

## Workplace training practices in the residential aged care sector— Support document

ROBIN BOOTH

SUE ROY

HELEN JENKINS

BERWYN CLAYTON

SARAH SUTCLIFFE

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# Introduction

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## About this document

This document contains support material developed as part of the NCVER project, Recognising Skills of existing workers, a snapshot of recognition and workplace training practices in the Aged Care Sector (2004). The documents included provide background information and support documentation for the project.

The focus of the project is the recognition 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 increasing, creating increased demand in the industry while the personal carer workforce is aging. 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 is focused 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.

## What is included in this document

The first phase of the project included an environmental scan of worker and organization profiles, current legislation and other factors impacting on training and recognition and training and assessment needs of workers and aged care facilities. A full copy of the environmental scan is included in Section 2 of this document.

Based on data gathered in the scan and preliminary research 8 sites were selected for site interviews. Interviews were conducted in Victoria, Tasmania, New South Wales and the ACT and sites were selected to represent a range of different types of workplaces typical across the industry. At each site interviews were conducted with the CEO or manager, staff responsible for training, a representative from the partner RTO and a group of personal care workers to gather a range of different perspectives on recognition and training issues. A summary of the data collected at each of the eight case study sites is included in Section 3. An overview of the interview schedule used to collect data at case study sites is included as Appendix D.

The project was conducted during 2003 and 2004 and the project team had valuable input from both the project reference group. Reference Group members are listed in Appendix A of the project report. The Community Services Industry Skills Council also provided valuable input into the initial environmental scan of the sector and the selection of case study sites

# Environmental Scan

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## Introduction

Healey and Richardson in a report by the National Institute of Labour Studies (2003, p.1) have noted “several developments in Australia’s demographic and social structures are causing concern about our future capacity to take good care of our infirm elders”. A major concern is whether Australia will have a sufficiently large, appropriately trained and skilled workforce to provide the range of services required by such a rapidly growing aged population. The diverse spread of service need results in an urgent requirement for a sufficiently large competent workforce. This in turn presents real challenges in relation to the appropriateness and accessibility of training for aged care workers.

This environmental scan provides a context for looking at current practice in recognition and workplace training, specifically, the training of those aged care workers involved in personal care, within the residential care sector. It was compiled as part of the initial research phase of a nationally funded Vocational Education and Training (VET) sector research project, Recognising skills of existing workers -a snapshot of recognition and workplace training practices in the aged care sector. The purpose of the scan is to identify worker and organisation profiles, legislation and other factors impacting on training and recognition for the identified group of workers. This scan has been amended following the results of the National Aged Care Workforce Survey, made available in February 2004 (NILS, 2004). The scan was used to inform the selection of project interview sites and the direction of the project.

A range of factors is currently causing pressure on service delivery and training and recognition practices in the aged care sector. These factors include:

- ✧ a rapidly expanding demand for service and the higher level of care needs of residents and clients
- ✧ changing demands on the aged care industry regarding funding, regulation, accreditation and service delivery models
- ✧ human resource issues – particularly the need for a strategic human resource approach
- ✧ changing requirements in the VET sector relating to training and recognition practice

Each of these factors has implications in relation to current training and recognition activity in the aged care sector and will be examined in this scan

There is currently a vigorous debate about the future capacity of Australian society to adequately fund the needs of an ageing population. The debate incorporates factors such as workforce demographics, retirement ages, superannuation and self funded retirement levels, workforce participation of older people, taxation levels, issues of healthy ageing, migration and levels of medical insurance. Although such a broad discussion is beyond the scope of this paper, these issues need to be kept in mind when considering the future of this sector.

Although the whole aged care sector is changing and expanding, for reasons of manageability, this project has focused mainly on training and recognition issues relating to those in paid employment as personal care workers in residential aged care facilities.

## Expanding demand for service - an ageing population

Although there are vigorously competing views about the direction of policy and the most appropriate responses to meet the needs of the Australian aged population, there is no debate about the fact that Australia has an ageing population.

Whereas in 1900 only 4% of the Australian population were over 65 years of age, in 1999, there were some 2.3 million people, or 12.2%, a trend which is predicted to continue. The Australian Bureau of Statistics 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.

This overall growth in the ageing cohort results from a decline in the birth rate, an increase in life expectancy and a lessening in the levels of immigration. Aged and Community Services Australia says that this ageing phenomenon is not restricted to Australia, with countries such as Japan, Germany, Canada and New Zealand also predicted to experience a doubling in the proportion of the population aged 65 and over in the next 50 years.

A number of issues arising from this data, drawn from State figures, are detailed in table 1 below:

| Issue                                                                                      | Comment/ reference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The changing ratio of seniors to the whole population                                      | Currently, one in six Victorians are 'seniors' – aged 60 years or more – whereas by 2021, one in four Victorians will be seniors.<br><a href="http://www.health.vic.gov.au/agedcare/documents/Seniors">www.health.vic.gov.au/agedcare/documents/Seniors</a>                                                                                                                                                                                                                                             |
| The relationship between the figures for indigenous aged people, and aged people generally | In NSW, 4,345 persons over 60 years are indigenous, which equals 4% of the indigenous population and .4% of the total NSW population over 60.<br><a href="http://www.dadhc.nsw.gov.au/NB/rdonlyres">www.dadhc.nsw.gov.au/NB/rdonlyres</a>                                                                                                                                                                                                                                                               |
|                                                                                            | In Victoria 5% of indigenous people are over the age of 60.<br><a href="http://www.health.vic.gov.au/agedcare/documents/Seniors">www.health.vic.gov.au/agedcare/documents/Seniors</a>                                                                                                                                                                                                                                                                                                                   |
|                                                                                            | The significantly smaller percentage of aged Aboriginal and Torres Strait Islander peoples is directly related to their life expectancy continuing to be up to 20 years less than other Australians (ABS).                                                                                                                                                                                                                                                                                              |
| The numbers of aged people born in non English speaking countries.                         | 13% of people over 65 in NSW were born in a non-English speaking country<br><a href="http://www.dadhc.nsw.gov.au/NB/rdonlyres">www.dadhc.nsw.gov.au/NB/rdonlyres</a>                                                                                                                                                                                                                                                                                                                                    |
|                                                                                            | "There has been little work undertaken to date to map the demand for aged care services in culturally diverse communities" (Wheeler, p. 9).                                                                                                                                                                                                                                                                                                                                                             |
| The geographic spread of the aged between rural and urban centres                          | In regional Victoria, for example, the proportion of seniors is increasing more rapidly than in Melbourne. It is predicted that by 2021, large municipalities like Geelong and Mornington Peninsula are expected to have the highest numbers of senior Victorians, and West Wimmera and Strathbogie will have senior populations exceeding 50% of the total local population.<br><a href="http://www.health.vic.gov.au/agedcare/documents/Seniors">www.health.vic.gov.au/agedcare/documents/Seniors</a> |

**Table 1: Identified issues relating to the ageing population**

The very specific needs of all 'senior' groups are important for both Commonwealth and State governments, in terms of policy, planning and funding. Decisions will need to be made, for example, regarding the location of new facilities, or the relocation of existing ones, so as to adequately cater for these varied groups of people – so that the individuals concerned (and their families) are not subject to major upheaval in terms of location and accessibility at a very vulnerable life stage.

The issue of the care of older Aboriginal or Torres Strait Islander people 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.

Older people of Culturally and Linguistically Diverse (CALD) backgrounds requiring care are likely to need specifically tailored support, including staff who demonstrate cultural awareness skills and abilities, and possibly language skills, so that care is adequate and accessible over time.

Each of these issues impacts on the development of aged care policy, which in turn impacts on the workforce and the need for suitably trained staff to ensure quality care which is accessible, appropriate and affordable.

## Changes in the aged care industry

The Australian aged care industry, as in other countries, is challenged by the ageing demographic and the need to provide services in an environment of tightening budgetary control. As noted in a recent ABC, Radio National program, (July, 2003) 'new figures show that one of the fastest rising job sectors in Australia is non-professionals working in aged care, family and disability support.'

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 (DEWR Job Outlook August 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 and community service delivery patterns and changes to government policy and spending at both national and state levels. The rapid expansion of this sector incorporates a broad range of worker roles and professions, which leads to questions about the human resource requirements and skills development for this expanding workforce.

## The aged care system – Options for service

'Support and services for the aged in Australia are provided by a large number of government programs (Commonwealth, State/Territory and local) as well as programs/support from the community and voluntary sectors (particularly families and carers), the private for profit sector and the private not-for-profit sector. However in terms of hard data, because the aged access a range of 'mainstream' support and services (for example, health care, housing support and income support) available to the whole population, it is not possible to determine precisely what is provided to the aged through some of these programs, nor exactly what it costs.

In recent years policy trends have been towards an increased emphasis on early intervention and 'healthy' ageing, that is, keeping older people out of health and residential facilities for as long as possible. Hence the increased focus on community care programs. This is not only more cost effective from a government point of view, (for example, it costs the Commonwealth, on average, approximately \$30,000 per annum to fund an average residential aged care bed compared to the average cost of a Community Aged Care Package of approximately \$10,000 per annum), it also conforms to the wishes of the vast majority of aged people themselves' (e-brief, 30 April, 2003).

Australia's aged care system is structured around two main forms of care, residential and community care, with a number of associated aged care programs also in place.

It is not always widely appreciated that only approximately 6% of the aged population access residential care. Although this is not a very high proportion, it is an increasing number when ABS figures suggest that in 30 years time those aged 65 and over will represent 21.3% of the population and by 2051 they could represent a quarter of the population or between 6.4 – 6.8 million people. This includes an increase specifically in the population aged 85 years and over, possibly to 5% of the population or some 1.3 million people. Even if only those in genuine need access care, and if the percentage accessing care remained the same, this would see a dramatic increase in the actual numbers accessing residential aged care facilities. The incidence of dementia in the older population is one of the major reasons why people access residential care, a factor which can be expected to impact upon future service demand.

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. However the prevalence of these varies between states, “Victoria, for example, has a high proportion of state-owned residential aged care facilities” (Productivity Commission, 2003 p.43). State, Territory and local governments also have a regulatory role in areas such as determining staffing and industrial awards, and monitoring compliance with regulations such as building and fire safety (Productivity Commission, 2003, p.6).

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 in regard 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, p. 32). AIHW 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’, that is, allow low care residents to remain in the facility when their dependency needs increase, rather than move to a different high level care facility.

In practice, this means that some facilities that were previously classified as low 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 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 of people. For example, they may not have doorways that accommodate wheelchairs, nor may they have the same level of nursing staff as a dedicated high level care facility would have. Most new facilities are being built as low care – but with some capacity to accommodate high care residents.

