who are least likely to hold a qualification. It is common for kitchenhands to undertake on the job learning, and it is likely that the responsibility to provide this training falls on cooks and chefs, some of whom are also unqualified. This speaks to the importance of having qualified staff employed within kitchens to provide training of new and unqualified staff and ensure consistent standards and quality of food.

Allied Health Professionals Used

The data collected during this training needs analysis has verified the use of allied health professionals and their input into menu design, as well as the need for chefs to have the skills to work with allied health professionals during the menu design process.

The data suggests that dietitians are most commonly engaged to provide advice on the nutritional and dietary needs of residents; however, nutritionists, occupational therapists, and speech pathologists are also used. It is also common for allied health professionals to be engaged as a consultant rather than directly employed by the aged care organisations.

Aged care culinary staff must be able to plan and produce appropriate meals in accordance with the advice provided by allied health professionals. This requires underpinning knowledge to understand the relationship between ingredient selection and nutritional value, along with texture modification.

Job Role Requirements

Technical Skills and Knowledge Aged Care Kitchen Staff

Data was collected from a range of sources to determine the common technical skills and knowledge required by aged care chefs, cooks and kitchenhands. Much of the skills and knowledge

identified are addressed by the existing Certificate II in Cookery and Certificate III in Commercial Cookery qualifications.

These skills and knowledge primarily relate to common commercial kitchen practices including:

- stock ordering and management
- food preparation
- equipment use and maintenance
- sanitation and hygiene

The data also indicated that some skills and knowledge are common across all three roles, such as safe food handling practices, and use and maintenance of kitchen equipment, while some skills and knowledge are specific to job roles, such the management of staff being specific to chefs.

The data also identified skills and knowledge required by aged care kitchen staff that are not addressed by the current qualifications. The table below lists these skills and knowledge, when identified by four or more sources.

	Chef	Cook	Kitchenhand
Skills			
Work with specialised diets, including supplements, texture-modified foods, and Dysphagia Diets.	x	x	x
Cater to individual, cultural, and dietary preferences.	x	x	
Assist in the preparation of meals according to set menus and individual care plans.	x	x	x
Coordinate and participate in the preparation of high-quality meals and rotating menus.	x	x	
Serve food at the appropriate temperature and consistency.	x	x	x
Communicate with the care team and allied health team to meet needs of residents, dietary preferences.	x	x	
Assist service staff where necessary to complete work schedules.		x	x
Incorporating resident feedback into menu planning and adjusting recipes accordingly.		x	
Set up dining areas.			x
Serving and delivering meals and drinks.			x
Knowledge			
Knowledge of IDDSI Framework (Dysphagia Diet).	x		x
Understanding nutritional requirements for older adults, high-protein diets.	x	x	x
Knowledge of texture-modified diets and high-protein meals.	x	x	
Knowledge of individualised meal planning based on dietary assessments and care plans.	x	x	

Principles of menu planning and seasonal adjustments in collaboration with residents and dietitians.	x		
Methods for incorporating resident feedback into food services and menu improvements.	x		
Understanding legislative, regulatory, and dietary requirements.		x	

Table 2: Skills and knowledge required by aged care kitchen staff not addressed by existing qualifications. Data sourced from surveys, interviews and job advertisements.

Anomalies and Observations

Role Variations

There is a variation in the volume of skills, knowledge and attitudes identified for each role. This could be due to differences in the number and type of data sources for each role.

While each job role has a different level of responsibility in the preparation and cooking of meals, and maintaining a clean and hygienic kitchen environment, some anomalies have been identified.

Data collected indicates that aged care chefs can be employed in one of two capacities:

- Responsible for managing the kitchen and its staff, including developing menus, ordering stock, and liaising with other stakeholders within the aged care setting. These responsibilities are more aligned with those identified by Jobs and Skills Australia for the role of chef.
- Responsible for preparing and cooking dishes, identifying stock levels and requirements, and adhering to hygiene and work safety requirements. The kitchen management responsibilities are undertaken by their manager or supervisor, who has a job title other than chef. These responsibilities are more aligned with those identified by Jobs and Skills Australia for the role of cook.

