

Workplace training practices in the residential aged care sector

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Publisher's notes

Additional information relating to this research is available in *Workplace training practices in the residential aged care sector—Support document*. It can be accessed from NCVER's website <<http://www.ncver.edu.au>>.

At the time of writing this report, Robin Booth, Sue Roy and Helen Jenkins were associated with the Vocational Education and Assessment Centre, which is no longer operating.

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Key messages

Australia's population is ageing and is projected to increase to be about one-fifth of the general population in the next 30 years. Aged care workers have therefore a vital role to play in ensuring that the needs of the aged are met. Recognition of skills and the training needs of this group of workers are examined through an analysis of the aged care industry and on-site interviews with a range of personnel, including management, the workers themselves, and members of relevant registered training organisations.

- ✧ Managers of residential aged care facilities appreciate that effective skills recognition and training for its personal care workers is crucial to helping them meet aged care facility standards. Such training will enable staff to more easily understand the requirements of their jobs and the importance of accurate record-keeping.
- ✧ Personal care workers have a poor uptake rate of recognition of prior learning even amongst workers with substantial experience in the industry. They show a preference for undertaking the training instead and learning the theory behind their practices. Their managers also favour training over existing skills recognition as a vehicle for workplace culture change.
- ✧ Where it is agreed that recognition of prior learning is a viable option, more realistic strategies are required that rely more on practical demonstration of their skills and knowledge and less on paper-based evidence.
- ✧ Registered training organisations need to ensure that training supports the aged care facility's goal, is delivered on site where possible, has theory embedded with practice, provides additional learner support and is structured and paced to the needs of the particular groups of workers.
- ✧ Associated features of good practice in training from the case studies include increased collaboration between aged care facilities (to achieve critical mass of numbers for example) and easier access to training information for managers.

Executive summary

A focus of this research is the recognition of skills and training needs of personal care workers in the residential aged care sector of the community services industry. The proportion of those aged over 65 years in the Australian population is growing, creating increased demand in the industry. At the same time, the personal carer workforce is ageing, with a current average age of 50 years. There will be a growing need to train new personal care workers to keep up with industry demand, as well as provide ongoing training to the existing workforce. The research focuses particularly on why we need to train existing personal care workers, what barriers exist to cost-effective recognition and workplace training, and what models or strategies aged care facilities and registered training organisations have developed to improve recognition and workplace training.

Until recently there has been anecdotal evidence, but no confirmed data, about the profile of personal care workers. However, in 2004 the National Institute of Labour Studies conducted a survey of the residential aged care workforce—The Care of Older Australians—which provides statistical information about personal care workers (Richardson & Martin 2004). Of the 116 000 direct care employees working in residential aged care, 67 000 are personal care workers—representing a significant group within the workforce and the group providing the majority of day-to-day resident care. The study shows that 94% of workers are women and 43% of workers are 45 years or younger, compared with 67% of all Australian workers. Only 8% of personal care workers are permanent, with the highest proportion being permanent part-time employees.

The first phase of this project included an environmental scan of worker and organisation profiles, current legislation, and other factors impacting on training, recognition of training, and the assessment needs of workers and aged care facilities. Based on data gathered in the scan and preliminary research, eight sites were selected for site interviews. Interviews were conducted in Victoria, Tasmania, New South Wales and the Australian Capital Territory, and sites were selected to represent a range of different types of workplaces typical across the industry. At each site interviews were conducted with a range of people to gather a range of different perspectives on recognition and training issues. These include the chief executive officer or manager, staff responsible for training, a representative from the partner registered training organisation and a group of personal care workers.

Residential aged care in Australia is grouped into two major categories—high-level care (previously called ‘nursing homes’) and low-level care (‘hostels’), and the funding ratio for facilities is based on a calculation of the number of residents requiring various levels of support. The industry is regulated by national accreditation standards linked to a funding formula. Although the standards do not mandate necessary qualifications for personal care workers, it would be difficult for a facility to achieve the standards without a staff training strategy focusing on key areas.

Managers indicated the need for training to be both an integral part of the organisation’s business and closely aligned to its business plan, with training necessary for all facility staff, including personal care workers. They also identified the importance of personal care workers understanding their role in maintaining quality and helping the facility to meet accreditation standards. Training was cited as a crucial step for workers to improve their skills in maintaining vital records and providing quality resident care. Managers believed that, if industry is to provide quality care in the current changing environment, workers must possess generic ‘employability’ skills, as they are known in the vocational education and training (VET) sector.

The role of the personal care worker is changing as a result of facilities' accreditation requirements and also 'Ageing in Place', a policy introduced under the *Aged Care Act 1997*. This policy has changed the profile of residents entering aged care facilities. Residents are now older and more dependent when they enter facilities, thus requiring more intensive care. This means that workers need to have training in areas such as manual handling, communication and negotiation skills; dealing with challenging behaviour; and assisting with medication. The major vocational education qualification for personal care workers in the industry is the Certificate III in Aged Care Work. It has been noted in the *High level review of training packages* that aged care workers will require 'the acquisition of new interpersonal and highly context bound skills as well as those more readily transferred' (ANTA 2003, p.30).

Features of good practice in workplace training

At the majority of sites where interviews took place, managers reported their preference for recruiting workers according to their personal attributes and suitability for the role rather than according to their vocational education qualification (such as the Certificate III in Aged Care Work). Managers confirmed that they preferred to recruit the 'right' people and then train them. They cited the attributes sought after in new recruits as flexibility, sensitivity, an understanding of care dignity and respect, empathy, people skills, honesty, dedication, life experience and rapport with the elderly. Workers and managers interviewed confirmed the importance of recruiting the right individuals for the job and then providing them with opportunities to gain the certificate III qualification.

Workers identified that the main benefit they gained from their certificate III training programs was a good understanding of the theory behind the practical activities they perform daily. Many commented that they had been doing routine tasks with little understanding of why they had been told to do them in a certain way. They felt the training provided them with a better grasp of occupational health and safety and also an understanding of their role in the accreditation process. Most reported an increase in both confidence and communication skills, allowing them to interact more effectively with the residents, their families and other team members. A number of workers commented on the personal value of the training, as it had been the first post-school qualification they had achieved, and had allowed them to learn a lot more about current aged care practices.

Most importantly, they valued the approaches their trainers had taken to give the training sessions a practical focus; to ensure that they were paced to suit individuals and aligned to the facility's practices; and that they offered a positive learning experience. Several workers mentioned previous unsuccessful learning experiences and valued the training being provided by their organisations on-site, to fit around their work and family commitments.

There are increasing workplace literacy demands on personal care workers who are required to read instructions, follow accreditation and documentation processes and access information about medications and safety aspects of their job. Managers and trainers working in the sector also commented on the need for workers to have literacy support to enable them to access and succeed in training. Several workplaces surveyed during the project had accessed Workplace English Language and Literacy (WELL) Program funds to allow workers to improve their literacy and 'learning to learn' skills so they could complete certificate III level training. Trainers had developed a range of practical assessment strategies to overcome workers' literacy skills and lack of self-confidence. A combination of oral questioning and 'working a shift with the worker being assessed' was favoured over paper-based assessment methods.

The way forward

While there was widespread support for face-to-face practical training, there was also industry interest in the use of technology to overcome some of the barriers imposed by isolation, shift work, limited funding and transient workers. It is not envisaged that technology can actually replace face-to-face training, but managers, trainers and workers all welcomed increased opportunities to access up-to-date training materials online or through multimedia resources such as the Aged Care Channel broadcasts. Current access to technology in aged care facilities is poor, so there will need to be an injection of resources and training into this area. Staff at several sites were exploring the use of technology for their personal care workers to maintain required documentation. It seems the sector is on the brink of more widespread access to and interest in the use of technology. This will have ramifications for the range of delivery options that can be blended to meet the training needs of personal care workers.

There is overwhelming confusion among managers and workers in many aged care facilities about the vocational education and training sector, the range of qualifications and pathways available, the requirements and available funding subsidies, and the training resources available. The two cultures, the aged care workforce and vocational education and training professionals, need to be able to speak to one another more effectively. Training organisations need to be responsive and flexible in their approach to aged care facilities and be prepared to customise their delivery to the needs of the workplace.

Lack of access to current information about training options could be overcome by strengthening and resourcing local networks. At several sites facility staff had harnessed local support for their training programs and, to make the cost of provision viable, a number were offering training programs which included workers from other local aged care facilities. Suitable training pathways for personal care workers need to be identified to meet the predicted gap caused by reduced numbers of, and increased demand for, available registered nurses. As described in the recent National Institute of Labour Studies workforce survey (Richardson & Martin 2004) four-fifths of personal care workers have completed certificate III level training but will require additional training either through a nursing or non-nursing pathway, depending on the requirements of the particular facility.

The role of recognition of prior learning

There are some tensions within the industry about recognition of workers' skills and experience. These tensions revolve around the rights of workers to access recognition of prior learning and the cost-effectiveness of this option to the organisations, against the overwhelming message of the value that training offers to both individuals and their organisations. During their strategic audit of the aged care industry in Victoria, Hoffman, Nay and Garratt (2002) reported that the aged care industry is attempting to implement major change, in order to equip the workers to meet the changing demands of their job and to meet the needs of the growing aged care population. They felt that recognition of prior learning should only be used if the workers concerned were able to demonstrate current knowledge and practices, and in some workplaces, conducting training may be a more appropriate way of supporting new processes and procedures.