## Changing government policies

Although the aged care sector has undergone rapid change in the recent past, this change will continue, with the increased need for a diverse range of aged care services. At a policy level the Commonwealth government has been considering viable options in terms of both need and funding, given the pressure to derive the best outcomes from limited budgets. Over the last nine years, there has been a continually increasing budget relating to aged care services. So, for example, there was a 31.7% increase in expenditure on community services from 1995/1996 and 1999/2000 (from \$9.6 billion to \$12.6 billion) which comprised \$10,748m of direct community service expenditure and \$1,895m of expenditure on community service-related activities, and in the most recent budget, 2004/05 the Commonwealth Government has provided for an increase of \$2.2 billion over the next five (5) years. This increase provides for:

- ✧ an expansion in the number of aged care places, and

- ✧ an improvement in the quality of care and facilities. The latter includes enhancement of the skills of workers in aged care, specifically through funding to enable 1600 aged care nurses to begin training in the next four (4) years (Budget 04/05).

The Commonwealth government's intergenerational report presents a full discussion of the Government's considerations of budgetary issues presented by Australia's ageing population.

To accompany an accelerating level of change, a preparedness for change must become a major part of industry planning. The Australian Institute of Health and Welfare publication, Australia's Welfare 2001, Chapter 6, Aged Care, especially Box 6.1: Policy Changes and Events in Aged Care, 1999 to 2001, provides a comprehensive summary of recent developments in the industry. Of necessity some of this change will impact directly on the workforce.

## Changes in Legislation and Accreditation

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 and its subordinate legislation, cover four main areas:

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

As a corollary of the legislation, the Aged Care Standards and Accreditation Agency Ltd was established specifically to:

- ✧ manage the residential aged care accreditation process using the Accreditation Standards
- ✧ promote high quality care and to assist industry to improve service quality by identifying best practice, and
- ✧ provide information, education and training for the industry.

Most of the Agency effort centres on the auditing and assessment of facilities. This audit and assessment however, is focused upon outcomes, with the issue of how these outcomes were arrived at, being of less interest. Because the standards are not directly linked to training and/or qualification requirements, and the Standards Agency has little involvement in issues of staff training – except in regard to training policy, especially through the relevant Training Package, it is hard to do more than make assumptions regarding the workforce relative to the standards.

## Range of available aged care services

Some prevailing myths exaggerate the level of residential care for the aged in Australia. Despite a perception that the majority of older people are in care, only approximately 6% of older people are currently in residential care.

It is also sometimes not understood that the level of care of the post 65 year old population varies relative to age - the group is not homogeneous. The 1998 Disability, Ageing and Carers Survey (AIHW, 2001, p. 200) determined that, for example, of the 65 – 69 age group, only 8% of men and 9% of women required care, whereas by ages 75 – 79, 19% of men and 25% of women reported needing care, while at the ages of 80 – 84, the rates had risen to 24% and 36% respectively.



While we could expect the profile of residential care to be reasonably clear cut, and that it would encompass those living in residential facilities, it is complicated by the fact that Community Aged Care Packages (CACPs), whereby people are supported to remain in their own homes, come under the framework of residential care, for funding purposes. In fact one major recent change has been the dramatic expansion of the CACP program, which has grown from 6,124 places in 1997 to 18,149 places in 2000.

### *Residential care*

Currently, according to ACSA (Oct, 2003) there are approximately 142,806 residential care places (beds) in Australia. Of these, 74,148 are high care and 68,658 are low care. The average length of stay in residential care is approximately 32 months for high care and 23 months for low care.

There are 690 businesses and organizations providing accommodation for the aged (164 for-profit and 526 not-for-profit). They deliver services in 1,455 locations (an increase of 7% since 1995/6). 61,347 workers are employed (6,877 of these are volunteers who work on average 18 hours per week) in accommodating the aged. 13% of the organizations (89) accounted for 68% of employment (43,967 people including 20,620 volunteers). Not-for-profit organizations dominate the industry, comprising 95% of its employment” (Wheeler, p. 8).

### *Community care*

The largest component of the industry, according to ACSA, is the community care sector. The majority of older people who require care are being supported in their homes or in the community. This community care sector is large and complicated, frequently involving a mix of services, such as personal resident support, health services, food, etc. In 1998 in Australia there were 853,300 people aged 65 and over who received assistance in their home, that is 41% of all persons aged 65 + in households.

## Human resource issues for the aged care workforce

### The aged care workforce

#### *Workforce data*

According to Monash Economic Forecasts (December 2001) 86% of the total aged care workforce is female, 62% of workers are aged between 40 and 54 years and part time staff comprise 52% of the workforce within sector. Employment growth across the aged care sector is forecast over the period 2002-2005.

Although discussions about types of care appear to present a clear picture of service provision, Wheeler concluded that a mix of clients in differing types of accommodation, for example, means that “it is not possible in 2002 to accurately determine the structure and size of the workforce that works with aged clients” (p. 9).

The dramatic increase in demand for care over recent years implies that there has been an accompanying increase in the number of suitable workers available to carry out the increased level of services, in both residential and community care, but data to support this claim was until recently, lacking.

A review of workforce data was conducted for the Commonwealth government (NILS, 2003). The review related to those “providing direct care to elders in residential (aged care) facilities” (NILS, 2003, p.1), and analysed the problems with existing data in regard to this group of workers. This analysis was preparatory to two in depth surveys of the aged care workforce, which were subsequently completed early in 2004 by the National Institute of Labour Studies (NILS, 2004) and which filled some major data gaps. The report resulting from these surveys provided information in regard to:

- ✧ duration of employment and their rate of job change
- ✧ qualifications and highest level of schooling.

While these areas are factors directly relevant to an understanding of current training and recognition for these workers in the workplace, the report does not investigate the area of concurrent education and training, including any employer contribution, which was earlier identified as an information gap.

### *Identifying the workforce*

Given the size of the aged care workforce and some of its attendant complexities, the scope of this research has been limited to recognition and training issues relevant to the personal care workers in the residential aged care sector. This section of the aged care workforce is that part of the workforce currently covered by the VET sector Training Package CHC02.

The NILS (2004) report is the first comprehensive data collection specifically relevant to this group of workers. According to the report, a picture of the aged care workforce is as follows:

“The typical worker is female, Australian born, aged about 50, married, in good health, has at least 12 years of schooling and some relevant post school qualification and works 16 – 34 hours per week. She is likely to be a personal Carer, working a regular day time shift. The post school qualification is likely to be a Certificate III in Aged Care” (NILS, 2004, p. 28).

However, even with the details of this workforce, arising from this report, in regard to training issues, there is still need to carry out further investigation into this part of the workforce. The information and analysis which is still required is specifically in regard to segmentation within the group such as the ‘high turnover’ group, the regional and/or geographical differences in the industry and those in the workforce with significant language, literacy and numeracy needs, as discussed in the paper ‘Literacy in the World of the Aged Care Worker’, (Wyse & Casarotto, 2002) and in the report by Waterhouse & Virgona (2002). Even though the report by NILS (2004) provides a “single, readily accessible data source (which) allows for an accurate and detailed appraisal of direct care employment in residential aged care facilities in Australia” (NILS, 2003, p.2), it is still only part of what is required to inform complex workforce planning.

### *Volunteer workers*

The aged care workforce is augmented and complicated by the number of volunteers within the sector. There are 2.3 million unpaid carers in Australia, which includes those who care for a variety of people with special needs. 450,900 are classed as primary carers, that is, someone who provides the most informal assistance to a person with one or more disabilities.

There are two types of volunteers in aged care, personal carers who are friends and family and those who work voluntarily in residential or community care facilities. We do know that the majority of workers in the community or home based care sector are volunteers. While figures available show that volunteers also work in the residential care sector, the recent survey by NILS (2004) did not include this group. It is not possible to make estimates about their numbers, so they have not been included in this project.

## Training for a changing workforce

Just as there are myths about aged care generally, some outmoded notions remain relating to personal care workers within aged care. The first such view is that some workers in the sector are unskilled, untrained, blue collar workers. There has been a pervasive belief that the majority of workers bring few formal qualifications to the job. However, personal care workers “are also very likely to have a post-school qualification, a large majority of which are in aged care. Fully four fifths have a Certificate III in Aged Care and 10 per cent have higher level qualifications in aged care” (NILS, 2004, p.28).

The second assumption which has prevailed is that those employed in aged care bring a wealth of life skills to the job, and that this life experience and an attitude of commitment is sufficient for these workers to be effective and efficient in the workplace. However the needs of the workplace show that ‘attitudes’ are not enough. Wheeler 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, p.6). There is need for workers providing care that meets the required standards in:

- ✧ health and personal care
- ✧ resident lifestyle and
- ✧ physical environment and safe systems.

In its Review of the Community Services Training Package, the Community Services Ministerial Advisory Council (CSMAC) says that community services are increasingly being delivered in an environment of dynamic social, economic, political and technological change (CSHTA Review Report, April 2001, pp 12-14)

The key changes being required of the workforce have been identified as:

- ✧ greater emphasis on analysis of strategic need and defining outcomes in funding arrangements
- ✧ emphasis on developing community capacity to be a stronger partner in the design, delivery and evaluation of services
- ✧ provision of stronger integrated services across agencies, sectors, areas/regions and jurisdictions
- ✧ delivery of appropriate services, especially to remote and regional locations
- ✧ greater attention to prevention and early intervention strategies

Some of the policy impacts which were identified during the Review of the Community Services Training Package included:

- ✧ the introduction of ‘Ageing in place’ under the Aged Care Act 1997
- ✧ the expansion of Community Care Aged Packages
- ✧ implementation of Standards (including HACC) & Accreditation
- ✧ the Resident Classification system requirements for funding
- ✧ approaches to ‘Ageing well’ and healthy ageing

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

One element in building capacity is the provision of a better skilled and more flexible workforce. Development of this workforce should be undertaken within an agreed framework and direction, and with an informed base so that appropriate decisions can be made” (Wheeler, p.1).

All work undertaken in the industry needs to reflect an understanding and application of:

- ✧ knowledge about the changing social, economic and political climate as it impacts on the industry
- ✧ the principles of social justice, human rights, anti-discrimination and confidentiality
- ✧ practices to address cross-cultural issues
- ✧ relevant OHS and employment equity principles and practices
- ✧ principles of a non-discriminatory service
- ✧ the impact of personal biases and experiences
- ✧ individual differences of clients and colleagues, including those relating to cultural, social, economic, physical and health
- ✧ consideration of the needs and rights of the individual, the family, the community and society
- ✧ a client-centred approach to work
- ✧ the diversity of relevant models and practices
- ✧ the holistic needs and rights of clients (as individuals and as a community)

Many of these fundamental features identified as integral to the industry have direct impact on the development and provision of recognition and workplace training practices.

Wheeler (p.6) has outlined an even more encompassing range of support services provided by this group of workers, including physical, emotional, cognitive, cultural, spiritual, sexual, education, safety and security, as well as personal care services.

The revised Community Services Training Package CHC02 has been developed to reflect these wide ranging demands for workers in the aged care industry and is customisable across a range of contexts.

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.

### *Issues related to training and the workforce*

Personal care workers have been identified as a key target group in the industry. However, while some activities appear to address the needs of this group, the training needs of personal care workers are extensive. Although a range of training is conducted by groups such as Carers

Australia and Alzheimer's Australia, some of which is accredited, this training tends to focus on a narrow range of skills. Even the Commonwealth Budget 2004/05 initiatives, which have provided funding for 1600 new aged care nurses over the next four years, do not seem broad enough or extensive enough to impact sufficiently on these workers. This strategy concentrates on training more nurses, rather than any enhancement or strategies directed at this largest group – the non-nursing personal care workers.