Further, cooks may take on some tasks and responsibilities more traditionally aligned to that of a chef. Finally, based on the staffing structures within an aged care organisation, more than one service support role is filled by one staff member, such as kitchenhand and pantry staff.

Taste and Aroma

It is understood that the provision of quality food also includes attention to its taste and aroma although the direct data collection did not specify these.

This does not necessarily indicate that the skills and knowledge to prepare flavoursome and aromatic meals is not required of kitchen staff. It may indicate that the primary focus of aged care kitchens has been on other components of quality food including nutritional content, texture and variety. It may also indicate that taste and aroma are thought to be synonymous with quality food, and so these aspects have not been specifically identified.

Alignment of Required Skills and Knowledge to Qualifications

The Certificate II in Cookery was selected as the pathway qualification for aged care kitchen staff as it was determined to be the minimum qualification aligned to kitchen operations. While the data collected indicated that a Certificate II in Cookery is most commonly requested for kitchenhands,

and the Certificate III in Commercial Cookery is most commonly requested for chefs and cooks, the data also suggests that it is common for aged care kitchen staff to be unqualified.

The units of competency that sit within the SIT20421 Certificate II in Cookery are also included in the SIT30821 Certificate III in Commercial Cookery. Therefore, if the skills addressed in the Certificate II in Cookery do not align with the job roles in kitchen operations, it will further hinder the alignment with the units of competency in the Certificate III in Commercial Cookery.

There were no identified gaps between the job tasks undertaken by chefs and cooks and the 13 units of competency packaged in the Certificate II in Cookery, suggesting that a Certificate II in Cookery is a suitable entrance qualification for existing unqualified kitchen staff. However, at an organisational level, it is likely that organisational structures will impact the breadth of tasks undertaken by individual staff in chef and cook roles.

For kitchenhands, there was one gap identified. While there was no alignment between the data collected and the unit 'SITXCOM007 Show social and cultural sensitivity', other evidence suggests that kitchenhands are required to communicate with colleagues and clients from diverse backgrounds. This is evident in the organisational data collected that shows that many staff in aged care kitchens come from culturally diverse backgrounds.

Gaps in Meeting Specific Unit of Competency Requirements

While the evidence indicates alignment between the job tasks completed by chefs, cooks and kitchenhands and units of competency within the Certificate II in Cookery, the evidence was not able to verify that all specific requirements within these units are addressed.

The units of competency within this qualification contain prescriptive evidence requirements about the volume of equipment, services, and meals that must be demonstrated to be deemed competent. In a recognition of prior learning assessment, kitchen staff would need to provide evidence that they meet all requirements. This is important to recognise if aged kitchen staff work in environments where the equipment used, or meals prepared vary from those specified within the units of competency.

Below are a sample of the evidence gaps identified:

SITCCC023 Use food preparation equipment

There was insufficient evidence to verify that chefs, cooks and kitchenhands use the full suite of fixed and hand-held kitchen equipment as required within the unit of competency. While the gaps are not significant, the evidence collected from aged care kitchen staff indicate that they do not use equipment such as moulis or cryovac machines.

SITCCC034 Work effectively in a commercial kitchen

There was insufficient evidence to verify that chefs, cooks and kitchenhands complete the range of requirements across breakfast, lunch and dinner shifts, as specified by the unit of competency. Survey and interview data suggest that staff are employed to work specific meal services. Staff employed to work a shift from 6:30 am to 2:00 pm for example, would not have an opportunity to gather experience in tasks related to dinner services, unless their shifts were rotated across all meal services.

SITHCC029 Prepare stocks, sauces and soups

There was insufficient evidence to verify that chefs, cooks and kitchenhands prepare the full range of stocks, sauces and soups as specified by the unit including brown beef, brown and white chicken, fish, and vegetable stocks; sauces including bechamel, demi-glace, jus, bearnaise, beurre blanc and velouté; and soups including broth, bisque and puree. The dietary requirements of residents, and the rotational nature of menus may limit the types of stocks, soups and sauces prepared.