While the majority of personal care workers interviewed had lengthy experience in the same or similar roles in the industry, most had opted to complete the full certificate III qualification. At sites surveyed where recognition of prior learning was successfully taken up, it was due to the approach taken by the registered training organisation. Trainers had worked collaboratively with their partner facility. They had mapped the recognition approach to the job rather than to the units of competence and had developed practical, achievable strategies to help individual workers provide the required evidence. These strategies included working a shift alongside the worker wanting recognition, gathering third-party reports from supervisors and conducting an interview with the

worker, using structured questioning to determine their level of underpinning knowledge as well as their attitude to the job.

There is a demand for trained, confident workers within the residential aged care sector and for new and expanded skill sets for existing workers. Recognition may not be the solution to extending the skill base and responding to the changing requirements of the role. Targeted, easily accessible, workplace-delivered training mapped to the facility's requirements needs to continue to be delivered to existing workers and also to the significant number of new workers who will need to be recruited into the industry to cater for future demand.

Introduction and context

Rationale for the research

The focus of the study is the recognition of skills and the training needs of personal care workers in the aged care sector of the community services industry. This group of workers is vital if the industry is to meet the needs of an ageing Australian population. The population of those aged 65 and over is predicted to rise to 21.3% of the total population in the next 30 years. This significant rise will be exacerbated by the predicted decrease in the numbers of current personal care workers as they reach retirement. The workforce has an average age of 50 years.

The report aims to provide information to improve access for personal care workers to accredited vocational education and training (VET) and recognition. The project does not aim to cover the skill needs of the aged care sector as a whole. Much of the data gathered adds to the growing body of information about the influences on and the current state of training within this industry sector.

Scope and definitions

The industry covers both residential care and home-based community care sub-sectors. On the advice of key informants, this project focused only on training provided for workers in residential care facilities and did not include those working in the community care sector. This decision was based on the difficulties associated with making meaningful comparisons between the two sub-sectors and the different organisational contexts in which these two groups of workers operate.

The study focused on training and recognition for the Certificate III in Aged Care Work as this is the major current vocational qualification in the industry. This qualification replaces the previous Certificate III Community Services (Aged Care). The emphasis was on the delivery of on-the-job training, often through a New Apprenticeship (Existing Worker or New Entrant Traineeship), to existing personal care workers. The term 'personal care worker' has been chosen to describe this group of workers. Across the industry in different states a number of other terms, such as 'care worker', 'aged care worker', 'extended care worker', 'carer' or 'assistant in nursing', are used interchangeably. A recent project survey of the residential aged care workforce, *The Care of Older Australians* (Richardson & Martin 2004) has, for the first time, gathered statistical information to describe this group of workers. Before this there had not been reliable census data, due to workers not identifying as a group with a common title. There are 116 000 direct care employees working in the residential care sector, and of these, 67 000 are personal care workers.

The research is based on the assumption that training and recognition undertaken against the relevant qualifications in the Community Services Training Package will benefit both the personal care workers and the industry as a whole. Standard 8.2 of the Australian Quality Training Framework Evidence Guide for Registered Training Organisations states that recognition of prior learning must be offered to all applicants on enrolment. It also says that the recognition of prior learning process must be structured to minimise time and cost to applicants, and adequate support and information must be provided to applicants to allow them to gather appropriate evidence.

Recognition is seen as an integral part of accredited vocational training. This report uses the term 'recognition' rather than 'recognition of prior learning'. Because workers in the industry have

typically been employed, on average, for five years in the industry, it could be assumed that many would have the skills, knowledge and experience to gain recognition against the standard industry vocational qualification, the Certificate III in Aged Care Work.

Recent training initiatives in the aged care industry

Recently, there has been considerable investigation of issues impacting on the provision of care in the aged care sector, both at the national and state levels. Informants at selected research sites, contacted as part of this project, indicated little knowledge of this activity and noted that they had encountered difficulties in accessing information related to training delivery in the sector. It is to be hoped that this project will assist by providing a focal point for information on the provision of training and recognition in the sector.

When this project was first proposed, there were major funding deficiencies in the provision of training for workers in the sector. These deficiencies have been recognised in the May 2004 federal government budget, with \$2.2 billion over five years allocated to expand the number of aged care places, improve the quality of care, and enhance the quality of facilities. The Aged Care: Investing in Australia's Aged Care, More Places, Better Care package will provide an increase in the Australian Government's investment in the aged care workforce by \$101.4 million. In the 2004–05 budget there is a commitment to assisting up to 15 750 care workers to access recognised education and training opportunities such as Certificate Level III or IV in Aged Care Work, and to assist up to 8000 aged care workers to access the Workplace English Language and Literacy Program. In terms of ongoing training, provision has been made for up to 5250 enrolled nurses to access recognised and approved medication, administration, education and training programs, and for the creation of up to 1600 new nursing places at those universities that demonstrate their ability to meet aged care nursing education benchmarks.

Methodology

Research questions

- ✧ Why do we need to train existing workers in the aged care sector of the community services industry and what type of training is needed?
- ✧ What are the barriers to cost-effective recognition of skills and delivery of training to existing workers in the aged care sector?
- ✧ How are the barriers being overcome?
- ✧ What are the features of good practice in recognition and structured training for existing workers in this sector?

Project steering committee

A project steering committee was established and included an industry training advisory board (ITAB) representative, a representative from a peak industry body and representatives from a range of different aged care facilities from the public and private sectors. The steering committee members informed the selection of sites, the approach for the site data gathering, and the content and approach of the environmental scan. Members of the project steering committee are listed in appendix B.

Environmental scan

An environmental scan of the Australian aged care sector was conducted in partnership with the national Community Services and Health Industry Training Advisory Board. The information compiled as part of the scan provided a current overview of the industry and also informed the selection of interview sites and interview tools. The scan included worker and organisation profiles,

legislation and other factors impacting on training and recognition. It also identified training and assessment needs and current training outcomes. To compile the scan, key informants were sourced and interviewed and appropriate literature reviewed. In order to reflect continuing developments and new research influencing the sector and to allow for the inclusion of data sourced during the site research, the scan continued throughout the duration of the project.

A summary of the data gathered during the scan summary is provided in the following section of this report and addresses the first research question. This section focuses on the reasons for training personal care workers and the most appropriate types of training. A full copy of the environmental scan is provided in the support document for this project, which can be found at the National Centre for Vocational Education Research (NCVER) website <<http://www.ncver.edu.au>>.

Site selection

Interviews were conducted at eight sites in New South Wales, Victoria, Tasmania and the Australian Capital Territory between February and May 2004. The purpose of the site interviews was to gain insight into any barriers to training and recognition in the industry, and to identify and propose models for training and recognition that may be useful to the staff of these facilities. It was important to get a 'snapshot' of a wide variety of facilities and conditions, so researchers sought a range of sites which represented the difficulties that workplaces are currently facing, rather than ones exemplifying 'best practice'.

The aged care facilities selected as case study sites were chosen to represent the range of different types of workplaces typical across the industry. Rather than select a number of different sites in the four states nominated for the study—New South Wales, Victoria, Tasmania and the Australian Capital Territory—a matrix was compiled. This matrix represents the key distinguishing features of sites identified through the environmental scan which could impact on the approach to training and recognition offered to workers. Sites were sought across the four nominated states which represented one or more of the distinguishing features. The other main requirement for case study sites was that they had conducted training for personal care workers—preferably delivering Certificate III in Aged Care Work—in the preceding 12 months. Because a significant focus of the research was on recognition of workers' skills, it was necessary to focus the study on sites where accredited training had occurred.

The study focused on training and recognition for the Certificate III in Aged Care Work, as this is the major qualification in the industry. In the majority of sites surveyed, the qualification was delivered as a New Apprenticeship (Existing Worker or New Entrant Traineeship). All sites surveyed offered a workplace training component and had established a partnership with a registered training organisation or had registered training organisation status in their own right.

Selected sites covered the representative range of organisations in the sector; for example, government and private sectors and rural and metropolitan. Additional features used to select sites are provided in table 1. A matrix specifying the range of distinguishing features found in each case study site is included in the support document, which can be found at the NCVER website <<http://www.ncver.edu.au>>.

Data-gathering process

The research team interviewed the chief executive officer, facility manager or human resources manager, as well as the individual in each facility responsible for the organisation of training. These interviews were structured to elicit information about training and recognition—such as current approaches and experience, and how important they were to the organisation. A focus group of between four and 12 personal care workers in each facility was also conducted to gain information about the workers' job roles and responsibilities, their need for training, experience in training and recognition and preferred learning style.

A representative from each selected facility's partner registered training organisations was also interviewed to gain information on their views of training and recognition for the facility, the delivery mode and recognition process used, and any models they had implemented which had improved outcomes for the target group of workers.

The process of interviewing workers, supervisors, trainers and managers at each site was designed to provide an in-depth picture of the factors impacting on training and recognition of worker skills in each facility. Interviews were generally conducted at the workplaces and were face to face, using a semi-structured interview schedule. A copy of the project interview schedules used is provided in the support document, which can be found at the NCVER website at <www.ncver.edu.au>. It proved useful to gather opinions about training and recognition from a number of different individuals at each site. This provided a comprehensive set of views and often highlighted conflicting opinions about certain aspects of training. Demographic data about the workplaces were also compiled through interviews with facility managers prior to the on-site interviews.