In terms of training for workers in the aged care sector, one particular challenge is around recognition of experience as part of the training process. 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 skill base (including life skills) will be sufficient for the role(s) they are required to perform. The range of services required, along with the pace of change in the industry, and the rapid turnover of staff - up to 25% of personal care workers may need to be replaced annually - (NILS, 2004, p. 3) means that there is need for initial training and ongoing training for individual workers. This implies that ongoing training programs, in a broad range of skills, must be provided. These training programs must also meet the required standards for their facility. Some examples are context based OH&S, the care and use of drugs, behavioural management, and the introduction of extensive documentation (Keevers and Outhwaite, 2002, p. 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, Section 1. Changing Work –Changing Workers, includes detailed discussion of changing notions regarding work and workplace learning relevant to this sector). It is equally important for an industry whose growth in labour force will rely on those aged over 45 and an increasing number of males (with a range of workplace experiences) that appropriate recognition be offered and biased assumptions about incompetence not drive the recognition assessment process (DEST, 2003).

Some additional factors specific to this workforce will impact upon the need for training. Census data in regard to workers in aged care shows 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 (NILS, 2003, p. 22). Some of these workers from non-English speaking backgrounds are likely to have quite specific training needs, including for language and literacy (for example if their English level is not adequate in terms of reading about drugs or specific procedures), especially given the changes in the functional literacy skills required to perform tasks to a given level of performance (Wyse & Casarotto, p. 8). If there is a shortage of indigenous workers, increased training for both indigenous and non-indigenous workers may be needed – so as to provide a suitable workforce for this segment of the aged population.

Accessible training will increasingly be required for those working in rural and remote areas. These workers are less likely to have a range of options for learning. The increasing size of this group arises from demographic changes, whereby a higher proportion of the aged will be in rural and remote areas, and will require services (and staff) located there also.

Training on an ongoing basis will also be required to meet increased quality service standards and good business practice. Aged care, like all successful businesses, needs to provide continually 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 tangibles such as waiting lists and bed days (see Lawson, April 2003).

### *A strategic approach*

Implementing concepts such as communities of practice, developing networks of knowledge and skills sharing across all-important aspects of business, sharing ideas and developing and testing knowledge and assumptions are essential in the modern, sustainable workforce. The growth of activities that support learning organisations such as training and recognition are a broader part of a movement not just around corporate sustainability (Dunphy & Griffiths, 1998, p 160). It is easy to forget that the work of high performance professionals depends on the knowledge and skills of many others in the organisation.

These concepts are a significant challenge to the institutional model within the current residential aged care culture, with large numbers of workers not included in decision making or considered important in creating a customer service culture. The negative connotations of being a “Third Level” worker in health and aged care are obvious. Workers operating at Certificate III level not only constitute a significant proportion of the aged care workforce, especially in regional areas, but they also exhibit the broadest range of characteristics, including:

- ✧ older workers as well as many quite young workers
- ✧ those with few formal qualifications along with those with appropriate qualifications
- ✧ broad work and life skills and experience along with those who have little of either
- ✧ those who are trained as well as those who are untrained
- ✧ those requiring recognition and those who do not.

In some parts of the industry itself, 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 that bullying by health professionals is a significant problem in the health workforce and contributes not only as a disincentive to retention of staff but has an impact on safe staffing strategies (Youngson, 2001).

Training is therefore one of the essential features of a strategic HR approach to workforce development, being one way of creating workplace cultures that can deliver the range of quality of service demanded by the ageing population. A move to a more strategic approach in the development of the aged workforce was acknowledged in August 2002, by the Minister for Ageing, Kevin Andrews, 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 Media Release)

However there are much broader issues than just training in supporting workforce development. The workforce of tomorrow challenges management to undertake a greater recognition of the individual as part of a total enterprise outputs. Lawson (2003) in an address to the Health Leaders Network Conference outlined an appropriate approach that the Community Services sector could adopt in managing its people.

## The Vocational Education and Training context

The Australian Vocational Education and Training (VET) system and policies play a significant role as part of the training and employment strategies for the aged care industry. For more than 15 years the VET system has attempted to align education and training systems to meet the rapidly changing demands placed on the Australian workforce. Measures introduced include the development of a competency-based Australian Qualifications Framework (AQF), built on industry defined competency standards, qualifications and assessment guidelines, which are identified in nationally endorsed Training Packages, the provision of a national approach to recognition of training, and processes to ensure quality.

Features of the national VET system include improved pathways between educational sectors, and between training and employment, as well as a training market comprising public, private and community providers aimed at offering choice, a wider range of programs and a range of flexible delivery and training approaches to clients.

It is important to note that vocational training within AQF qualifications is just one part of the training provided in aged care workplaces. A broad range of non formal training is provided as continuing professional development to aged care workers. This training covers a range of short topics and includes areas such as wound management, infection control, manual handling, dementia care, palliative care and complementary therapies.

Site research conducted at a representative range of aged care sector establishments during the second phase of this project has provided some insights into how successfully the broad range of information and training options are being promoted and adopted in the sector.

### Workplace learning

Initial research as part of the project suggests that within the residential care sector there is a range of training arrangements available, including:

- ✧ groups of facilities with RTO status
- ✧ individual facilities which are RTOs
- ✧ partnerships between a facility and a public or private RTO.

Current VET experience indicates that the best training for workers includes the possibility of optional modes for training delivery. These modes might include face to face delivery, on the job training; self paced learning, distance learning such as online and satellite, and pre service training. These options offer a mode of training that melds with the work of the organisation and with the busy lives of the workers.

Current practice and research says that “the contemporary workplace becomes the most authentic, relevant and situated place for vocational learning, particularly when work is organised to facilitate learning. Workplaces routinely provide and structure learning experiences as part of everyday work activities and through guidance from other workers” (Elmholdt and Billett, quoted in ANTA 2003, p.11)

According to the High Level Review of Training Packages (ANTA, 2003 p. vi), “Learning through work is what most workers nominate as the most important contribution to their learning.” However across all types of employment, it is apparent that work is often not organised in ways conducive to learning. This is where a major challenge arises for enterprises and employers, to create a workplace which is conducive to learning for its workforce.

The review outlined concerns that the workplace learning model, which is built into Training Packages, further reinforced by New Apprenticeships funding approaches, is based upon the assumption of a relatively stable and ongoing relationship between the workplace and the learner (ANTA, 2003, p. 12). Residential facilities, it is argued, are an example of a core periphery model of workforce organization, whereby a core of permanent staff (the nursing staff) manage a shifting network of temporary and other workers (ANTA 2003, p.1), notably personal carers. It is claimed that this change in work arrangements over recent years challenges workforce stability. Richardson and Martin's results tend to support this analysis of the workforce structure, but there is no evidence that the structure impacts upon the workplace learning model.

## Recognition processes

Within the Australian VET sector emphasis has been given to recognition of prior learning because of its capacity to be able to play significant roles in supporting lifelong learning, in fostering the development of a learning culture in the workplace and in developing workers with the requisite skills and knowledge to adapt to the ever-changing nature of the world of work (Kearns, 2001; Smith, forthcoming). A component of assisting particularly mature age workers to 'market their skills and experience to new employers or to identify and move into new opportunities' is to assist those workers to obtain formal recognition of their skills (ANTA, 2003b, p.3).

There is widespread debate within the VET sector about the definition of recognition and whether or not it includes both recognition of prior learning and recognition of current competencies. Bateman and Knight (2003) suggest that with the implementation of training packages and the Australian Quality Training Framework (AQTF) both prior learning and current competencies are covered within a single framework of recognition. ANTA confirms this broader view with the following definition:

“Recognition of Prior Learning (RPL) means recognition of competencies currently held, regardless of how, when or where the learning occurred. Under the Australian Quality Training Framework, competencies may be attained in a number of ways. This includes through any combination of formal or informal training and education, work experience or general life experience.” (ANTA, 2001, p.9).

“The evidence may take a variety of forms and could include certification, references from past employers, testimonials from clients and work samples” (Bowman et al, p. 17). RPL is seen as having the advantage of allowing participants to 'fast track' to a qualification. Based upon the perceived advantages of 'recognition' or RPL, the process has been actively promoted within the VET sector by most key stakeholders.” (Bowman et al, p.18).

For most aged care organisations the major emphasis for skills recognition is likely to be on employees' current competencies. The evidence used by assessors to make a judgement about an aged care worker's competence is likely to be made after consideration of a broad range of evidence based around the worker's current job role and responsibilities.

Recognition of workers' skills can help contribute to the development of a strong learning culture in organizations, and would seem to support the aged care industry registration and accreditation requirement. With 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 data either from RTOs or enterprises, other than a small number of case studies, that evaluate the outcomes of skills recognition (Bateman and Knight, 2003). A number of studies have commented on the relatively small number of employees who have actually gone through a



process of having their existing skills and experience formally recognised (Wheelahan et al 2002). 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. Bateman and Clayton (2002) suggested that workplace pressures may influence decisions relating to assessment through recognition, as 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 et al (OTTE, 2002) reported on comments by their informants of the inappropriateness of recognition, 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 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) observes that across all industry the gap between policy and implementation in respect to recognition is very wide. She observes that RPL requires candidates to have a complex skill set including self assessment, the ability to present oneself in a format appropriate to the context, and a thorough grasp of the standards and the range and amount of evidence required. It has been suggested that where staff have difficulties with language and/or literacy, and either lack skills or lack confidence in their own skills, the recognition process will present a barrier that is not easily surmounted.

Other evidence supports the inappropriateness of the RPL process to deliver sustainable outcomes, saying that individuals do not engage with RPL 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, p. 15)

## Community services and VET

Historically, there is a low level of investment in VET by health and community services industries according to CSHTA (Strategic Plan, p. 22). Explanations for this include the view that not all employers are convinced of the value of training for their workforce. Geographic location and the laws of supply and demand can influence the range of training offered in a particular aged care facility. In hard to staff areas there may be less training demanded prior to recruitment, whereas in areas such as Sydney's south western suburbs – with pockets of high unemployment - applicants may be required to have Certificate III to access a job.

Qualifications offered within the Community Services Training Package are:

Certificate II in Community Support Work

Certificate III in Aged Care Work

Certificate III in Community Care

Certificate IV in Aged Care Work

Certificate IV in Service Coordination (Ageing and Disability)

Certificate IV in Community Services (Lifestyle and Leisure)

Diploma of Community Services Management and

Advanced Diploma of Community Services Management.’

(CSHTA Qualifications Framework 2002)

The national Community Services and Health Industry Training Advisory Body (CSHTA) maintains two Training Packages, HLT02 and CHC02, relevant to the aged care industry. While these Packages are produced as discrete entities there is overlap between the requirements for competence between and across the industries and therefore within the Training Packages. Of particular note to the aged care sector are units of competence covering:

- ✧ First Aid
- ✧ Responding effectively to difficult and challenging behaviour
- ✧ Care for home environment of clients
- ✧ Preparation and serving food
- ✧ Maintenance of plant and equipment
- ✧ Complying with infection control practices
- ✧ Providing laundry services and a range of others.