SITHCC025 Prepare and present sandwiches

There was insufficient evidence to verify that chefs, cooks and kitchenhands prepare the full range of sandwiches required by the unit, including club filled, open, pressed, and wraps, using different types of breads including commercial sliced bread, focaccia, gluten free bread, sourdough, and flatbreads.

Implications

The gaps identified speak to the challenges presented when prescriptive detail is present within a unit of competency. These gaps may have no impact on the ability of kitchen staff to broadly meet the intent of the unit of competency, or to fulfill their job roles and prepare and cook quality food, however, it does have implications for how aged care kitchen staff might be able to evidence their skills and experience if undergoing a recognition of prior learning assessment. These types of gaps should be considered when determining whether units of competency within the Certificate II in Cookery reflect the needs of all industry sectors.

Further, the level of prescriptiveness within the units of competency would see new individuals who are working or aim to work in aged care settings learning skills that are not relevant to their work environment. This should be considered by SaCSA when reviewing the qualifications and units of competency to ensure that kitchen staff working in aged care settings are able to receive training that addresses the needs of their work environment.

The level of prescriptiveness within the units of competency likely has an impact on the amount of time students must spend attending on campus learning. A reduction in prescriptiveness will allow students to spend more time developing their skills and knowledge in the workplace and allows for an additional layer of contextualised learning driven by the needs of the workplace.

Addressing Required Skills and Knowledge of Texture Modified Meals

Information gathered during the interview process has suggested that there is a lack of available resources to help inform the provision of texture modified foods. This is supported when viewing the available resources on the IDDSI website. While there are instructions and posters to help explain the testing methods, these should not be seen as an exhaustive resource to inform the skill and knowledge development of aged care kitchen staff.

Neither the Certificate II in Cookery or Certificate III in Commercial Cookery contain units of competency that would provide kitchen staff with the necessary skills or knowledge to prepare texture modified meals. The current packaging rules of both qualifications do not allow for units to be imported from outside the qualification. Under the current packaging rules any unit of competency that does address the required skills and knowledge cannot be completed as part of the cookery qualification.

There are three units of competency within the HLT training package that are focused on developing meals and menus to meet dietary requirements, and to assist with the modification of those meals and menus. Each unit also contains additional requirements that are outside the scope of an aged care kitchen staff member. The units are designed for those in an allied health assistant role. They require individuals to work under supervision and delegation of an Accredited Practising Dietitian (APD). They also require individuals to undertake the requirements of the units during a period of at least 120 hours of allied health assistant work, of which at least 60% must be within a practicing allied health environment.

These requirements make the identified HLT units of competency unsuitable for use to address the training gap requirements of aged care kitchen staff.

Further, the Maggie Beer Foundation has developed a suite of online training modules, several of which provide guidance on addressing nutritional requirements of residents, including texture modification. As the modules are delivered online, the training provides information and exposure to concepts and strategies, however there is no formal opportunity for individuals to develop their skills. The Trainer Mentor Program, delivered by the Maggie Beer Foundation, provides practical training and support, and expands on the content covered in the online training modules. However, it is only available to a limited number of aged care providers.

Depending on the depth of skills, knowledge and experience of an individual aged care kitchen worker, it is likely that additional training, and practice will be required to sufficiently address gaps in their skills and knowledge.

Training Options

Career Pathways

From the information collected, it is evident that there are numerous career pathways into and out of aged care kitchen roles:

- Some unqualified kitchenhands progress to the role of cook.
- Some unqualified cooks progress into coordinator or supervisory roles.
- Some individuals gain qualifications and experience outside of the aged care sector before taking on a role with an aged care provider.
- Some aged care organisations take on kitchen staff trainees and apprentices.
- Some qualified and experienced cooks or chefs move into kitchen management and supervision roles such as catering manager, or chef manager.
- Some kitchen staff leave to take on other roles within the aged care sector such as cleaner or carer.