Table 1: Distinguishing features of aged care case study sites

<p>Size and diversity of facility</p> <p>Included both large and small facilities and a facility with a range of different services provided to different target groups of residents (including community care). Included a facility that is part of a larger organisation and one that is part of the local public health care provision.</p> <p>High-level and low-level care provision</p> <p>Included sites with both hostel and nursing home facilities and a range of different levels of care. Included a smaller site where personal care workers performed a broader range of duties, including catering and laundry.</p> <p>Specialist units/defined target group of residents</p> <p>Included facilities with specialist provision for specific cultural groups, e.g. Indigenous and for residents with specific needs such as dementia.</p> <p>Partnering registered training organisation arrangements</p> <p>Included several facilities that are also registered as registered training organisations and others with different types of partner relationships with registered training organisations. Included adult and community education (ACE), technical and further education (TAFE) and private sector partnering registered training organisations.</p> <p>Community-based, not-for-profit</p> <p>Included a range of facilities which categorise themselves as community-based, public sector, private sector, not-for-profit.</p> <p>Regional and remote</p> <p>Included several facilities in remote areas with associated staffing and training issues.</p> <p>History of enterprise training</p> <p>Included facilities with differing levels of experience in the provision of training for aged care workers and where the managers have differing levels of knowledge about the vocational training sector.</p>
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Data analysis

Interview summaries were coded and members of the project team met to analyse the coded interview data. They determined the factors impacting on training and recognition, and identified and documented features which constitute good practice.

Data were gathered and collated from staff interviews in the aged care facilities regarding the barriers to recognition of skills and delivery of training. These were then compared with the key barriers identified in the Australian National Training Authority (ANTA)-commissioned report *Recognition of prior learning in the vocational education and training sector* (Bowman et al. 2003). This comparison was undertaken to confirm whether the recognition of skills of existing workers is influenced by a similar range of factors.

Development of strategies based on the research

From this information, a set of strategies and models was developed to assist registered training organisations to provide successful training and recognition in the aged care sector. As there were several other concurrent industry projects developing resource material for assessment and recognition, the models developed were those identified by project informants as being gaps in available information. They cover identified 'hot spots', such as the difficulties that facilities face in choosing a registered training organisation and making decisions about how to work collaboratively. The relevance of the strategies and models was validated by industry representatives. The models will be consolidated in a future industry-based project to develop additional training resource materials for aged care facilities and registered training organisations working in the sector.

Findings and discussion

What the literature says: Why is training for personal care workers needed?

The information provided in this section is a summary of the environmental scan. A full version of the scan is provided in the support document which can be found at the NCVER website at <www.ncver.edu.au>.

The industry is significant and growing

In 1900 only 4% of the Australian population was over 65 years of age. In 1999, there were some 2.3 million people, or 12.2%—a trend predicted to continue. The Australian Bureau of Statistics (ABS 2002) suggests that, in 30 years time, those aged 65 and over will represent 21.3% of the population, and by 2051 they could represent 25%, or between 6.4 and 6.8 million people. This specifically includes an increase in the population aged 85 years and over, possibly to 5% or some 1.3 million people.

The community services and health industries combined have been the fourth fastest growing industry sector in Australia, expanding at the rate of 14% in the five years to May 2003 (Department of Employment and Workplace Relations 2003). It is expected that projected job growth to 2009–10 will be a further 3.3% per annum, which is the third fastest projected growth behind property and business services and retail trade. This makes up 19.9% of the total projected growth of all industries. The increase in workforce demand is directly linked to the ageing population, changes in health/community service delivery patterns, changes to government policy and increased spending at both national and state levels.

Industry funding is complex

The industry is based on two models—residential care and community care—the latter being where older people are supported in their homes. Residential aged care is financed and regulated by the Commonwealth Government and provided primarily by the non-government sector (religious, community and private providers). State governments, with funding from the Commonwealth Government, operate a small number of aged care facilities, as do a small number of local government bodies.

The main types of residential aged care in Australia are high-level care (previously called ‘nursing homes’) and low-level care (‘hostel’). As part of the changing nature of the industry, there are also changes to levels of care. Although the two levels of care might appear quite distinct, one of the objectives and effects of the *Aged Care Act 1997* was to allow older people to ‘age in place’ (Australian Institute of Health and Welfare 2001, p.32). The Australian Institute of Health and Welfare notes that, while some aged care facilities will continue to specialise in either low- or high-level care, many homes offer the full continuum of care and allow residents to ‘age in place’. This allows low-care residents to remain in the facility when their dependency needs increase, rather than moving to a different high-level care facility.

In practice, this means that some facilities previously classified as low-level care are effectively beginning to provide high-level care to those of their residents who, over time, develop a need for greater support and care. Although the rationale for this policy is sound, some existing low-level care facilities which are retaining previously 'low-care' clients as 'high-care' clients, may be struggling to provide the requisite level of facilities and staffing to accommodate these higher-level needs. For example, they may not have doorways that accommodate wheelchairs, nor the same level of nursing staff as a dedicated high-care facility might require. Most new facilities are being built as low-level care, but with some capacity to accommodate high-level care residents.

The industry is regulated by national accreditation standards linked to a funding formula. These standards do not mandate necessary qualifications for personal care workers. In 1998, the Commonwealth Government introduced a new accreditation system designed to improve the quality of residential care in Australia. To achieve accreditation, and with it Commonwealth funding, aged care facilities are assessed against the 44 expected outcomes of the accreditation standards. These standards, legislated in the *Aged Care Act 1997*, cover four main areas:

- ✧ management systems, staffing and organisational development
- ✧ health and personal care
- ✧ resident lifestyle
- ✧ physical environment and safe systems.

The standards, assessed by auditors on outcomes, are not directly linked to training qualification requirements but would be difficult to achieve without a training plan and process for workers in place.

There are issues of importance for different target groups of consumers

There is an increasing ratio of seniors in relation to the whole population, and this has implications for both funding and an adequate supply of trained staff. There are also increasing numbers of aged people from non-English speaking backgrounds, and although little work has been done to map the demand for aged care services for culturally diverse communities (Wheeler 2002, p.9), there are a number of facilities specifically catering for particular cultural groups of residents. Older people of culturally and linguistically diverse backgrounds requiring care are likely to need specifically tailored support, including staff who demonstrate cultural awareness skills and abilities, and possibly language skills.

There is a significantly smaller percentage of aged Aboriginal and Torres Strait Islander people, but the issue of their care is of particular importance, given the poor health outcomes that have been achieved to date, and the demographic, geographic and health challenges that continue to face this group of Australians.

There is a higher proportion of older people living in regional areas than in urban centres, a situation which raises issues of availability of suitably qualified workers as well as access to affordable training for these workers.

The characteristics of the residential aged care workforce need to be considered

The workforce comprises nurses (both registered and enrolled) and, increasingly, personal care workers. The first comprehensive review of the characteristics of the aged care workforce has recently been published by the National Institute of Labour Studies (Richardson & Martin 2004). This estimates that there are 67 000 personal care workers among the 116 000 workers providing direct care in residential aged care facilities. Other groups making up this workforce include 25 000 registered nurses, 15 000 enrolled nurses and 9000 allied health workers (mainly diversional therapists and recreational officers). The study estimates that only 8% of personal care workers are permanent full-time workers, with the highest proportion being permanent part-time employees. The same study shows that 94% of aged care workers are women and 57% are over

45 years. This figure is high when compared with 33% of workers over 45 years across the broader Australian workforce.

Some additional factors specific to this workforce will impact upon the need for training. Census data from the 2003 National Institute of Labour Studies survey in regard to workers in aged care show that 19% of personal care/nursing assistants are from non-English speaking ethnic or cultural groups, while only a very small proportion of workers identify themselves as Indigenous (Healy & Richardson 2003, p.22). Some of these workers from non-English speaking backgrounds are likely to have quite specific training needs (for example, if their English level is not adequate in terms of reading drug administration information or specific procedures).

Another issue that emerged from the 2004 National Institute of Labour Studies survey of the workforce relates to the turnover of workers within the industry (Richardson & Martin 2004). The study suggests that a quarter of personal care workers will have to be replaced each year. It is difficult to determine the ramifications of this 25% annual turnover in the personal care workforce, particularly as a large number of these workers leave the industry, while many others leave one facility to work in another, or move to a different sector or role within aged care.

There is a high proportion of workers identified through the same survey (about 48%) who have been employed for between one and five years. Another group of long-term employees (26%) have worked in the industry as personal carers for more than six years. However, the mobile high-turnover segment of the workforce means that new training programs will have to be provided on a continuous basis.

The majority of workers employed in aged care bring a wealth of life skills to the job. An assumption that life experience and an attitude of commitment is sufficient for these workers to be effective and efficient in the workplace has prevailed, although, increasingly, more personal care workers have undertaken training to certificate III level.

Staff need to be able to accommodate the changes occurring in the industry

Just as there are myths about aged care generally, some outmoded notions remain, including the view that some workers in the sector are unskilled, untrained blue-collar workers. However, a contrasting attitude is shown by Wheeler who comments that 'the wide range of required services in aged care would seem to indicate the need for multi-skilled workers who can work across health, community services and other industry areas' (Wheeler 2002, p.6). This attitude reflects the need for workers providing care that meets the required standards in health and personal care, resident lifestyle, physical environment and safe systems.

In its review of the Community Services Training Package, the Community Services Ministerial Advisory Council notes that community services are increasingly being delivered in an environment of dynamic social, economic, political and technological change (Community Services and Health Training Australia 2001, pp.12–14). There is greater emphasis on analysis of strategic needs and on defining outcomes in funding arrangements. There is also an emphasis on developing community capacity to enable communities to take more responsibility in the design, delivery and evaluation of services, and the requirement for integrated services across agencies, sectors, areas/regions and jurisdictions. There is a need to deliver appropriate services to the local community, especially in remote and regional locations, and generally to give greater attention to prevention and early intervention strategies.