The overlap between the packages requires that training providers and employers have a well developed understanding of the options for training and assessment pathways. The need for clearly written, jargon free information material about training options has been frequently cited as essential for the broader adoption of workplace training in the sector.

The qualification currently most used in the industry is the Certificate III in Aged Care Work. Prior to 2004, the only available statistics showed “one fifth of personal care workers having completed Certificate III or IV. However 52% have not completed any qualification higher than secondary school “(Healy & Richardson, p. 23). The figure for personal care workers may have included those working in community care as well as aged care residential facilities, because the 2004 data (NILS, 2004, p.45) shows that 66 per cent of personal carers in aged care facilities have completed the Certificate III in Aged Care.

It is notable that there is a much lower uptake of Certificate IV, with only 8 per cent having completed this qualification. One suggested reason for this limited progress in qualifications is that there are no clear pathways for workers. This lack of pathways is challenged by Wheeler (p.14), ‘Some work in defining career pathways has commenced in the aged care sector, including arrangements whereby Certificate 111 aged care workers can articulate to Certificate 1V and then into Registered Nurse training.’

However this pathway is only into the medical i.e. nursing, option, and Wheeler (p. 2) 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. 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 must be remembered that while career pathways and opportunities for continuing development are an important benefit for staff, there are also workers who are comfortable achieving an initial qualification and maintaining competence rather than pursuing any formal qualifications. Some of the criticisms of the aged care industry provision of training mentioned in this paper reflect either

ad hoc training, or training that is not clearly aligned to defined strategic intent, rather than that no training is being provided.

Some organisations are working in partnership with RTOs to map some of their non accredited training to national competencies to ensure nationally recognized statements of attainment can be provided for successful completion of training. Other organisations which already have staff with an existing qualification view this type of ongoing learning as an essential part of maintenance of competence and staff development, and a means of meeting their quality and accreditation requirements.

Nationally developed Training Packages and qualifications have increased the opportunities for human resource development strategies in the workplace by focusing recruitment, retention, performance development, skills portability, flexible delivery, job design and on- the-job assessment around nationally agreed benchmark competencies and qualifications. While there are many potential benefits for workforce development, there is a range of issues to be addressed in relation to the engagement of employers and potential workers with the VET system to enable successful outcomes.

### *Barriers to training and skills recognition*

Some of the lack of uptake of qualifications may be caused by specific barriers. The Tasmanian Community, Property and Health Services ITAB, using a survey methodology of staff to explore the relationship between its aged care workforce and training, identified the following barriers:

- ✧ time lost in training
- ✧ the cost of training
- ✧ lack of learner confidence
- ✧ lack of quality training staff
- ✧ lack of choice and flexibility in training provision (Tasmania, p. 23 ).

Some Department of Education Science and Training funded research conducted by CSHTA during 2003 makes a range of observations about barriers to the take up of training. This research tested recommendations emerging from the national review of nursing education and career pathways for the VET workforce (Our Duty of Care). Some research observations are detailed in Table 2 below.

| Our Duty of Care recommendations                                                                                                                                                                                                                                                                                                                  | CHSTA research observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Our Duty of Care “Recommendation 12 – Maximising education pathways (pg. 22)</p> <p>To promote career transitions and opportunities for development in the education and training of care assistants, health workers, enrolled nurses..... providers should seek ways to: Maximise the potential for RPL and RCC (now called Recognition)”</p> | <p>CSHTA observed “While Education Providers were nominated as having the responsibility to implement this recommendation CSHTA identified through industry consultation of over 700 participants in workshops across Australia that many RTOs, Group Training Companies (GTCs) and employers have difficulty recognising competence because of poor understanding of Training Package requirements or poor technical skills (particularly of assessors) in the preparation and application of resources.”</p> <p>Data also identified the significant impact of this deficit on over 45’s as a potential recruitment pool and for potential learners in regional and remote locations to have current competence recognised.</p> |
| <p>Our Duty of Care Recommendation 7. Care Workers not covered by Regulation (pg. 20)</p> <p>To ensure quality and safety in the health, aged and community care sectors, all workers without relevant recognised training who are employed to provide direct care should have minimum competency level of Cert III from the</p>                  | <p>CSHTA identified that placing pressure on industry (VET and employers) to deliver this requirement will not be successful while RTOs’ abilities to deliver consistent quality outcomes is reported by industry as poor. This problem is being referred to by CSHTA as a credibility gap in which employers are being critical of the VET system/RTOs of not delivering a quality service eg too lax with recognition of competence processes, not providing appropriate literacy support. Lack of funding for existing worker traineeships in some states was also identified as problematic.</p>                                                                                                                              |

| Our Duty of Care recommendations              | CHSTA research observations |
|-----------------------------------------------|-----------------------------|
| appropriate Community Services or Health TP". |                             |

This work, undertaken during early 2003, was further validated by CSHTA through the research titled Engaging the untapped workforce; training solutions for the Community Services and Health industry for the Over 45's, people with a disability and from a CALD background.

The research results included the need to introduce greater flexibility to allow such individuals to retrain, gain new skills and also work more flexibly. Many smaller organisations attempting to assist the three categories of worker who were the subject of this study live a hand-to-mouth existence which markedly affects their confidence and ability to continue to offer services and to provide training support. The lack of inter-sectoral collaboration was seen to hamper a streamlined recruitment, assessment and training pathway. Linkages between relevant agencies (e.g. Centre link, Job Network, New Apprenticeship Centres) need to be improved in respect of these clients, so that they don't "fall between the cracks" of the training and employment systems. There was also some evidence that special attention should be provided to males, especially within the over 45 year age group, as this sub-group appears more resistant to making the necessary attitudinal changes to embrace a realistic training outcome to facilitate workplace re-entry. Informants indicated that the increase in credentialism i.e. having to have a Certificate III qualification to work in the sector, is viewed as a disincentive by many potential workers or learners. Improved communication strategies, using case studies and testimonials, were suggested by informants as a means of highlighting the pivotal role played by training in the outcome.

A range of particular challenges arising from the research included:

- ✧ RTOs and Group Training Companies (GTC) assessors being skilled up in recognising valid evidence of a learners past history and supporting the Recognition process
- ✧ Developing "Recognition Kits" across specific industry sectors for RTO and GTC use as a benchmark in assessing evidence of a learner's competency.
- ✧ RTOs and GTC assessors being better skilled in on the job assessment that meets the standard of the Training Package
- ✧ Enabling accredited assessors to learn how to develop assessment tools and gather a range of evidence to streamline/fast track learning and assessment.

A recent VET sector research project by Bowman et al (2003) identified some of the barriers impacting on the adoption of recognition, including:

- ✧ lack of awareness of recognition and associated processes and procedures
- ✧ confusion caused by recognition terminology
- ✧ candidates' perception of the evidence gathering process and the paperwork required as complex
- ✧ lack of confidence of potential candidates in what they perceive to be a confusing and complex process.

Clayton et al (2003, forthcoming) note that:

"Individuals in enterprises who are potential applicants for recognition may be deterred from applying, either because they do not really understand what is required of them, or they are unable to match their prior experiences and skills with the competencies described in the training documentation."

Some anecdotal evidence suggests that employers need to utilise innovative means to encourage workers to engage with recognition. An approach which focuses upon workplace observation and questioning is more successful, but also places more demands upon resources and time.

As part of the data collection at aged care sector work sites in the second stage of this project, some of the specific barriers to the recognition process were investigated, as well as strategies and models being used by both enterprises and RTOs to overcome the barriers.

## Current training and recognition activity in aged care

Australia wide, the largest uptake of Traineeships has been in Aged Care (CSHTA, website, New Apprenticeships, p.2), many of which, it can be assumed, would have been existing workers. Outside this activity, 'there has been little research to date to evaluate the impact of providing training for existing workers to address skill gaps. Outside of nursing staff, there has been little evidence of programs aimed at upskilling other classifications of workers into demand areas. Ongoing skill development programs often appear to follow, and be limited to, a risk management approach, resulting in programs for OH&S and infection control and new operational arrangements' (Wheeler p. 14 – 16).

However some other very recent activities, which can be expected to provide a broader range of training and some good models of assessment and recognition, are indicated below:

In the 2002 – 2003 budget, the Commonwealth announced it would provide \$21.2 million over 4 years, to address some of the training needs of workers in smaller, less viable, residential facilities. The first thirteen of these projects, which aim to address the needs of aged care workers in small, regional, rural and remote facilities, are currently being implemented.

One project, the Satellite Technology Training Project, aims to provide training to 100 small aged care homes, through satellite television (ACSA, Tender doc. October, 2003). Although the concept is innovative, the training provided tends to follow the 'risk management approach' noted above, with a focus on topics such as Food Safety, Fire Safety, Manual Handling, etc.

There is also a range of projects underway in the CS&H industries around recognition. CSHTA in a DEST funded project, conducted a range of CSTP implementation and assessment workshops across Australia in early 2003 and has been further funded to focus on recognition assessment in greater detail through developing Recognition resources for Ageing and Disabilities, along 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 VET 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.

## Conclusion

There are a number of innovative pilot initiatives being developed to facilitate training and recognition for aged care workers. However the expanding demand for aged care services and the changing demands on the industry emphasise the need for training and recognition to be made easier and more accessible. Barriers to training in the industry point to the need for models and successful examples to enable successful provision of training and recognition in the industry.

Research at aged care sites in the second stage of this project specifically identified some of the barriers to training for this sector of the aged care workforce. It also provided some models currently in use to support and encourage the workplace training and recognition process.

# Overview of case studies

Case studies were selected to be representative of the diverse range of facilities that make up the residential aged care sector. The table below shows the specific features of each facility that were used as part of the selection of sites. Aged care sites where project interviews took place have not been identified in the report so as to protect the views of individual employees who contributed.

| Features                                      | Site 1 | Site 2 | Site 3 | Site 4 | Site 5 | Site 6 | Site 7 | Site 8 |
|-----------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Metropolitan                                  | *      | *      |        |        | *      |        |        | *      |
| Rural                                         |        |        |        | *      |        | *      | *      |        |
| Small                                         |        |        | *      | *      |        |        | *      |        |
| Large                                         | *      | *      |        |        | *      |        |        | *      |
| High care                                     | *      |        | *      |        | *      |        |        | *      |
| Low care                                      | *      | *      | *      |        | *      |        | *      | *      |
| Includes community care                       | *      | *      | *      | *      |        |        | *      | *      |
| Includes residential care                     | *      |        |        | *      | *      |        | *      | *      |
| Target resident group eg indigenous, cultural |        |        |        |        |        |        | *      | *      |
| Provides acute care                           |        |        |        | *      |        |        |        |        |
| Dementia unit                                 | *      | *      | *      | *      |        | *      |        | *      |
| Provides respite care                         | *      |        |        | *      |        |        |        | *      |
| Community based                               | *      |        |        |        |        | *      | *      |        |
| Not for profit                                | *      | *      | *      | *      |        | *      | *      | *      |
| Part of community health service              |        |        |        | *      |        |        |        |        |
| Part of larger organisation                   | *      |        |        |        |        |        |        | *      |
| Facility is an RTO                            | *      |        |        |        | *      |        |        | *      |
| Has public sector RTO partnership             |        |        |        |        | *      |        |        | *      |
| Has private sector RTO partnership            | *      | *      | *      | *      |        |        | *      |        |

# Case study1

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## Key distinguishing features of the facility

- ✧ large outer metropolitan facility
- ✧ charitable organisation
- ✧ residential care (hostel and nursing home – 78 beds in total, 33 low care, 43 high care)
- ✧ part of wider services available on the site (family services, community care, self care units, dementia respite care)
- ✧ facility is registered as an RTO but for limited training provision. The training for personal care workers is being provided by a small private training organisation
- ✧ facility has recently become part of a larger group, Catholic Health Care Services.