Learning Pathways for Current Kitchen Staff

When considering suitable training solutions, it is important to consider to whom those solutions are best suited. The training needs analysis verified that many aged care kitchen staff are unqualified. Further, that aged care kitchen staff require specific skills and knowledge to ensure the food provided to residents meets their individual preferences, and nutritional and care needs. This requires solutions to address the training needs of current kitchen staff.

Training Plans

A multi-stepped approach to training current and future kitchen staff has been identified, utilising current accredited and non-accredited training available, while also acknowledging their limitations. A summary of these training plans is documented in the tables below.

Current Aged Care Kitchen Staff

Training	Aligned Job Role	Opportunities	Limitations
Certificate II in Cookery	Kitchenhands Cooks Chefs	For unqualified staff, completion of the qualification is an early step towards having existing skills recognised, and receiving training to support any skill gaps.	Opportunities to contextualise training are limited to the electives within the qualification. Specificity in the units creates barriers for those undertaking RPL processes, and requires students to demonstrate competency in process, methods and equipment not relevant to their work environment. There is little opportunity to address specific nutritional

			and dietary needs of older people.
Maggie Beer Foundation Online Training Modules	Kitchenhands Cooks Chefs	Short, accessible, bite-sized learning that assists with building knowledge of those working in the aged care sector. Helps to fill some of the gaps present within the Certificate II in Cookery regarding nutritional and dietary needs of older people.	While a valuable and important inclusion, this approach will not address the full breadth of skills and knowledge required. Introduces concepts and strategies, however further training and skill development is required.
Trainer Mentor Program	Kitchenhands Cooks Chefs	Mentorship, guidance and hands-on training to assist aged care kitchens improve current practices and offerings.	Current opportunity is limited to 120 organisations across Australia.
Certificate III in Commercial Cookery	Cooks Chefs	For current cooks and chefs, this provides a pathway to progress and broaden their skill development.	Under current funding arrangements, only available as an apprenticeship, which requires support from the aged care provider. Without funding, the course is available for approximately \$12,000. Graduates are not trade recognised. There is little opportunity to address specific nutritional and dietary needs of older people.
Micro-credentials or Other Short Courses to Address Skill and Knowledge Gaps	Kitchenhands Cooks Chefs	For current kitchen staff, additional training is required to provide skills and knowledge in: • Working with specialised diets for older people with a focus on nutrition, flavour and aroma. • Knowledge of the IDDSI framework and how to apply it. • Catering to individual, cultural and dietary preferences of older people.	Additional training to qualification/s held which may be seen as an additional burden. TAFE SA do not currently provide this training and would need to develop the content. Development of new training products need to be supported by training demand, industry involvement and funding.

		- Communicating with the care team and allied health professionals, the dietary needs of older people. - Serve food at the appropriate temperature and consistency.	
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Table 3: Proposed training plan for current aged care kitchen staff

Future Aged Care Kitchen Staff

Training	Aligned Job Role	Opportunities	Limitations
Maggie Beer Foundation Online Training Modules	Kitchenhands Cooks Chefs	Embedding components of these online training modules into TAFE SA existing learning content will introduce new students to aged care concepts and help to build their knowledge on how to address the nutritional and dietary needs of older Australians. The modules are industry developed and validated which ensures students are exposed to best practice.	While a valuable and important inclusion, this approach will not address the full breadth of skills and knowledge required. Introduces concepts and strategies, however further training and skill development is required.
Certificate II in Cookery	Kitchenhands	A revised Certificate II qualification allows for inclusion of aged care specific skills and knowledge and will help ensure kitchenhands are equipped to meet the specific needs of the sector.	The development and implementation of a revised qualification will take time. Until such time, other solutions will be important to implement. The success of this solution is dependent on aged care organisations supporting staff to complete training through traineeship models or on-campus delivery.
Certificate III in Commercial Cookery	Cooks Chefs	A revised Certificate III qualification allows for inclusion of aged care specific skills and knowledge and will help ensure cooks and chefs are equipped to meet the	The development and implementation of a revised qualification will take time. Until such time, other solutions will be important to implement.