Some of the policies which impact on the training needs of personal care workers in the aged care residential sector were identified during the review of the Community Services Training Package (Community Services and Health Training Australia 2001). They included the introduction of the 'Ageing in place' initiative—which allowed a facility to provide both high- and low-level care so that residents would not have to move when they required a higher level of support—under the *Aged Care Act 1997*, and the expansion of community care aged packages which have changed the profile of residents entering aged care facilities.

The increased documentation required for accreditation and having to access funding through the 'Resident Classification' system have meant additional demands on personal care workers, many of whom have been identified as having literacy difficulties. Approaches to 'ageing well' and 'healthy ageing' require workers to have skills in planning and facilitating recreation activities.

Providing services within this changing environment calls for a fluid, multi-skilled workforce with flexible, broadly applicable skills which equip them to work effectively in multi-disciplinary and/or multi-cultural teams where the focus of their work is on prevention and early intervention.

Training for workers in the aged care sector needs to take account of the changing nature of aged care work

Personal care workers are covered by the standards and qualifications set out in the revised Community Services Training Package CHC02.

The qualification currently most used in the industry is the Certificate III in Aged Care Work. Data collected as part of the National Institute of Labour Studies 2004 survey (Richardson & Martin 2004) show that, of the whole direct care workforce, only 12% have no post-secondary school qualification. In fact, 79.2% of personal care workers have a Certificate III in Aged Care Work, 9.5% have a certificate IV level qualification in aged care and 3.5% have an enrolled nursing qualification. A small percentage of personal care workers indicated they had formal nursing qualifications. In our small sample, several of the personal carers interviewed did have nursing qualifications which they had gained overseas and which were not recognised in Australia. It seems that personal care work is a career pathway for overseas-qualified nurses unable to practise in Australia.

As identified in the previous National Institute of Labour Studies study, 'one fifth of personal care workers have completed Certificate III or IV [in aged care work]. However 52% have not completed any qualification higher than secondary school' (Healy & Richardson 2003, p.23). It seems that there has been a recent increase in the number of workers within the industry gaining the certificate III qualification; however, there still seems to be a lack of clear pathways to cater for experienced, qualified workers moving into a leadership role. This lack of a pathway is challenged by Wheeler:

... some work in defining career pathways has commenced in the aged care sector, including arrangements whereby Certificate III aged care workers can articulate to Certificate IV and then into Registered Nurse training. (Wheeler 2002, p.14)

However, this pathway only leads to the medical option such as nursing, and Wheeler notes that 'much of the current debate about increasing the supply of particular occupational groups is underpinned by a medical model of aged care/service provision' and raises questions about whether this medical model is the most appropriate one for the industry (2002, p.2). The report discusses the need to develop models of career progression that are compatible with clients' needs, not historical professional models of skills acquisition.

It is interesting that in the *High level review of training packages*, specific mention is made of skills development in the aged care industry:

In the case of personal services, whether we are concerned with retail sales or with aged care, the learning process necessarily involves considerable interaction with others in increasingly realistic situations. The core skills will ultimately be embedded within the workers themselves and involve the construction of new identities, the acquisition of new interpersonal and highly context bound skills as well as those that are more readily transferred. (ANTA 2003, p.30)

This identification of core skills has implications for training and recognition programs established within the aged care sector.

Accessible training will increasingly be required for those working in rural and remote areas. These workers are less likely to have a range of avenues for their learning. This need arises from the

demographics outlined earlier, in that a high proportion of the aged may be in rural and remote areas, and services and staff will be required there.

Training will also be required to meet increased quality service standards and good business practice. Aged care, like all successful businesses, needs to provide responsive and flexible solutions to customer needs. In service organisations such as aged care, this provides particular challenges, where the quality of service in individual transactions between ‘servers’ and customers is inherently subjective and personal and not as easy to measure as tangible indicators such as waiting lists (see Lawson 2003).

In some parts of the industry, these workers are disparagingly referred to as ‘blue collar’ workers, ‘people off the streets’, ‘unregulated’ and ‘untrained’. Some research in Australia and New Zealand identifies bullying as a significant problem in the health care workforce (Youngson 2001). This problem could be a factor in retention of staff within the industry. Training is therefore an essential feature of a strategic human resources approach to workforce development, one which seeks to create a workplace culture capable of delivering the range of quality services needed by the ageing population.

The Minister for Ageing, Kevin Andrews, revealed a more strategic approach to the development of the aged workforce in August 2002 when he announced the establishment of a Ministerial Working Party to develop a National Aged Care Workforce Strategy.

This Workforce Strategy would enable better planning to meet the future demand for aged care nurses and other paid care workers with the appropriate skills and qualifications to meet residents’ care needs. (Andrews 2002)

The provision of recognition of skills and experience for aged care workers is contentious

Recognition of experience as part of the training process is a challenge for paid workers in the aged care sector. However, the majority of workers in aged care are women, many with a breadth and range of life skills. It is not enough to presume that their existing (life) skill base will be sufficient for the roles they are required to perform. The range of services required, along with the pace of change in the industry, means that workers need both initial and ongoing training in a broad range of skills. These skills must also meet the required standards for their facility. Examples of these skills include context-based occupational health and safety, the care and use of drugs, behaviour management, and the introduction of extensive documentation (Keevers & Outhwaite 2002, pp.2–31).

Although an individual worker may simply ‘pick up’ this extensive range of skills informally in the workplace to the standard required, it is unlikely they will have the underpinning knowledge to apply the skills appropriately, especially in a variety of contexts. The *High level review of training packages* (ANTA 2003) includes detailed discussion of changing notions regarding work and workplace learning relevant to this sector. Furthermore, in an industry whose growth in labour force will rely on workers over 45 years of age and attract an increasing number of males (with a range of workplace experiences), it is important that, where relevant, appropriate recognition be offered and support provided to workers to enable them to identify and document their skills and knowledge (Department of Education, Science and Training 2003).

Recognition of workers’ skills can contribute to the development of a strong learning culture in organisations and would seem to support the aged care industry registration and accreditation requirement. In this ever-changing industry sector, continuous learning is an expectation of the workforce, and recognition can provide a means to support and encourage that learning.

While the benefits of a recognition process are widely applauded, there is very little research either from registered training organisations or enterprises—other than a small number of case studies—which evaluates the outcomes of skills recognition (Bateman & Knight 2003). A number of studies have commented on the relatively small number of employees who have actually undertaken a

process of having their existing skills and experience formally recognised (Wheelahen et al. 2003). Current research also points to a lack of evidence across the VET sector of the quality assurance of assessment conducted as part of a recognition process. Blom et al. (2004) suggested that workplace pressures may influence the decision to choose to assess through recognition, since managers needed to have staff trained and in the workplace carrying out their core business.

Questions were raised during the strategic audit of the aged care industry in Victoria, where Hoffman, Nay and Garratt (2002) reported on comments by their informants of the inappropriateness of recognition, at a time when an industry or enterprise was attempting to implement major change. They reported that, where the aged care industry is attempting to develop workers' skills to equip them to meet the changing demands of their job and the needs of the growing aged care population, recognition should only be used if the workers concerned are able to demonstrate *current* knowledge and practices. In some workplaces and in an industry undergoing significant changes, conducting training may be a more appropriate way of supporting new processes and procedures.

The process of recognition is frequently seen as difficult. Wheelahan (2003, quoted in Bowman et al. 2003) observes that, across all industry, the gap between policy and implementation in respect to recognition is very wide. She observes that recognition of prior learning requires candidates to have a complex set of skills, including self-assessment, the ability to relate skills and knowledge to the specific context required, and a thorough grasp of the standards and the range and amount of evidence required.

Other evidence supports the inappropriateness of the recognition of prior learning process to deliver sustainable outcomes, suggesting that individuals do not engage with recognition of prior learning for the following reasons:

- ✧ a preference for doing a course and revising skills and knowledge
- ✧ too time-consuming
- ✧ too much work to prepare evidence
- ✧ lack of understanding of the process
- ✧ preferring interaction with fellow students
- ✧ inability to locate evidence (Bowman et al. 2003, p.15).

Models currently being trialled for the industry using a range of technologies and learning methods

In the 2002–03 budget (Commonwealth of Australia 2003), the Commonwealth Government announced it would provide \$21.2 million over four years to address some of the training needs of workers in smaller, less viable, residential facilities. The first 13 of these projects, which aim to address the needs of aged care workers in small, regional, rural and remote facilities, are currently in planning or being implemented.

One project—the Satellite Technology Training Project—is providing training to 100 small aged care homes, through satellite television (Aged Care Standards and Accreditation Agency 2005). Although the concept is innovative, the training is likely to follow the 'risk management approach', with a focus on topics such as food safety, fire safety and manual handling.

There are also a range of projects underway in the community services and health industries which focus on recognition. Community Services and Health Training Australia, in a Department of Education, Science and Training-funded project, conducted a range of Community Services Training Package implementation and assessment workshops across Australia in early 2003. They have been further funded to focus on recognition and assessment in greater detail through developing recognition resources for ageing and disabilities in consultation with other community services areas.

A project currently being managed by the Western Australian state training authority involves the development of a resource manual for vocational education and training in the aged care sector. The manual has resulted from a forum attended by over 70 industry representatives who identified relevant issues relating to training in the sector. One section of the manual is focused on skills recognition and provides practical advice for recognition candidates.