## Staff members interviewed

Director of Nursing, trainer from partner RTO, 8 personal care workers (4 residential care workers and 4 community care workers). None of the workers interviewed had previous qualifications in aged care but two had qualifications and experience in other industry area (hospitality, office skills).

## Staff numbers

37 assistants in nursing and personal care workers are employed in fulltime and casual positions. There are also 3 enrolled nurses and 10 full time registered nurses employed.

## Personal care workers profile

|                          |                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------|
| <b>Length of service</b> | 5-10 years                                                                                |
| <b>Age range</b>         | 19-60yrs                                                                                  |
| <b>Gender</b>            | Mostly female, only 6 male staff members                                                  |
| <b>Nationalities</b>     | Mainly Australian born. Other nationalities employed include Tongan, Filipino and Chinese |

## Observations about the changing role of personal care workers

The work of personal care workers is more demanding than ever before. Residents now require a higher level of nursing care and workers need to clearly understand duty of care issues.

With *Aging in Place* the residents are not coming into care until they are much older and frailer and staff need well developed skills to deal with these residents. The workers need to look after residents' physical and also emotional well being. There are many more residents presenting with dementia and they require a lot more support than previously. Also, staff need to be able to deal with residents' challenging behaviour.

The communication demands of the personal care worker are much greater. There is a lot of negotiation with families required especially in situations where a family member has been the major carer and now the individual is a resident in a nursing home or hostel. Personal care workers also need well developed communication skills in dealing with other staff members and doing verbal hand overs. Workers reported that they felt they were often overlooked in decisions about residents even though they were the main carers and often were more familiar with the resident's needs and capabilities. The training program provided them with more confidence in their communication skills and some felt more able to offer input into decision making or to complain to supervisors when they were not part of significant decisions about residents.

The workers need to find as much as possible about the residents' former lives, and treat them with dignity. Many of the residents are "no longer as they were" so workers need to find out about the great things in their lives, their social history, so as to maximise the care and communication.

Within the nursing home there are heavier physical demands on the workers with heavier lifting, showering and toileting responsibilities and more residents requiring feeding. There is a greater requirement to complete paperwork (progress charts, bowel charts, record temperatures of fridges, dishwashers etc. In the hostel there are also increasing worker requirements associated with organising outings and doctors appointments, maintaining progress charts and diaries, supporting families and settling in older residents unused to being in an institutional setting. (The current age range in the hostel is from 75yrs – 100yrs). Managing workload and contingencies caused by having a number of "wanderers" among the residents was cited by several workers as a difficulty associated with the role.

The workers need to clearly understand the boundaries of their role and how to deal with contingencies. An example of this was to know when to ask for help when drug dispensing, to recognise signals that there may be a problem such as packaging that looks wrong, and to know what to do about it. Training was a way of reinforcing knowledge in these areas.

## Training and recognition in the organisation

A training philosophy is embedded into the Organisation

Currently the same trainers working with personal care workers work more broadly with staff on organisational development and accreditation issues. Trainers are very familiar with needs and philosophy of the organisation

The Organisation is facing major changes over the next 3 or 4 years. There will be a large redevelopment of the site which will involve an additional +80 beds being made available and will include high care dementia unit. Lots of training will be required to prepare staff for these changes.

Both the Director of Nursing and the onsite trainer interviewed felt that the organisation need to have different strategies to offer training for all staff. They were interested in exploring the use of video, computer resources to be able to offer ongoing training flexibly. This would suit their staffing arrangements where there is currently some "downtime" where staff could access different resources if they were available and suitable to the needs of the staff members. Currently only the younger workers were confident using computers and they were only being



used for word processing but the manager felt they could be used more effectively for training in the future

## What is required of staff at recruitment

The organisation recruits on attitude. They are looking for potential personal care workers who demonstrate empathy and a caring attitude with the frail and aged. They believe through training the workers can gain the skills they need to do the job. The Organisation has a target to have all personal care workers trained to at least Certificate III level.

## Training of personal care workers provided by the facility

Certificate III in Aged Care Work is the being delivered to personal care workers. Workers also access other training on site provided for all staff members by a range of different trainers and organisations. This includes training in areas such as OH&S, manual handling, fire safety, infection control, dealing with challenging behaviour, wound management, palliative care, dementia etc. Workers were also given specialised training about the use of new workplace equipment as required.

The trainer providing the current Certificate III training program had mapped all of these other training activities to the Certificate III requirements. The trainer indicated there was often a mismatch between the competency standards and the role of personal care workers and the standards do not reflect the complexity of the job.

The facility is currently running a training program for 16 personal care workers which is a mixed group comprising both community and residential care workers. The facility is funding this training and it is part of their broader business goals. They have set a target to have all personal care workers trained to Certificate III standard. This is the second group of workers to go through Certificate III (previous group had 19 members).

The face to face training is arranged onsite in work-time. The course is conducted every Tuesday afternoon and has been running from July 2003 to April 2004. The course is conducted by a private training organisation who delivers the training onsite in the facility's training room. The organisation conducting the training is being auspiced by a larger industry peak body which is the RTO. The training is not part of a Traineeship. There are a number of workers in the program with language and literacy support needs so the training program is being offered in conjunction with WELL program. A team teaching model is used with the WELL component of the program being delivered by a local public sector RTO.

On the job skills assessment was organised by a nurse with assessor qualifications working a shift with the worker being assessed and this was supplemented by oral questioning and third party reports from supervisors.

Program participants were provided with a comprehensive package of course materials developed by the trainer, tailored to their own workplace context and aligned to the quality management system. They were expected to complete homework activities and projects in addition to face to face classes. The materials were put together holistically so that they linked to the job rather than as discrete units of competency. Both the trainer and the course participants commented on the value of having resources customised to the facility as they were meaningful.

## The role of recognition

The staff interviewed did not have a clear understanding of recognition. A recognition process was offered to all enrolled in the Certificate III course but workers elected to complete the training. Workers interviewed reported that they elected to do the training program as they wanted to be part of the group.

The trainer had mapped the Organisation's processes to the requirements of the training so that recognition could be more easily be offered. The trainer's ongoing work with the Organisation in the area of management training and organisation support for accreditation and quality had given her a thorough understanding of the workplace and enabled her to complete this mapping process. The trainer reported that recognition packages currently available commercially for personal care workers needed to be streamlined and customised to be useful.

It was reported that often workers don't have the necessary documentary evidence or the skills to put a recognition portfolio together, particularly at the beginning of their course. Several informants felt that for industry to progress they needed workers with problem solving and lateral thinking skills and that these skills could be better developed through training. From the organisation's perspective although recognition was a cost effective option they felt that the organisation benefited in the long term through the workers being able to participate in training.

## Preferred method of learning

The learners interviewed particularly enjoyed working as a group. They reported that they enjoyed learning formally and being regarded as students, often this was a completely new experience to members of the group who had never participated in formal training. They enjoyed the time out to study away from their work pressures.

They felt they had benefited having access to the underpinning knowledge, the "why" of their job. One worker commented: "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."

Participants reported that they liked the style of teaching to be very practical with lots of different types of activities such as presentations, discussions, videos and talks from others. They felt that activities that related the theory to practical situations in their own context were useful as it made the learning real. The trainer reported that the opportunities for discussion, debate and problem solving were very useful for participants, particularly as they were drawn from different parts of the organisation so were able to gain insight into how issues were dealt with in different areas.

They felt that they could maintain their attention better because the teacher kept switching to different activities. They also enjoyed excursions organised as part of the program. One highlight was a visit to an independent living centre for dementia patients where they felt they learnt a lot about useful strategies to use with dementia patients.

The participants reported on the importance of being able to ask questions as part of the training and they preferred to have a classroom so that this could happen more easily. They felt that the fact that they were all from the same facility meant that they were not afraid to ask questions.

A number of course participants commented that they were glad they had waited to do the course until now when they had some experience on the job as it makes so much more sense than if they had been trained prior to working in aged care.

## Identified barriers to training

A number of workers commented on lack of confidence in their ability to do the training and participate actively in group training sessions and also lack of family support or recognition for their need for training.

Lack of common time and the difficulty involved in rostering to get workers together to establish a group were other problems encountered when establishing training. .

Workers' commitments outside the workplace were seen as a major obstacle which is why the workplace had decided to offer the training in work time. Many of those interviewed were working two jobs or had substantial family commitments which would have prevented them being able to undertake training outside work time

There was information overload on the part of the managers about training organisations and resources available. It is hard for those not involved in training as core business to sort through all the literature and advertising material and offers by training organisations. It is hard to determine what is good and would most suit the needs of the Organisation.

## Useful strategies for training and recognition

- ✧ More experienced workers acted as buddies to others in the group with less experience and confidence to undertake formal training.
- ✧ Blending the training with support through the WELL program gave individual literacy support to those that needed it and gave all the workers in the group an opportunity to extend their "learning to learn" skills
- ✧ The Manager has an annual performance appraisal interview with all personal care workers to determine their individual training needs and help plan strategies to meet their goals. Workers interviewed commented on the value of this approach and how it confirmed how the workplace valued their role
- ✧ The workplace was paying part time or casual workers to attend the sessions as an additional incentive for them taking part.
- ✧ The Organisation is in the process of negotiating to become part of a larger organisation offering aged care services across the region. This larger organisation is an RTO so the manager interviewed felt that it would provide a mechanism of being able to offer more cost effective training by being able to join forces with other facilities.
- ✧ Regional and local networks and meetings of aged care facility managers was a useful source of finding out about what training resources and new developments were on offer. It was also a useful way of organisations collaborating to offer training.
- ✧ Course participants were encourage to start a portfolio and to see the importance of this for their future careers in the industry. They were encouraged to keep examples of their work and training activities and learned to write a CV.
- ✧ The workers completed some basic research as part of their homework activities. They were encouraged to use sources such as the internet which made them become more self-reliant and curious.

## Preferred ways to find out about training

Program participants welcomed having access to information about other training opportunities through notices on the board, information given to them by managers and supervisors and

through their performance appraisal interviews. Having regular staff meetings at site also provided an opportunity for workers to be more involved and to have access to information.

## Planning to meet future industry staffing demands

There is a need to clearly identify roles of workers in aged care and to tease out their roles in relation to that of the RNs. In the future with decreasing numbers of RNs available it was reported by one informant that RNs will need to have a supervisory, clinical leadership, trouble-shooter, problem solving role and will need to delegate some of their current role to others. This re-allocation of roles is going to require many RNs to have a different skill set involving managing teams, leadership and time management.