		specific needs of the sector.	The success of this solution is dependent on aged care organisations supporting staff to complete training through apprenticeships, or to hire qualified staff, the latter of which is dependent on available supply of graduates.
Micro-credentials or Other Short Courses to Address Skill and Knowledge Gaps	Kitchenhands Cooks Chefs	For current kitchen staff who are new to the aged care sector, additional training may be required to provide skills and knowledge in: • Working with specialised diets for older people with a focus on nutrition, flavour and aroma. • Knowledge of the IDDSI framework and how to apply it. • Catering to individual, cultural and dietary preferences of older people. • Communicating with the care team and allied health professionals, the dietary needs of older people.	Additional training to qualification/s held which may be seen as an additional burden. TAFE SA do not currently provide this training and would need to develop the content. Development of new training products needs to be supported by the volume of training demand, industry support and funding.

Table 4: Proposed training plan for future aged care kitchen staff

Summary of Identified Actions and Opportunities

Skilling Opportunities

- The findings from the training needs analysis were used to inform development of recognition of prior learning tools for the Certificate II in Cookery. Up to 40 unqualified aged care kitchen staff working in South Australian aged care organisations were provided an opportunity to participate in an RPL assessment program to formally recognise their existing skills and knowledge.
- Pending funding approval, Phase 3 of this project may explore a pre-employment pathway program to support new entrants into the aged care culinary workforce.
- There is an opportunity to promote the importance and availability of training solutions to aged care providers, including traineeship and apprenticeship opportunities, along with the value of supporting career progression and training pathways for kitchen staff.

Sharing Findings

- Project findings have been shared with SaCSA and HumanAbility, the respective Jobs and Skills Councils (JCSs) for cookery and hospitality and aged care industry sectors, providing them with valuable information to consider as they undertake reviews of current training product offerings.
- Providing aged care organisations with information from this training needs analysis will reinforce the important role kitchen staff play in providing quality care and food to older people in residential care. It would further promote the value of staff training, and the opportunities available.

Advocacy and Mentorship

- The Maggie Beer Foundation has an opportunity to continue leveraging their influence to advocate for change. The findings of the training needs analysis will provide them with valuable information to support their advocacy.
- Expanding the Trainer Mentor Program, and the suite of online training modules will contribute to the skilling and upskilling of the aged care culinary workforce.

Revision of Training Products

- Jobs and Skills Councils should consider the prescriptiveness within current qualifications and units of competency. Flexibility in the way these products are written allows for industry contextualisation and provides registered training organisations with more appropriate options to address the skill needs of the aged care culinary workforce.

New Training Products

- The findings of the training needs analysis verify the need for additional training to be developed. Both non-accredited training such as micro-credentials and nationally accredited products such as an accredited course provide varied solutions to address the range of skill gaps identified.

Appendices

Appendix 1 - Methodology

The research methods employed during this training needs analysis are summarised below.

Desktop Research

- Relevant reports, papers, and websites published by government agencies and industry bodies, including:
 - the Royal Commission into Aged Care Quality and Safety.
 - Aged Care legislation and standards.
- Analysis of workplace documentation.
- Job scan collection and analysis.

Surveys

- Survey for directors of aged care organisations.
- Survey for kitchen staff employed within aged care organisations.

Interviews

- Direct conversations and communication with 15 participants from six aged care stakeholders, including representation from four different aged care organisations.

Appendix 2 – SIT20421 Certificate II in Cookery

The following table provides a list of the units of competency available within the SIT20421 Certificate II in Cookery qualification.