The results of many of these strategies are already starting to have a positive impact on training of the aged care workforce. There was evidence of new training initiatives as well as of barriers to training and recognition in the sector during the collection of data at selected aged care residential sites. The findings, discussed in the following section, echo many of the messages found in the literature.

What staff say about training and recognition for personal care workers: A snapshot of the industry compiled from data gathered during site interviews

Why do we need to train workers?

Human resources issues

At the majority of sites where interviews took place, managers reported their preference for recruiting workers according to their personal attributes and suitability for the role rather than according to their vocational education qualification, such as the Certificate III in Aged Care Work. Managers explained that it was preferable to recruit the right people and then train them, and cited attributes sought after in new recruits as flexibility, sensitivity, an understanding of care, dignity and respect, empathy, people skills, honesty, dedication, life experience and rapport with the elderly. This emphasis on life skills and personal qualities could explain the relatively older average age of the personal carer workforce.

Managers interviewed confirmed the importance of recruiting the right individuals for the job and acknowledged that the work was not suited to everyone. Workers interviewed also held this opinion. One worker felt that it was better to recruit workers first and then train them, and that the most important aspect of training was to develop further some of the personal skills required for the role:

I don't think you need training before you get here, only once you like the job and decide to stay. I think the main part of the training should be about the privacy and dignity of the residents as well as the occupational health and safety, manual handling and all that.

In all sites where interviews took place there was an emphasis on training for all staff in the facility, and a conscious effort by management to include a training commitment in the organisation's goals and directions. In commenting on the training culture at the facility where she is employed, one registered training organisation trainer said:

They are part of a larger organisation and really committed to training. They have a direction and many resources to support training. They believe in it. They encourage their workers to keep going. They not only value the training but also their workers.

Another manager stated that his organisation's emphasis on training 'demonstrated to the workers they were valued and respected. It helped emphasise the importance of their role in the workplace.'

It was significant that at all sites surveyed there was such a strong belief in and support for training—not because the sites were selected according to their reputation for training—but rather because they represented a range of distinguishing features.

It was reported that the difficulties in attracting nursing staff to the industry has meant that more experienced personal care workers will be provided with additional training to enable them to fulfil

roles previously occupied by nursing staff. It was noted by one of the experienced industry trainers interviewed that many registered nurses in the industry will also require training to develop a different set of skills. In addition to their more traditional nursing role, they will need to have skills in managing teams, leadership and time management.

A number of managers and chief executive officers interviewed commented on challenges they were facing as they restructured their workplaces for the future. They realised that work teams of personal carers will have to be configured differently to meet growing demands and predicted nurse staff shortages. In some cases, experienced and qualified personal care workers with leadership potential were being offered additional certificate IV level training, with some taking on a hands-on, direct care leadership role and others developing their business or administrative skills, with more responsibility for paperwork. In a few instances, personal carers were undertaking further training and moving into a primarily diversional therapist role.

The widely accepted demographic of personal care workers is that they are older, female, with relatively low levels of formal education and long-term employment in the sector. However, it was obvious even from the very small sample in this study that there is some segmentation within the personal care worker population. This observation aligns with the recent workforce study by Richardson and Martin (2004) identifying that a quarter of personal care workers needed to be replaced annually, signifying a group of more transient personal care workers.

Managers interviewed identified the first and largest group of workers as having characteristics aligned to the stereotype profile, with many workers having been employed in the same facility for up to ten years. Another group of workers was identified who fit this profile, except that they are fairly transient. They may work on a casual basis, or move in and out of the sector or particular facilities. A third group identified comprised younger workers, who in some cases were trainee nurses or other students working in the industry for a period of time because the flexible hours allowed them to study, care for young children etc. Workers within each of these groups have different career aspirations and different training needs that need to be catered for by the facilities. Many of those interviewed expressed views that stronger career pathways needed to be developed for personal care workers to help deal with predicted future staff shortages and to retain experienced staff in the workforce.

Several managers noted that there was a need to constantly expand workers' knowledge, in order to keep pace with the growing body of knowledge of the ageing process and recommended resident care. In addition, in many instances, facilities were being expanded, often involving the construction of new facilities or expanding their current scope. Several other managers interviewed commented that for the industry to progress they needed workers who had problem-solving and lateral-thinking skills which could be extended through training. One manager commented that, from the organisation's perspective, recognition was 'a cost-effective option but the organisation benefited in the long term through workers being able to participate in training'.

Impact of current policies

Workers at all sites revealed that, as a result of the Ageing in Place policy, they were required to offer a higher level of both medical care and emotional support to residents. It was also reported that, because residents are staying in their own homes for longer, they are older and often unused to being in an institution by the time they become residents. These residents require emotional support to allow them to adapt to the facility, and workers require strong communication skills to negotiate with residents, their families and other staff members. Workers need wide-ranging knowledge and skills to deal with residents requiring varying levels of care, from acute care and palliative care, to coordinating recreational activities.

Managers interviewed felt that all facility staff, including personal care workers, need to have a clear understanding of the aged care accreditation process and the Resident Classification system so that they understand the role each worker plays in maintaining the quality of service. Workers need to

develop and maintain resident care plans, since the data compiled have implications for the classification of residents and funding allocation. It was reported that workers' participation in training resulted in an improvement in the standard of the facility's documentation. Many of the chief executive officers and managers at the facilities where interviews occurred commented on the critical role training played in ensuring their organisations met the Aged Care Accreditation Standards.

While the standards do not specifically refer to accredited qualifications for workers, a number of managers claimed they had 'a training philosophy embedded into the organisation' or a 'strong learning culture', and in all the sites where interviews occurred, the workers reported that the training provided had demystified the accreditation process. It helped them to understand the rationale for maintaining the accuracy of the various documentation tasks they were required to complete during shifts. One manager reported:

Training is vital to this facility—it is the key to all of it. Training provides the staff with the skills to achieve excellence and it also promotes job satisfaction.

Skills for the role

The sense of pride and dedication that personal care workers gained from their role was obvious at all sites where interviews were conducted. The workers interviewed felt that one of their main roles was to act as an advocate for residents. This required them to understand the boundaries of their role and to follow ethical standards in regard to confidentiality and privacy issues. Workers commented that facilities are often faced with registered nurse shortages and rely heavily on agency nurses to maintain staffing levels. This means that personal care workers are often the constant person in the lives of the residents, with an accompanying requirement to take on an advocacy role.

Both workers and managers interviewed considered that they are dealing with increased numbers of residents classified as suffering from dementia. As there is a growing body of knowledge on dementia treatment, there is a need for workers to develop new skills in managing these residents and the challenging behaviour they exhibit. Workers need to be able to recognise and report significant changes in residents to nursing staff; for example, 'understand the importance of noting when diabetic residents have excessive thirst'.

While there are state legislative differences governing whether personal care workers are able to assist with medication, it was reported that workers will increasingly require specific training to equip them with the skills to assist with administering medication. As the shortage of registered nurses in the sector becomes more widespread, and the older, frailer population of residents increases, it will become more crucial for facilities to have personal care workers with the competence and confidence to administer medication. One of the facilities studied had a significant number of residents with diabetes, and for this organisation it was crucial that workers on each shift had been trained to administer insulin so that residents did not have to wait for the off-site registered nurse to complete the task.

Major focus of the role

Despite the state differences related to issuing medication, most personal care workers interviewed commented on their increased role in assistance with resident medication, wound care etc. Most workers identified the major focus of their work as resident care, which took on various forms, depending on the mobility and specific needs of the residents. One worker described her role:

You get to know the residents so you can walk down their journey of life with them. You can have chats and learn about their life. I like the residents to get the care they deserve.

Workers said they require well-developed communication skills for dealing with residents, their families and other staff members. Some workers commented that, although they are the main carers for residents, they are often overlooked in decisions made about the residents. They felt that training programs had increased their confidence and improved their communication skills, enabling them to become more involved in decision-making. Workers and managers both commented on the need

for workers to be aware of the boundaries of their role and of legislative requirements. They also need to be able to deal with contingencies and recognise when to refer decisions to managers. Workers also felt they needed training to help them work better in teams and with partners on shifts.

As identified in the report by Richardson and Martin (2004), lack of time to complete their job effectively was a common observation by many of the workers interviewed in this study. They felt pressured to complete their workload in the time allocated. One worker said, 'we don't have the time to do the things we know would improve the care we provide'. An increased requirement to complete documentation was cited by many workers as negatively impacting on the level of resident care they could provide.

Several workers commented on the increasing need for training in palliative care and for dealing with the death of residents. She explained, 'it's like losing one of the family, you always get close to them. You're not a good carer if you don't get close to them.'

Literacy requirements

The literacy requirements of the job varied according to the facility's procedures, but overall, there are increasing literacy demands on workers who are required to read instructions and important medication information and to follow quality system requirements. At some sites, workers were required to make verbal handovers at the end of each shift; at other sites, workers completed written documentation. At one site workers were piloting the use of a computer for completing reports. Although for all of these workers it was their first experience using computers, they reported that once they had become familiar with the system, it streamlined the documentation requirements. The accuracy of completed resident care plans has implications for the facility's funding allocation, and managers reported they had invested time training workers in this process. They felt it was important to develop strategies with staff to improve the accuracy of written documentation.