# Case study 2

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## Key distinguishing features of the facility

- ✧ metropolitan location
- ✧ not for profit residential care
- ✧ run by the Baptist Community Services.
- ✧ implementing the “aging in place” policy
- ✧ operating since 1990.
- ✧ targets mainly low care
- ✧ total of 72 residents, 48 low care and 24 high care.
- ✧ has a dementia unit for 8 residents.
- ✧ hillside site restricts the kind of care the facility can offer, as access and control of wheel chairs and frames is difficult.
- ✧ the facility also runs a Community Care service through a separate manager.

## Staff numbers

Total number of staff is 45. This includes:

- ✧ 4 enrolled or registered nurses
- ✧ 20 personal care workers.

The care workers can be divided into 3 sections:

- ✧ the first group normally work for about 10 years, are in their late 40's, and have a variety of roles in low and high care, the dementia unit and as recreation officers.
- ✧ the second group are a young (18 - 20 years old) transitory group of workers who are often student nurses who are getting experience at the facility before moving on in their careers. Their length of service is usually less than 2 years.
- ✧ the final group, fairly stable, are 30 - 50 years old, and will stay for up to 10 years.

## Staff members interviewed

- ✧ Director of Care, facility managers, Training Manager and trainer from external RTO
- ✧ Three personal care workers, one working in low care, one in the dementia unit and the other as a recreational officer.

## Personal Care Workers profile

- Gender** most personal care workers are female
- Nationality** predominately Australian born, with some from Ghana, India and South Africa.
- Education** Highest levels of education included senior secondary and some TAFE study.
- Qualifications** Some have qualifications in Hairdressing, IT and Business Administration, while others have experience in aged care.

## Role of personal care workers

The changing role of the carers includes the following :

- ✧ assists residents in all daily living from dressing/bathing to social activities
- ✧ reports and documents changes and care needs
- ✧ assesses residents needs by utilising a 21 day assessment period
- ✧ develops a care plan
- ✧ provides assistance to family members and visitors
- ✧ ensures privacy, dignity and safety
- ✧ assists with medication
- ✧ provides case management

An increased knowledge of nursing is required, as well as the additional responsibility of giving out medication, due to the shortage of registered nurses. Consequently the personal care workers also have to complete a medication module in their training.

The job description of the personal care workers includes all activities of daily living such as showering, changing, toileting, and in the dementia unit this is all done to a greater degree. The recreational officers' role includes arranging each resident's leisure time with a preferred activity, supporting socialization, organising and advising about activities for the day, e.g. games and outings.

The facility believes there is a need for staff to have the Certificate III qualification especially to support the residents with high care needs. Older people are staying longer in the community so by the time they come to a residential facility they are quite frail, their needs are greater and so are the subsequent demands on workers.

In the future, these staff will also need leadership skills, a more thorough knowledge of the aging process, assessment skills, client service skills, training in ethics (this is lacking in current training) and a more holistic approach to resident care.

The personal care workers described the joy they experienced when they felt they were making a difference to the quality of residents' lives and adding to their sense of family. This experience was marred by not having enough time to get to all the residents, often having to stay late to complete the required tasks, the added responsibility of medication reducing the time for quality care, not having time to listen to residents, and not having enough staff.

## Training and recognition in the organisation

Training is vital to this facility, and is seen not only as promoting job satisfaction and providing staff with the skills to achieve excellence, but that the facility's standards require staff to be appropriately skilled

The organisation is an RTO, which provides a supportive network for keeping abreast of new training opportunities, however, a local RTO provides Certificate III in Aged Care.

Training is also perceived as a solution to the future changes and challenges in the industry. The demand for aged care in society and the subsequent pressures on staff are examples of these changes and challenges. There is a lack of Registered Nurses in the industry so training staff to Enrolled Nurses level or a Certificate IV in Care Supervision has been developed.

The parent organisation for this facility has a connection with the University of Newcastle and they have established a partnership called the Centre for Research and Education for Healthy Ageing (CREHA). They are currently researching dementia and aged care and more specifically, "the effects of a low stimulus environment on residents with dementia and the contribution of exercise to resident well-being."

## What is required of staff at recruitment

The required attributes include flexibility, sensitivity and a person who doesn't need to control others. Experience in the aged care industry is preferred. If untrained, workers must be prepared to start Certificate III in Aged Care.

## Training offered by the organisation

Most interviewees believe there is need for training for the job, but disagree about the timing of such training.

Training provided, along with Certificate III and IV in Aged Care, is extensive and includes:

Workplace Assessor, ACC Palliative Care Approach, Using Information Technology, Conflict Resolution, Hands on Infection Control, O.H. & S, Frontline Management, Return to work co-ordinating, Pain Management, Manual handling, Philosophy of care processes and life-style management and specialized dementia competency training

Training was organised mainly off the job, with some on and off the job following a theory and practice model. A variety of staff attend, depending on what is offered, and staff are paid to attend training.

The Certificate III in Aged Care uses a traineeship model for new workers and the ITP funding model for existing workers. Currently there are 5 trainees. Where the facility has provided traineeships, the financial incentive is useful and the system of learning and working simultaneously is viewed very positively. One woman is currently completing her Certificate III traineeship and another stated that she had completed Certificate IV as a traineeship.

Over the past 4 years approximately 98% of personal care workers have completed their Certificate III under this model. Some existing staff also completed this training utilising the existing worker funding that was available until July 2003.

The Certificate IV Care Supervisor course which is based on the Certificate IV Community Services (Aged Care Work) Training Package CHC40202 is also delivered, with the non-compulsory units of this training package put together into a Certificate IV package that meets

the organisation's needs. This fills the gap of the EN and RN staff shortage by developing a course that includes supervisory and medication roles. It also provides a tier in the pay structure and career pathway of workers without losing them to general nursing outside the aged care industry.

## The role of recognition

Recognition is available for the Certificates III and IV. The concept of recognition is viewed positively, and it is believed it should be encouraged. The RTO has been involved in the evidence gathering and has helped staff to ascertain their skills and qualifications as well as taking them through the guidelines. Although some staff have successfully used the recognition process, at least one worker had not heard of recognition.

Recognition is voluntary, and although existing workers are the students most likely to apply for recognition, as they have been working for 1-2 years in the industry, these are the students who get the most out of the training. They often have good finishing rates and provide positive feedback about their training. Training provides them with a new confidence. No-one in the 2003/2004 group has sought recognition.

Some problems with recognition in practice are:

- ✧ Staff are put off by the process and often realise they don't have the underpinning knowledge.
- ✧ Staff are also often frightened by being called in for interview
- ✧ Sometimes the students just don't get around to it.
- ✧ Although staff are provided with the guidelines to support them in the process they often lack confidence and are worried by the formality.
- ✧ The cost for existing workers and for the RTO in time is a barrier
- ✧ A lot of paperwork means it takes time to gather the evidence, so most personal care workers choose not to go ahead with it
- ✧ Low literacy levels, with the emphasis on paperwork, forms etc. means that workers sometimes find this path prohibitive
- ✧ Problems with equivalence, even if the person has completed a related qualification, parts are different, terminology has changed or the qualification is external to the training package and equivalence is difficult to measure.
- ✧ Lack of support or guidance. These workers need it, but it takes time and therefore money.
- ✧ Sometimes the way recognition is presented puts staff off, if it is not presented as viable for them.

## Barriers to training

There appear to be a number of barriers to training:

- ✧ Personal care workers don't have the money to pay for study, unless they can obtain a traineeship (the Certificate III costs \$2, 500)
- ✧ the availability of qualified staff to train and support personal care workers and the lack of ongoing mentoring for staff.
- ✧ a lack of learner confidence



- ✧ Shortage of time, - too much happening in the workplace, 'lucky to have time for lunch', 'very short staffed', 'a lot of things I wanted to go to but couldn't' Workplace assessment, for example, is very hard to fit in with the daily work schedule. Replacing staff released from work to attend training is difficult and costly.
- ✧ Assessment – the need for some alternative assessment methods, allowing verbal assessment too, rather than emphasising only written assessment.
- ✧ Equity issues around the payment (trainee) and non-payment (existing worker) of personal care workers to attend training is a barrier
- ✧ Having sufficient workplace assessors with flexibility in shifts to support the trainees is difficult. Training workplace assessors is also costly, approximately \$500.
- ✧ Fitting in workplace assessment and mentoring as part of the daily tasks of an RN is also hard, because it effectively limits the number of trainees taken on.
- ✧ The instability of the personal care work force means that in many cases the RTO/workplace doesn't get the benefit of the investment if a worker leaves.

There are other issues also, such as:

- ✧ Some great carers were frightened by the prospect of training and as training was strongly encouraged by their managers, these workers left their jobs.
- ✧ Self esteem around reading and writing is often very low, for example, a personal care worker couldn't put a sentence together on an incident/accident form.
- ✧ Training must be geared to a trainee's level of education. The broad range of literacy ability within a cohort of students, including those with English as a second language, some with brain injuries that affect their literacy abilities, and some with negative attitudes towards learning, means that it is hard to manage such a cohort of learners appropriately.
- ✧ Family issues impact on training participation.
- ✧ Many workers don't have a reliable vehicle, and need to travel some distance once or twice a week to attend training. For those with a car, the cost of petrol is becoming prohibitive especially as there is no funding.
- ✧ For students who are not in a traineeship the length of off the job training is an issue. Often these workers have 2 jobs, come to training quite tired, have little free time in which to complete homework or reading tasks.
- ✧ The RTO training, in particular, with its greater number of hours face-to-face means that workers have to work less shifts which then means less money earned.
- ✧ Work place injury was also an issue despite training in the area, for example, OH & S
- ✧ The personal care work force is transient, many workers move on.
- ✧ A trend is emerging, particularly among younger students, where they do not understand the need for a qualification in such a hands on job. While committed to the industry they want to get the training over and done with as fast as possible.

## Preferred method of learning

Workers prefer hands on training, so the individual can see what needs to be done, and then do it themselves. Learning is viewed very positively when it translates into practical skills on the job, such as an increased ability to communicate with residents' families, through a palliative care course

## Preferred ways to find out about training

The variety of methods used here included:

- ✧ from the internet
- ✧ at internal and external meetings
- ✧ via email
- ✧ on the noticeboard
- ✧ where individuals and other units in the workplace provide information.
- ✧ The facility also taps into the local community for knowledge of relevant courses, e.g. a neighbouring hospital advertising a course about grief.

## Ways to improve training and recognition suggested from this site

- ✧ Current training should have a better balance between theory and practice. For example, a personal care worker with a Certificate III in Aged Care knew the theory of how to wash/shower a resident but had no actual experience.
- ✧ The Director of Care wanted the bar/standard raised for Certificate III training. She also mentioned wanting a higher and more thorough practical skill level from the training.
- ✧ Promotion of mentoring as a learning support strategy, not only at the recruitment stage, but also as an ongoing process was advocated by staff.
- ✧ The use of alternative forms of assessment, such as verbal assessment, is seen as supportive and better information about and more active promotion of, the recognition process is suggested.
- ✧ Given the personal care workers low average earnings, paying workers to attend training can be an incentive and explaining up-front to the personal care workers the differences between funding for a trainee and an existing worker.