Core Units

Unit Code	Unit Title
SITHKOP009	Clean kitchen premises and equipment
SITXWHS005	Participate in safe work practices
SITHCCC027	Prepare dishes using basic methods of cookery
SITXINV006	Receive, store and maintain stock
SITHCCC023	Use food preparation equipment
SITXFSA005	Use hygienic practices for food safety
SITHCCC034	Work effectively in a commercial kitchen

Group A – Cookery and Catering

Unit Code	Unit Title
SITHCCC024	Prepare and present simple dishes
SITHCCC025	Prepare and present sandwiches
SITHCCC026	Package prepared foodstuffs
SITHCCC028	Prepare appetisers and salads
SITHCCC029	Prepare stocks, sauces and soups
SITHCCC030	Prepare vegetable, fruit, eggs and farinaceous dishes
SITXFSA006	Participate in safe food handling practices
SITXFSA007	Transport and store food

Group B – Asian Cookery

Unit Code	Unit Title
SITHASC020	Prepare dishes using basic methods of Asian cookery
SITHASC021	Prepare Asian appetisers and snacks
SITHASC022	Prepare Asian stocks and soups
SITHASC024	Prepare Asian salads

Group C – Patisserie

Unit Code	Unit Title
SITHPAT011	Produce cakes
SITHPAT013	Produce pastries
SITHPAT014	Produce yeast-based bakery products

Group D – General Electives

Unit Code	Unit Title
HLTAID011	Provide First Aid
SIRXOSM002	Maintain ethical and professional standards when using social media and online platforms
SITXCOM007	Show social and cultural sensitivity
SITXCCS011	Interact with customers

Appendix 3 - SIT30821 Certificate III in Commercial Cookery

The following table provides a list of the units of competency available within the SIT30821 Certificate III in Commercial Cookery qualification.

Core Units

Unit Code	Unit Title
SITHCCC023	Use food preparation equipment
SITHCCC027	Prepare dishes using basic methods of cookery
SITHCCC028	Prepare appetisers and salads
SITHCCC029	Prepare stocks, sauces and soups
SITHCCC030	Prepare vegetable, fruit, eggs and farinaceous dishes
SITHCCC031	Prepare vegetarian and vegan dishes
SITHCCC035	Prepare poultry dishes
SITHCCC036	Prepare meat dishes
SITHCCC037	Prepare seafood dishes
SITHCCC041	Produce cakes, pastries and breads
SITHCCC042	Prepare food to meet special dietary requirements
SITHCCC043	Work effectively as a cook
SITHKOP009	Clean kitchen premises and equipment
SITHKOP010	Plan and cost recipes
SITHPAT016	Produce desserts
SITXFSA005	Use hygienic practices for food safety
SITXFSA006	Participate in safe food handling practices
SITXHRM007	Coach others in job skills
SITXINV006	Receive, store and maintain stock
SITXWHS005	Participate in safe work practices

Group A – Cookery and Catering

Unit Code	Unit Title
SITHCCC025	Prepare and present sandwiches
SITHCCC026	Package prepared foodstuffs
SITHCCC032	Produce cook-chill and cook-freeze foods
SITHCCC033	Re-thermalise chilled and frozen foods
SITHCCC038	Produce and serve food for buffets
SITHCCC039	Produce pates and terrines
SITHCCC040	Prepare and serve cheese
SITHCCC044	Prepare specialised food items
SITHPAT014	Produce yeast-based bakery products
SITXFSA007	Transport and store food

Group B – Asian Cookery

Unit Code	Unit Title
SITHASC020	Prepare dishes using basic methods of Asian cookery
SITHASC021	Prepare Asian appetisers and snacks

SITHASC022	Prepare Asian stocks and soups
SITHASC023	Prepare Asian sauces, dips and accompaniments
SITHASC024	Prepare Asian salads
SITHASC025	Prepare Asian rice and noodles
SITHASC026	Prepare curry pastes and powders
SITHASC027	Prepare Asian cooked dishes
SITHASC028	Prepare Asian desserts
SITHASC033	Prepare dim sum

Group C – General Electives

Unit Code	Unit Title
BSBSUS211	Participate in sustainable work practices
HLTAID011	Provide First Aid
SIRXOSM002	Maintain ethical and professional standards when using social media and online platforms
SIRXOSM003	Use social media and online tools
SITXCCS014	Provide service to customers
SITXCOM006	Source and present information
SITXCOM007	Show social and cultural sensitivity
SITXINV007	Purchase goods
SITXWHS006	Identify hazards, assess and control safety risks



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