In one facility which employs a number of skilled workers with literacy difficulties, the trainer associated with the organisation had worked with them to develop sets of laminated cards carrying the data most often needed by workers to complete documentation. This organisation was in the process of installing a computer system to enable personal care workers to complete care plans and the requisite documentation. Although this process is only in the early stages, the trainer believed that it would be a way of overcoming some of the literacy problems of her workers who are required to write increasingly extensive and accurate information.

Multi-skilling of staff in a number of facilities was providing a way to manage staff shortages. More workers are being trained to manage the needs of both high- and low-care residents. In some facilities, workers also have responsibility for other duties, such as food preparation, laundry or community care work and thus require training for the combination of skills needed for their role.

What training is occurring?

Where facilities were recruiting untrained workers on the basis of their interpersonal skills and suitability for the role, they generally provided basic training as part of an induction program. This included manual handling, occupational health and safety, infection control and philosophy of the care process.

At all facilities studied, the Certificate III in Aged Care Work was the major qualification being used for training for personal care workers. However, significant amounts of training in other areas is taking place and is available to all staff in the facility. Some of the non-accredited training had been mapped against the certificate III qualification and much of it was additional to the requirements of certificate III but nevertheless was considered vital in maintaining quality and helping facilities to meet their goals. Some additional short training programs being conducted include training in ethics, client service skills, conflict resolution, pain management, palliative care, dealing with grief and loss, managing dementia, dealing with challenging behaviour and basic computer training.

Several managers commented on the value of conducting training, such as manual handling in-house, in that it can be offered on a rolling basis. In this way staff could be brought up to date over time. Some facilities had developed partnership arrangements with their registered training organisation, allowing them to deliver components of the certificate III training by in-house trainers. Another source of on-site training was vendor training related to the use of specific equipment, products or medication.

Several sites were incorporating training provided by the Aged Care Channel (an associate of the Health Care Channel used by doctors) into their training program. This training is part of a pilot program being managed by the Aged Care Standards and Accreditation Agency and delivers vocationally relevant education and training to direct care staff in 100 remote locations by video conferencing. Managers involved in the pilot felt that it allowed them to be more flexible in training delivery, enabling them to use the broadcasts to supplement existing training. However, it was crucial that workers viewed the broadcasts with their trainer or facilitator, so that they could discuss any issues or questions they might have.

One smaller site with limited training resources had used local professionals, such as a podiatrist or pharmacist, to deliver specialised training in their area of expertise to supplement the worker training. A number of other managers interviewed commented on the importance of using local resources and experts to deliver certain parts of the training program. In two sites where training was being conducted, the trainers used an on-site human resource or quality manager to deliver sessions on maintaining quality, especially in documentation, and to provide an overview of the organisation and the industry.

What training is needed?

Workers interviewed felt that where training was delivered pre-employment, it was important for trainers to include practical on-the-job training early in a program to 'gauge whether trainees have the aptitude and patience for this type of work'. Groups of workers also said that they valued having experience in most aspects of the job prior to their training as this meant the training made more sense to them. They were able to relate it directly to their jobs and experience. One manager interviewed felt that training had given the workers a 'more holistic approach to the care of residents'.

Workers, even some who had worked continuously in the industry for more than ten years, commented that, when they had undertaken certificate III training, they had finally understood why they had been told to undertake tasks in a particular way:

Often we have just done a task for years without knowing why. I could have told you about Duty of Care but I didn't really understand about the legal aspects of it until I did the course.

Now I understand why we lift people in certain ways, about their fragile skin and all that. Before we just did things because they told us to but now I understand a bit more the reason why.

Features of good training programs

Programs with a practical focus

According to most of the workers interviewed, the main features of a good training program include training which has a practical focus, is provided at the workplace in a classroom on-site, is mapped to work processes, and includes many opportunities for discussion and questioning. Workers also felt that being part of a supportive learning group with other workers added to the success of the program. They also felt that good training had helped them to become more confident and to feel empowered to speak up and take on a more active role in their section of the organisation. Learning with others: 'you get to see there is more than one way to do it'.

Several workers commented on the advantages of having training on-site but not in the actual workplace. This meant that training was easily accessible, but free from distractions. As one worker

said, 'at our place the residents have freedom of movement so there are lots of distractions, it is good to be away from this'.

Suitable trainers

Many workers interviewed noted the need to have 'great trainers' and felt that they had been lucky to have individuals who catered to their needs, pitched the activities at their level and challenged them to try new activities. These trainers also varied the pace and the style of activities, encouraged debate and discussion, and related the theory to their practice and their context. Some of the workers who were undertaking certificate III training with workers from other facilities or from different sections of their own facility commented that they enjoyed the opportunity to learn about other sections and broaden their knowledge of the industry.

Suitable training and assessment strategies

Trainers interviewed had developed different strategies for conducting on-the-job skills assessment of workers in a valid, holistic way without creating undue anxiety for the workers. One common method was 'working a shift with the worker being assessed' and using lots of oral questioning and less emphasis on written tasks, unless these were specifically required by the unit or the enterprise. The training used by some registered training organisations delivering training to workers in the industry is still very traditional, with reliance on written assignments and exams as the assessment approach. Several workers said they had withdrawn from these more traditional programs as they couldn't concentrate or keep up with the group.

One worker voiced these views in her comments on the experience of the certificate III training program offered by her workplace:

I thought my learning skills were gone. I took time to get back into believing that I could do it. And so nervous. Then it started to click. When it came exam time, I couldn't do it. I tended to put two lines instead of two pages. We did it verbally, and now I feel I can do it. I am confident now that I know my stuff. If you do it once it is so much easier.

These observations, which were indicative of many expressed by workers interviewed in different states and in different facilities, reinforced the importance of practically focused training and assessment with less reliance on traditional, formal approaches.

Another worker commented:

I learn best by being shown, hands on, by being able to watch and then practise. When we did palliative care we got to experience the lack of vision our blind residents have in a simulated way. It made it all seem real.

The need for support for students

At several workplaces the workers commented that the aspect they most enjoyed about their certificate III program was being 'students'. For many it was their first post-school training experience. They enjoyed the time out to reflect on their practice and learn from others.

At facilities where certificate III training was being offered, support strategies were initiated to help the workers complete the program. At one site, weekly study sessions were held to allow workers to discuss their course and assignments with a workplace mentor.

Development of generic skills

Because many workers had limited formal education, learning-to-learn skills became a necessary requirement of the training program. In one facility where certificate III training had included the learners giving presentations and participating in group discussion, there had been a noticeable increase in the workers' contributions in staff and team meetings. A number of workers commented that the certificate III training they had completed had given them confidence to participate more in staff meetings, and they were more easily able to discuss problems regarding their workload and working conditions. Through training, workers were also made aware of their

learning styles and processes. One worker explained her learning process: 'I learn from a mistake, practise on my own and record what I do'.

Workers reported that time management was another important skill learned during their training program and which had a direct impact on the way they managed their workload. The theme of being overworked and dealing with a heavy workload while managing contingencies and emergencies was a common one among those interviewed and seems to be reinforced in the 2004 National Institute of Labour Studies workforce data survey (Richardson & Martin 2004). In that study, direct care workers indicated that, although their main role is to provide hands-on resident care, almost half of the personal care workers surveyed agreed strongly with the statement, 'I feel under pressure to work harder in my job'. If the workers feel pressured to work harder, this will reduce job satisfaction which may result in higher employee turnover. Building strategies to assist with time management, workload demands and similar issues into training courses is one way of alleviating the identified job pressures.

The project environmental scan located in the support document highlights the significance of generic or employability skills and recent relevant research in this area. The provision of opportunities for development of generic skills is particularly important where managers claim to be recruiting workers for their suitability for the role, and where there is a continuing significant turnover in the workforce. It is vital that opportunities to fill in gaps in the workers' training in both generic and technical skills be available in a flexible, accessible format to equip new workers for their role.

Development of literacy skills

At two sites where interviews were conducted, a Workplace Language and Literacy Program had been a vital support feature for the certificate III training offered. Staff reported that participation in this program built worker confidence and allowed them to successfully participate in training. At both sites, the program teacher had supported workers with lower literacy levels to enable them to undertake the certificate III course, in one instance, through team teaching with the industry trainer. At other sites, disparate levels of literacy and study skills had been accommodated by the trainers developing visual training material, varying the pace and activities in the training sessions, using video and, where appropriate, oral assessment.

Several managers stressed the importance of registered training organisation staff overcoming the barriers imposed by workers' lower levels of literacy. They felt that trainers needed to rely more on oral training and assessment where appropriate. One noted, 'if they [the workers] don't read doesn't mean they can't do it [the training]. The workers are eager to learn. They are like sponges'.

Training beyond certificate III

To compensate for the growing shortage of nurses who have traditionally filled the bulk of leadership roles within facilities, personal care workers are being encouraged to take on additional training to fill the gap. Facilities are offering the Certificate IV in Aged Care Work to give selected workers the skills for team leadership. Alternatively, some workers are completing selected certificate IV units with some frontline management units and often assessor training.

Managers, particularly in rural facilities, commented on the shortage of suitably qualified aged care assessors and the need to train their own staff as assessors to ensure the availability of assessors at times suitable for workers. Several facilities had also identified experienced staff who could act as mentors to less experienced staff or those undergoing training and had provided these mentors with training to carry out this role.

Managers commented that in small towns where there are limited workers available, they needed to multi-skill workers to ensure a flexible workforce. They commented that multi-skilling gave workers a broader focus and understanding of what happens in different parts of the organisation. They understand the roles that others perform and it helps with team-building in the facility.

What are the barriers to cost-effective delivery of training?