Specific workplace assessor funding, including payment to support the mentoring and assessing roles, to pay the personal care worker for their time, would help facilities provide the required level of training.

Providing simplified information about the recognition process, possibly through the use of a flow chart would be useful. Implementing recognition in the workplace, on familiar territory, might engender confidence and may reduce paper work by obtaining documentation from work colleagues.

The RTO's access to literacy funding to support the diverse needs of students, to provide more one-on-one time and more time to undertake alternative assessment strategies would be useful.

## General Issues regarding Training Packages

Recent changes to the Community Services Training Package have been well researched, and the Certificate III clearly addresses the learning tasks of personal care workers.

Although the variety of elective choices within a Training Package made by RTOs is useful, i.e. it can support the diversity of low, high and community care needs, this diversity and the changes that have happened to training packages/competencies makes it difficult for employers to know what they are getting. It is a battle to keep up to date with what, for example, a Certificate III actually provides. The diversity of electives available also makes it difficult for the RTO to decide on the emphasis they require in their particular course, i.e. whose needs should be met?

There are not enough guidelines, in particular for new trainers, to develop the content of a course from the performance outcomes. Too much is left to speculation and interpretation, which too easily results in an inconsistent level of training, that is, the training can be pitched at levels that are too high for the targeted group.

# Case Study 3

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## Key distinguishing features of the facility

- ✧ not for profit
- ✧ Church run
- ✧ includes high and low care
- ✧ dementia unit
- ✧ funded for 55 community care packages, currently doing 60.

## Staff members interviewed

Facility managers, RTO manager, three personal care workers one of whom is now working in higher duties.

## Staff profile

Staff include: approximately 12 registered nurses, 10 enrolled nurses and approximately 75 - 80 personal care workers

The personal care workers have the following general profile:

|                           |                                                                                         |
|---------------------------|-----------------------------------------------------------------------------------------|
| <b>Length of service</b>  | 7 years                                                                                 |
| <b>Gender</b>             | 95% are female                                                                          |
| <b>Nationality</b>        | 80% are Australian born, with some Asian and some European. (all spoke English at home) |
| <b>Age range</b>          | workers were aged between 25 and 55.                                                    |
| <b>Level of education</b> | Year 10 to 12, with some TAFE study.                                                    |

## Observations about the changing role of personal care workers

The role centres on residents' daily living, for example, getting up, bathing, toileting, dressing, going to meals, etc. The role is much the same in all facilities although some tasks do vary, for example, the dementia unit involves more behaviour management.

The "Ageing in place" concept has changed the role of the personal care worker. People stay at home and in the community longer, so are frailer when they eventually come in to residential care. Hence the personal care workers are doing more for them, the work is more intense.

Accreditation has also had an influence on the personal care worker's role by requiring more paperwork tasks.

Personal care workers are also now:

- ✧ assisting with the basic medications such as cream application and insulin

- ✧ being advocates for the residents in their care. One personal care worker described how she negotiated a more appropriate shower time for a resident
- ✧ workers are also the source of information back to the facility about the care needed for individual residents.

The main challenges in the future include:

- ✧ the increasing frailty of residents
- ✧ the shortage of beds
- ✧ sufficient staff, both personal care workers and nursing staff
- ✧ the replacement of these older workers when they retire
- ✧ the extended range of responsibilities for personal care workers
- ✧ the extension of the high care facility
- ✧ the promotion of aged care work as a vocation

Interviewees described the best things about their job as interaction with residents, working with other staff, being listened to, and being able to make a difference and improve someone's life. The most difficult things they list as:

- ✧ the pressure of work
- ✧ paperwork, administration, having to record/prove everything for accreditation
- ✧ not enough time to spend with residents
- ✧ not enough staff
- ✧ residents and their families who sometimes have unrealistic expectations of staff

## Training and recognition in the organisation

Training is very important to this organisation. It is part of the “mission statement, vision and values” and of the business plan. It helps the organisation work as a team.

Training differs to some degree depending on residents' needs. In the dementia unit, for example, dealing with difficult behaviours is an identified need, so staff get specific training in dementia management in addition to the training in Cert III in Aged Care. In the high care area, palliative care and manual handling training is provided to support the personal care workers.

The training required for personal care workers to meet the challenges of change includes a broader understanding of the relevant government legislation and accreditation requirements. This would help the personal care worker understand the reasons for administrative tasks such as increasing paperwork. Workers need to better understand where they fit in to the bigger aged care picture and of their role in the organisation.

The work will also become more physically demanding in response to the increasing frailty of the residents.

An improvement in the literacy skills of personal care workers is necessary, particularly with increased paperwork, and this means more training.

## What is required of staff at recruitment

Staff are recruited both as trained and untrained personal care workers. The facility is seeking happy people, who are loving and caring, with experience, problem solving ability, conflict resolution skills, and a willingness to learn. Recruits also need skills in communication for dealing with peers and residents and to be prepared to ask questions. New staff are strongly encouraged to do Certificate III, but there is no policy about this.

All participants agreed that training is necessary for the work they do, as initially the role can be overwhelming. Workers suggest, for example, that someone new would need training in general daily care, then in depth training e.g. in administering eye drops.

## Training of personal care workers provided by the facility

Everyone does a 2 week orientation and is then encouraged to complete the Certificate III and Certificate IV in Aged Care offered by the RTO. The facility does not pay for the training but supports staff by adjusting shifts to accommodate their attendance at classes. 95% of staff have either a Certificate III or IV in Aged Care. Currently there are 5 staff involved in traineeships. Traineeships are used because of the need for staff and to introduce people to the aged care industry. New trainees have the cost of training paid for them, and there are in house workplace assessors. Traineeships involve one day a week off the job (either on site or nearby).

In addition to the Certificates there is a lot of in-house training, for example, grief and loss, manual handling and Alzheimer's, some of which is obligatory. Most of the training is organised off the job, but some is on the job, for example, workplace assessment. Training is available to all staff eg kitchen staff. Personal care workers must also have their first aid certificate, refresh it annually and redo it tri-annually.

## The role of recognition

Recognition is seen as part of the training process, and is encouraged as it saves time and acknowledges existing knowledge. While the process is not always as thorough as it should be, there is a place for it. Recognition is voluntary.

Existing workers are the students most likely to apply for recognition, as they have been working for 1-2 years in the industry, and they get the most out of the training. They often have good finishing rates and provide positive feedback about their training which provides them with a confidence they didn't have before. However none of the 2003/2004 group have sought recognition.

Although they are provided with the guidelines to support them in the process, many staff lack the confidence necessary in the formal process, they are put off by the gathering of evidence, the book work aspect and the time it takes. They often realise they don't have the underpinning knowledge. They are also often frightened of being called in for interview. Sometimes they just don't get around to it. While the cost for existing workers is a barrier, there is also a cost for the RTO in time. Sometimes the recognition process is not presented positively, and this has an effect upon students.

## Preferred method of learning

There was agreement about how most workers prefer to learn:

- ✧ they learn best by being shown, hands on, being able to observe and then practise. For example, 'The first time I did palliative care and experiencing the vision of our blind residents in a practical simulated way'.
- ✧ By being given a basic concept and then discussing this with peers. They want to have discussion, activities and questions in training sessions.
- ✧ They want to be out of the working environment when doing training so as to be away from distractions. With considerable freedom of movement at the facility for residents, there are often distractions, and staff felt the need to be away from these.

They stated that negative past training experiences included repetitiveness, being presented with material they already knew, irrelevant subject matter, poor presentation, a monologue from the presenter, and a poor atmosphere for the training. They were also not keen on videos.

## Identified barriers to training

Time is the major barrier to training in the facility. Workplace assessment, for example, is very hard to fit in with the daily work schedule. Personal care workers often:

- ✧ have two jobs
- ✧ come to training quite tired
- ✧ have little free time in which to complete homework or reading tasks and
- ✧ have family pressures and commitments

Funding is one major barrier, as for example, one worker commented 'couldn't afford to, I have a mortgage, even though I would like to do Enrolled Nursing'.

One of the main issues is the broad range of literacy ability within a cohort of students. A group of students could include those who have:

- ✧ life-long learning issues
- ✧ English as a second language
- ✧ brain injuries that affect their literacy abilities
- ✧ university qualifications

This range provides difficulties in the provision of training that is appropriate to all. Some of the workers believe their age will cause them to have problems with training. Some believe it is a waste of time, and would rather be doing something else. Some staff are reluctant to participate, as they don't want to change, are 'happy where I'm at'.

There is an emerging trend, particularly with the younger students, that they don't understand the need for a qualification in such a "hands on job". They are committed to the industry but want to get the training over and done with as fast as possible.

## Useful strategies for training and recognition

A number of strategies were suggested:

- ✧ Simulation/role plays that promoted experiential learning.
- ✧ The development of literacy skills as part of training to support increasing paperwork requirements.

- ✧ Simplifying the process of recognition so that it is not easier to just do the whole training course.
- ✧ Making the choice of further study easier, through funding support.
- ✧ The need for training in ‘the bigger picture’ and fostering an understanding of where the personal care workers fit in so that they see the point of the administrative paperwork, for example, meeting accreditation documentation ensures the funding.
- ✧ Eden Alternative – setting up a facility from a community perspective that isn’t just staff and residents but includes families, plants, animals, a diversity of ages and emphasis on the whole person not just the ailment.
- ✧ Use of new recognition tools support the process well, e.g. the Recognition Kit, put out by the national ITAB.
- ✧ Taking the whole process away from the external RTO and doing it in the workplace, on familiar territory, which might give the students more confidence.
- ✧ Funding to allow more time for RTOs to visit and support the facilities in their workplace assessor role.
- ✧ To recognise that workplace assessors are in a training role in their workplace in addition to their usual workload. Perhaps the incentive payments to the facilities could be used to support these workplace assessors

Managers commented that RTOs need to access literacy funding to support the diverse needs of the students. This funding could be used to provide more one-on-one time for teachers and students and more time to develop and undertake alternative assessment strategies.

## Preferred ways to find out about training

The best ways to learn about training opportunities included:

- ✧ from peers
- ✧ from managers
- ✧ from their own RTO and education people
- ✧ from external RTOs
- ✧ on the noticeboard, where RTO and other information is displayed
- ✧ via mail or email from other organisations that provide training.



# Case study 4

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## Key distinguishing features of the facility

- ✧ Rural
- ✧ Acute beds
- ✧ 24 hour Accident and Emergency
- ✧ Community Care packages
- ✧ Dementia Day Care
- ✧ Brokerage services for Carer respite and DVA clients
- ✧ Community Health
- ✧ Doctors surgery
- ✧ Facility existed for 40 + years
- ✧ Not for profit, but also charitable
- ✧ Residents from rural remote have priority
- ✧ Individual living units

## Staff members interviewed

Three managers and three personal care workers (two female and one male). Personal care workers interviewed are 25 – 55 years old

## Staff Profile

|                          |                                                                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Staff numbers</b>     | 5 enrolled nurses, 11 registered nurses, approximately 20 extended care workers, others such as kitchen, laundry, garden staff.           |
| <b>Ages</b>              | Range from newly recruited (30 + year old) to 67 year old with 20 years service. There are no school leavers and no one in their twenties |
| <b>Gender</b>            | Personal care workers are mostly women (2 males).                                                                                         |
| <b>Nationality</b>       | All workers are Australian born.                                                                                                          |
| <b>Length of service</b> | Most have been in the job under 10 years.                                                                                                 |

## Observations about role of personal care workers

Personal carers carry out a wide range of tasks, from showering, washing, dressing, cleaning glasses, toileting, repositioning, transferring residents from 'point a' to 'point b', feeding, leisure and lifestyle, day care.