Predictably, time and money were most often cited as the greatest barriers to training. Many workers either work overtime or work in a second job as a means of supplementing their low pay rates. Many workers in this predominantly older female workforce have family commitments or are unable to travel to off-site training.

There was a consistent view expressed by facility managers and trainers that it is increasingly difficult to access qualified staff to train, assess and mentor trainees. It was also felt that on-site assessors were desirable. One facility with a close working relationship with its partner registered training organisation has overcome the lack of qualified trainers and assessors: the registered training organisation pays the facility's trainer to deliver some of the on-site training at times suitable to the facility.

The difficulty of releasing all staff to attend training sessions was a problem raised by managers at all sites. However, most felt that training benefited the workplace as a whole and thus was worth pursuing. Where workers learned as a group, it not only improved their cohesiveness as a work team, but allowed the more experienced workers to support those with less confidence or literacy ability, thus outweighing some of the logistic difficulties in releasing them.

From the perspective of the workers, the barriers identified included lack of confidence, fear of the training and assessment process (caused by previous negative learning experiences), the length of time since they had attempted study, or their low literacy levels. One worker commented:

I went to an info night on enrolled nursing but I had to sit for an aptitude test and I didn't have the confidence to go through with it. There was lots of maths and a short time frame. By the time I read it, I needed to read it again. Just one word can change the meaning of a sentence and time is against you.

Several workers also commented on their families' lack of support for their participation in training.

Confusion about the VET system and requirements

There was also considerable confusion expressed by both managers and workers about vocational training in general; a lack of understanding of the most appropriate packaging of courses to meet specific enterprise and individual needs; and New Apprenticeship requirements, conditions and available subsidies. Managers commented on the need for a representative from either the New Apprenticeship Centre or the registered training organisation to provide the facility and program participants with clear guidelines about funding and eligibility. In New South Wales additional confusion was caused by the duration of training as specified in the Vocational Training Order (VTO) and the conditions for funding eligibility. Access to subsidies for training is particularly relevant for personal care workers who earn approximately \$12 an hour. Some facilities refund workers the subsidies they receive and other facilities reimburse workers for the time they spend in completing accredited training. Several facilities also covered the cost of training for key casual workers employed as personal carers. They felt the investment was justified in terms of the maintenance of quality care and increased the understanding of the facility's work processes provided to the casual workers.

For many facility managers trying to determine the most appropriate training course content, there is a bewildering choice of electives in the training package. This range of choices is necessary to cater for the diversity of facilities and the high-level and low-level care roles workers perform, but 'it is a battle to keep up to date, makes it hard for us to know what we are getting from the registered training organisation'. Several workers interviewed had participated both in a training course off-site at the local TAFE college, as well as a more customised course provided at their facility. All commented on their preference for the workplace program. The TAFE program had included content with no relevance at all to their context and was quite theoretical, whereas the on-site course had been mapped to their facility's processes and was very practical.

Several managers commented that the current certificate III standards do not reflect the complexity of the personal care worker's job role. Both managers and trainers felt that the certificate III course needed to include ways to increase the generic skills of workers, both through explicit teaching in areas like communication, and through carefully structured activities to give the workers opportunities and practice in discussion, negotiation, decision-making, planning and time management.

Where does recognition fit in?

The project brief was based on an assumption that recognition is a good thing and that every worker undertaking accredited training should have access to it. The language of training and recognition, 'vocational education and training speak', is not easily understood in the aged care sector. Many workers interviewed felt that the explanation of and documentation required for recognition processes need simplification.

In some instances when conducting interviews we had difficulty conveying the concept of recognition in a meaningful way to workers and managers. In this industry, recognised (formal, structured) training is not necessarily the currency, and there are many staff at all levels in the workforce with low levels of understanding about the complexities of vocational training. Many managers and workers interviewed were unfamiliar with the concept of recognition. It was difficult therefore to have very detailed or fruitful discussion about the issues involved in achieving recognition in this context.

Most workers interviewed who had participated or were currently participating in certificate III training had been told about the role of and process for recognition, but the majority had elected to participate in the full training program, especially when they were being released as a group from their workplace to take part in the training program: 'they want to join the others in training and feel they learn more by doing it this way'.

The workers felt their participation as a group and their support for each other in getting through the training was vital. Many had not taken up the option of recognition for aspects of the program, even though they had worked in the industry for more than ten years. A significant number of workers interviewed claimed they were overwhelmed by the language used in the training and assessment context and would welcome a simplified guide, perhaps diagrammatic, to explain the recognition process. Several workers also reported that they had kept very little documentary evidence relating to previous employment or training, and collating a portfolio of evidence for recognition was a daunting task, beyond their literacy skills and available time and resources. One worker commented, 'recognition should be simplified so it is not easier to just do the whole training course'.

Appropriate assessment and recognition strategies

In instances where an upfront recognition process had been established, the registered training organisation trainers involved had supported candidates through the process by providing practical methods to enable the workers to demonstrate competence which matched the type of evidence available in the workplace. The registered training organisation trainer had not relied heavily on a portfolio approach and had allocated one-to-one time with each candidate to determine the best approach, based on their skills, experience, knowledge and available evidence.

In one facility where the workers had very low levels of formal education and significant literacy problems, the registered training organisation trainer had mapped the competency requirements against the facility's processes and previous workplace training programs to determine the general areas where recognition was available. In this facility workers had previously completed a ten-week dementia training course conducted by an industry association. The workers were able to obtain recognition for it towards certificate IV, which includes a unit on dementia. This approach allowed the assessor to capture the range of other types of non-accredited training being undertaken at the site.

At several sites, trainers had developed recognition materials mapped to the job rather than to discrete units of competency. This made more sense to the workers and allowed them to provide the required evidence more easily. One experienced trainer described her approach to recognition:

I go through their work and previous experience with them up front. They are observed on the job by a Director of Nursing, who works a shift with them. I identify the gaps, work out what training can be done as a group and map out a course. I use questioning to determine their underpinning knowledge. You need rapport with the facility for this to work. I call it an ‘assessment only pathway’ ... that is what recognition is. I don’t use the word recognition much because it is mostly misunderstood. In many facilities workers have got 50% recognition and in one case a worker got 100%.

Several workplaces adopted a similar recognition process. It involved the assessor, who was also a qualified nurse, working a shift alongside the worker wanting recognition. The assessor then gathered third-party reports from supervisors and conducted an individual interview with the candidate using structured questioning to determine underpinning knowledge as well as attitude to the job.

A workplace supervisor emphasised the choice of practical evidence gathering methods for recognition. She commented that the workers ‘can do it (recognition) verbally and flexibly and get help from their supervisors’. One experienced workplace trainer interviewed used the certificate III training program as a vehicle for training the workers in developing and maintaining a portfolio to document their learning. By the time the workers exited the program they had a resumé and a process for recording and capturing their workplace training, allowing them to be more prepared for accessing recognition in the future.

Another registered training organisation manager interviewed commented on the bewildering nature of vocational education qualifications and stated that it had been difficult to determine equivalence for workers who had previously completed courses which had subsequently changed.

There was a range of opinions about recognition offered during interviews. Some had not heard of it at all. One facility manager felt that the partner registered training organisation ‘had not given off strong vibes that recognition of prior learning was do-able’. He felt that the trainer could have made the process more feasible for the workers.

However, there were certain areas, such as manual handling and infection control, where the assessor had determined that the risks involved warranted all workers participating in training and assessment to ensure currency. Recognition was not possible in these instances.

The way forward: Features of good practice

Collaboration between aged care facilities and registered training organisations

The two cultures—the aged care workforce and VET professionals—need to be able to speak to one another more effectively. Training practitioners need to understand the industry and how accreditation works so they can provide the training services which most benefit the industry. Issues such as funding, viability, accreditation, poor status, conditions and pay for staff and, of course, appropriate treatment for residents all impact on the sector. However, the role that training could play in addressing some of these issues is still not completely understood or accepted across the industry.

Training organisations need to create a better balance between theory and practice in training programs offered. Facility managers and trainers commented on registered training organisation responsiveness: ‘they make the training specific and tailored to our organisation, it’s great’. Registered training organisations need to be flexible and customise courses to match the needs of the workplace and the existing processes. They need to provide a choice of electives to meet specific workplace needs.

Workplaces need to foster a training culture. Some approaches currently used include promoting greater use of mentoring as a learning strategy and using performance appraisal interviews to cater for the training needs of individual workers. One worker interviewed, commenting on the performance appraisal annual interview process in place at her workplace, commented:

We are asked for our ideas in regard to training, what is needed. We are encouraged to bring our ideas forward. Staff in this facility have to nominate what training they would like to do in the year ahead.

Most facility managers noted the importance of making staff aware of the training being offered and management's support for training. One commented; 'we find word of mouth among staff builds interest in training possibilities'.

Some aged care facilities have chosen to gain registered training organisation status, but clearly this is not suitable for all. Generally, organisations seeking registered training organisation status need to be large, well-resourced organisations, or part of a chain of aged care facilities. One facility with registered training organisation status only offered limited training, but felt their status gave them benefits such as a training culture and more awareness of issues relating to assessment.

Local partnerships to support training

Forming different types of training partnerships was identified as a useful strategy. Some facilities had formed connections within the local area and were pooling their resources to enable training to be delivered to trainees from a number of different facilities at one central site. This reduced the cost of training, but required someone to take on a coordinating role. Another facility involved available community members; for example, a local podiatrist provided regular staff training sessions which were advertised locally to other facilities to make up a viable group. Many facilities took advantage of available specialised services, such as the Alzheimers Association, for the provision of additional training in areas such as dementia. All staff members are encouraged to attend such sessions and this allows up-to-date knowledge about ageing and resident care to filter through the facility quickly. Other facilities had developed partnerships with local higher education institutions as a means of ongoing research and training and to expand career pathways for workers through the industry.

In one rural facility, a great deal of effort had gone into making it an integral part of the local community, thereby improving access to training for staff, but also providing contact with the broader community for residents. The facility had a playgroup and other community groups who regularly met on-site.

Gaining access to information

Managers also supported the role of local networks and industry associations in providing access to current information on vocational training developments and strategies, and available resources. Many of the managers interviewed commented on the difficulty of keeping up to date with policies and conditions regarding traineeships and financial entitlements. Many depend on registered training organisation or New Apprenticeship Centre representatives to decipher the information for them. They felt clear guidelines about traineeship conditions and information to assist them in selecting registered training organisations would help them in establishing training for personal care workers.

More widespread use of integrated Workplace English Language and Literacy programs as part of the training provided for workers is a useful strategy for catering for workers with lower literacy levels who may not otherwise be able to participate in accredited training programs. At sites where these programs were being provided, both trainers and learners commented on the value of specifically teaching workers study skills. Consideration needs to be given to how to develop learn-to-learn skills in all personal care workers undertaking training.

Work organisation

Registered or enrolled nurses have traditionally provided the leadership or management roles in aged care facilities. Staff shortages and the cost of employment will continue to mean there are inadequate numbers of nursing staff to deal with demand. It will increasingly become necessary to develop enhanced training pathways for personal care workers to equip them to take on an increased leadership role. In many facilities, planning and training are underway to train experienced qualified workers:

Our vision for the Extended Care Assistant (ECA) team leaders is to have someone who will be their leaders, a senior management role, and that it would be someone who has had that practical experience as an ECA.

In some facilities, selected workers are being trained to enrolled nurse level. In other facilities, a non-nursing pathway has been selected, with workers undertaking Certificate IV Care Supervision and applying a team leader and mentor process for new and casual workers. Several facility managers and registered training organisation trainers interviewed had expanded training pathways for workers by combining units in areas such as frontline management, training and assessment, or financial management and information technology, with certificate IV so that the specific requirements of the facility could be met.

In the 2004 Commonwealth budget, funds have been allocated to allow personal care workers within the industry to gain further qualifications. Successful models are operating in some facilities where training in specific skills is allowing personal care workers to progress to a leadership role within their organisations. Nursing qualifications may not be the only skills pathways appropriate for the growth of the industry. A number of facilities identified the need for more senior staff to facilitate and support learning.

A number of the issues raised here have been taken up for development into resources for those working in the aged care sector. They are included in the support document.

Future directions

Use of technology

There appears to be a marked increase in the use of different forms of technology in training, as well as greater interest in the use of technology to assist personal care workers in their work. Although in many facilities very little use is currently made of technology, and there may only be one computer which is used by administration staff, one manager predicted that within five years workers could be using more advanced technology, such as palm pilots, for completing documentation. Computers are starting to become a more integral part of training, and workers in several classes were being encouraged to use the internet as part of their coursework. Access to computers on-site and difficulties in establishing computer connections in remote communities are basic issues that will need to be overcome if technology-based resources are to have a positive impact on training for personal care workers in aged care.

It was widely reported that technology could never replace face-to-face teaching, but rather be used as an additional source of training resources and for providing a blended approach to training on-site. The need for a capable facilitator and activities matched to the needs and capabilities of learners was recommended at all sites visited. However, access to training materials and multimedia resources would be a welcome complement to group training. Some units within the certificate III qualification lend themselves more readily to presentation as multimedia resources than others, although most would be unsuitable as self-access materials. All workers interviewed as part of this study who were currently participating in certificate III training favoured the opportunity for group interaction and discussion that the training via multimedia provided.

Many in the industry welcomed an extension of the pilot program using the Aged Care Channel for broadcasting training programs in specific areas because it provided a valuable and flexible resource for facilities and could be incorporated into more traditional training programs. As one manager commented in relation to the Aged Care Channel programs, 'they can be used by workers in downtime to supplement other hands-on training we offer'. Another manager was positive about the role video-conferencing could play in reducing the isolation of facilities. He felt that the industry peak body could extend the training options offered locally through video conferences, and that staff from a number of facilities could access broadcasts at a central location.

One facility which was experimenting with offering computer training to staff had developed a set of customised electronic proformas and templates for workers as a way of reducing some of the more repetitive paperwork. This also helped workers with literacy difficulties.

Clearly, the use of technology in the industry will play a vital role as an additional training resource, provided the materials offered electronically provide the right balance of theory and practice as well as take into account workers' literacy levels and the need to engage the learners.

Conclusion

Broader issues impact on training in the aged care sector. In particular, there needs to be adequate resourcing to allow for the release of workers from shifts to participate in training. The provision of resources to facilitate the establishment and sustainability of local networks to enable access to training information and sharing of resources and strategies would benefit training for workers in this sector. Networks such as these would also allow facilities to collaborate, making training more cost-effective.

The predominant message for registered training organisations is the importance of linking their training to workplace needs, and for delivering flexible, practically focused programs to meet the needs of the target groups of workers. The aged care facility and its registered training organisation partner need to establish a collaborative working relationship so that training is focused on the needs of the workers and the organisation.

The pressures for change and a demand for trained, confident workers within the industry and for new and expanded skills sets for existing workers means recognition may not be the answer to extending this skill base. Accessible, targeted, workplace-delivered training needs to continue to be offered to existing workers and to the large numbers of new workers who will be recruited into the industry to meet the demands of the ageing population.

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Appendix A

Key informants interviewed

Name	Position	Contact
Di Lawson	Chief Executive Officer, Community Services and Health Training Australia Development of training package, general industry issues and possible sites	di.lawson@cshta.com.au
Elizabeth Pringle	General Manager, Education, Standards and Accreditation Agency Extensive information provided on accreditation issues, relationship to training and appropriate industry contacts	elizabeth.pringle@accreditation.aust.com
Gabby Carpinato	Learning and Development Manager, Aged and Community Services NSW Current initiatives, possible sites and issues in approaching sites	gabbyc@agedservices.asn.au
Lyn Clyde	Assistant Director, Workforce Team, Commonwealth Dept Health and Ageing Current pilots and activities nationally	roycelyn.clyde@health.gov.au
Jan Andrews	Consultant, development of training package	
Deborah Fullwood	Consultant, Westwood Spice Development of national strategy – discussion paper to be finalised, Feb 2004	deborahfullwood@westwoodspice.com.au
Malcolm Geeves	Manager Learning and Development, Hammond Group Issues relating to training and sites	mgeeves@dementia.com.au
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Sandra Bolack	Head Teacher, Shellharbour TAFE Possible sites – Rose Mumbler Facility, Nowra	sandra.bolack@tafensw.edu.au
Klaus Winkler	Senior Planner, Department of Education and Training WA Developing aged care sector resource materials	Klaus.Winkler@det.wa.edu.au
Josh Healy	Researcher, National Institute of Labour Studies National aged care workforce study including questions to staff on qualifications completed – results available early 2004	joshua.healy@flinders.edu.au
Karen Healy	Researcher, University of Sydney Conducted work from ABS data on personal care workers and highest level of qualifications	Karen.healy@unisyd.edu.au
Robyn Burley	Training and Development Manager, Dept Health, North Coast NSW Possible sites	

Appendix B

Steering committee members

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Appendix C

Overview of interview schedule

At each facility, semi-structured interviews were held with the manager, human resources/industrial relations/training manager (if available) and a focus group of three to four staff who have Certificate III in Aged Care or who work in roles related to this qualification. Included below are the areas covered in interview questions.

Areas for questions—Managers' interviews

Some information was collected at initial phone contact and further information collected at face-to-face interview.

Type and size of facility, number of staff, number of staff with qualifications, recruitment policy and importance of qualifications, specific skills gaps of staff (for example, literacy), key skills important for recruitment.

The type of work performed by different groups of workers, skill transition points.

Description of training conducted by facility (formal and non-formal), use and importance of training to the business, how training supports business requirements, issues regarding provision of training and recognition, barriers to training and recognition, issues with registered training organisations, specific issues relating to traineeships, source of information about training and traineeships, information on any training partnerships, funding decisions for training.

Plans for future training, views on materials and programs to support training, ideas about successful training and recognition.

For enterprise registered training organisations—why do they do this? What do they get back for this?

For trainers—do they align themselves with the business of the company or with training?

Areas for questions—Workers' focus group

School and post-school qualifications, recent training and experience of this, access to training and recognition, desire for training and recognition, level of understanding about training and qualifications, what stops them getting training, important factors for successful training and recognition.

Stories about skills the job requires, transition points.

Views on use of current skills and their capacity for recognition; views on whether they have the skills for the job, what skills are needed for the job, preferred learning style.

Areas for questions—Partner registered training organisation interviews

Details of the type of training and recognition offered. Barriers and issues from registered training organisations' perspective. How have they overcome these barriers? What works well in partnerships?

Support document details

Additional information relating to this research is available in *Workplace training practices in the residential aged care sector—Support document*. It can be accessed from NCVER's website <<http://www.ncver.edu.au>>. The document contains:

- ✧ Introduction
- ✧ Environmental scan
- ✧ Overview of case studies
- ✧ Models for training in aged care facilities.



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