The role encompasses almost everything except medication. Currently, the medication area is being reviewed, because of changes in the poisons act (State).

The facility aims to always have an RN and EN on duty, but because of the acute section, an RN can be tied up in Casualty, in which case, there is an issue as to who is available to give out the medication. The issue here is that of the delineation between the roles of nursing staff and of carers, especially with the limited staff available in a small town. The need for multi-skilling is true of many rural facilities. It is also perceived that multi-skilling gives a broader focus, so that staff members know what other staff do. To this end, team building activity has been given prominence, and includes, for example, putting carers into the kitchen for a day, so they learn what is required of kitchen staff.

Some carers do both community care and residential care, but the former is a more restricted role than is the case in the facility itself.

There is agreement that the role has become more complex, with more complex demands, that there are greater numbers and that this will increase. For example, there is an increased amount of palliative care, community care and acute care.

The knowledge and skills carers require are more diverse. They must now understand the basis behind some activities that they may have carried out over time, e.g. they have to report to nursing staff regarding changes they observe in individuals e.g. thirst with diabetics, or other symptoms. Carers themselves see the role ever expanding, and that training is an ongoing and increasing need.

For carers there are very clear levels of autonomy. They are usually working with an RN or EN, and out in the community are working with a Manager or an EN supervising them and responsible for them. Those working in the community don't necessarily have the 3. However the carers' agreement spells out their exact duties, and if there is anything beyond that they must ring the manager, or if it is directly a nursing issue it is passed onto the RN. There is a very clear line of responsibility that everyone understands.

Carers enjoy their work, it is a happy work environment, and they get great pleasure from residents, from their good work environment, and from their colleagues. The most difficult thing for carers is the death of a resident, which is 'like losing one of your family, you always get close to them, you're not a very good carer if you don't get close to them'.

Management is aware that the workforce is ageing, and they are not able to see clearly where the carers of the future will come from. Medication changes are just the beginning of the changes for carers. Already there's an RN shortage, so something needs to change. Ten years ago, the nurses aid mostly did bed making etc., and that has changed. The carer role will grow. They get opportunities to go into other areas, to become multi-skilled, as do other staff. So for example, some kitchen staff have done a carers course and become carers.

## Training and recognition in the organisation

Training is a core budget item, and is seen as necessary to the facility meeting future goals and requirements. While some training is formally linked to accreditation, it is not merely seen as

obligatory, but is perceived to be needed. The business plan identifies inputs and need for training. Whenever possible, surplus income in the facility goes back into staff training.

The Board itself is required to undergo training, such as the company director's course, and facility accreditation. All staff, including those in maintenance, are required to understand accreditation, and all have done training on audits. Some staff will be responsible for audits, and will have to take ownership of the process.

While everyone has to engage in training, there is some choice. In appraisal sessions, staff outline their training goals or aims for the next twelve months.

The selection of RTOs in regard to carer training has been problematic for this rural facility. Past experience has taught management that some RTOs do not meet their responsibilities adequately in terms of:

- ✧ not notifying participants that a session was cancelled
- ✧ losing learners' record books
- ✧ providing a number of different tutors for a group, resulting in a lack of continuity of learning experience
- ✧ the RTO signing off without any training actually happening
- ✧ staff not learning anything
- ✧ lack of consistency between courses, where two staff got same award, with the requirements in one course being half of that required in the other.

There has been similar experience in regard to training for cleaners and for administration. This has caused the CEO to think about the facility becoming an RTO, maybe with a very limited scope. This would require entering an agreement with some other facilities, whereby each has a complementary scope.

## What is required of staff at recruitment

Generally, new staff are recruited already trained with Certificate III. However some staff have been recruited on the understanding they will complete the Certificate once employed. At initial interview, applicants are asked if they are prepared to undertake Certificate III, and if not, they do not get hired. This is not a policy however, because the facility likes to retain the flexibility to make special arrangements for a special person.

Management are looking for staff who understand care, dignity, respect and teamwork. This is the facility motto, and it is perceived that this will not exist without training. Staff must be willing to accept feedback and they must listen. They will be working as part of a team, and if there are personal issues between staff, which impinge on their work, these must be addressed.

## Training of personal care workers provided in the facility

Once recruited, carers need training in documentation and dementia – these are priorities. In terms of documentation training, the language and literacy needs of carers differ, with some needing help. It is envisaged that all documentation will be electronic within five years.

At their annual appraisal, staff must nominate what training they want to do in the year ahead. There is compulsory education every two or three months, including in areas such as conflict resolution and time management.

For personal care assistants, in house training in last twelve months has included communications and accreditation, fire training, incontinence, aromatherapy, OH&S. Currently management is organising manual handling in house. The value of doing it in house is that it can be offered on a rolling basis, and thus keep all staff up to date over time.

Delivery is usually by outside trainers, e.g. for palliative care, someone from the palliative care unit, or for dementia competency the same occurs. In some cases carers go to the city to do the course or attend the session.

During the last year, training has included 4 traineeships, which have been fully supported by the Board. Training by the RTO was structured on the job, it was flexible, and included one to one as well as group sessions. Traineeships are attractive because of funding, and because of the possibility of having input into curriculum. When local input is possible, as this has been, so that the curriculum is tailored to the organisation, this suits the facility very well. The facility was also able to hold study sessions once a week, at the carers' request, in order to go through their work and assignments. This was very successful.

Carers have all done level III training, some have done level IV, most have done a four day dementia course, and all have done First Aid. Kitchen and cleaning staff have also done the First Aid.

## The role of recognition

Recognition was available in the traineeship. In one case the assessor came from the city, and did it on the job, in the other, the candidate did it through documentary evidence, which was then checked out with the clinical nurse manager.

## Preferred method of learning

Training must be practical, hands on, so that participants can put it into practice. There was a preference for learning as part of a group, e.g. for the dementia courses there was a group classroom situation, then staff implemented what they had learnt in the workplace. The benefit of this, staff report, is that they can see from the other learners around them, that there is more than one way to do something.

Although staff find it hard when training or assignments take too much of their own time, they believe it is worth doing, and are only resentful when they have bad trainers, or the material is uninteresting.

## Identified barriers to training

The barriers identified by managers and staff were consistent, as follows:

- ✧ The necessity for staff to travel to training, because of isolation of the township. Some staff don't drive, and road conditions are often difficult
- ✧ Language and literacy needs of staff inhibit their participation.

- ✧ Money is required to overcome some of these barriers above.
- ✧ They have access to insufficient information about traineeships.
- ✧ If training takes too much of the worker's own time, this is inhibiting. Staff can't afford to take too much time for study, as they need to work to earn money.

## Preferred ways to find out about training

Managers gather training information mainly through the internet, the Aged Care Association and the National Conference. Carers find out at staff meetings and from what is posted up on the noticeboard. There is a regular posting of possible training sessions on the noticeboard, and staff have the opportunity to participate. In some cases, management may go to the training schedule to see who's been to training, and who hasn't in the last twelve months, and then place some compulsion on staff.

## Suggestions regarding training

Management raised the idea of having TAFE courses running in the town, which would be accessible to anyone locally, but also to staff.

It is apparent too that staff members are very positive about the fact that the facility supports staff by paying for half the cost of training for the individual.

# Case Study 5

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## Key distinguishing features of the facility

- ✧ metropolitan
- ✧ high and low level care
- ✧ independent living residents
- ✧ mostly locals but can be from anywhere.
- ✧ other facilities quite close by (within 5 kms).
- ✧ RTO, scope includes Aged Care Certificates III and IV and some specialist areas.

## Staff numbers

15 registered nurses

30 enrolled nurses

90 extended care assistants

25 others (kitchen, administration etc.)

## Staff members interviewed

CEO, Training and RTO manager and three personal care workers

## Personal Care Workers profile

**Length of service**      around 10 + years service

**Age range**              from 17 – 60 + years

**Gender**                    Females and males

**Nationality**              Mainly Australian born, with others from a range of countries

## Role of personal care workers

The role encompasses all the personal care tasks for residents, except medication. However the role is changing to encompass medication. Because of the shortage of RNs and ENs, and the costs of employing them, the facility has established a group to look at a changed role for these workers. They hope to run a pilot within twelve months, whereby workers will be in teams, with one of them as the team supervisor. All are involved with residential care, there are no community care packages.

The CEO sees not only increased demand in the future, but that potential residents are increasingly fragile. This is not happening to the extent that it would if there was a change to the residential bonds system. However the low care waiting lists are diminishing. People are able to access a range of community packages and thereby stay in their homes. The rapidly increasing need is in high care. The area of change is the 'grey area' of interface between acute care, residential care and hospital care. This is an area where funding allocation and delineation is both complex and confused, and it impacts not only on this facility but all facilities, and possibly increasingly in the future. One suggestion is for greater rationalisation or specialisation, so that some facilities might offer specific palliative care wards, or acute beds etc. It is likely that more specialisation will emerge, within the facilities, e.g. in regard to dementia.

In this changing scenario, it will be increasingly important to have the technical nursing staff doing what they have been trained for and leaving others who do not have that training, to do the other tasks.

The focus of each facility depends upon the culture of the Board and the organisation. This facility is very conscious of maintaining the place as a home. They seek to maintain a mix of residents so as to maintain some vitality and life in the place, rather than just a hospice. They have found that the independent living area helps with this, as residents there become involved as volunteers with low and high care residents, and there are cross area activities, and interaction on a daily basis.

While there is an understanding that some facilities engender profit by minimising space for the individual residents, this facility chooses to maintain a more homelike atmosphere. This means each resident has their own room.

With the ageing of the workforce, management are aware of issues around staff needing to think about how long they will continue working, even if part time for the future. Being older females, these staff members are reasonably representative of personal care workers in terms of their age and involvement in the aged care industry, so it is quite realistic for the facility to address these concerns at this stage.

Managers see that in the future this group of workers will have to deal with more responsibility and accountability, they will need more documentation skills, and they will need to fill leadership roles. However it is perceived as incremental change and management believe that networking with other providers should enable the facility to access the range of training required.

Those extended care assistants interviewed love their work, and the interaction with elderly residents, who they perceive as having a lot to teach them. They enjoy not only learning about the individuals, but also learning about care of the aged. They get a lot of satisfaction from working with elderly people.

The difficulties in the job are mostly in coping with the situations and behaviour that arise from such things as dementia and illness. Some carers specifically look to training to extend their range of strategies to deal with these daily situations.

## Training and recognition in the organisation

Both management and staff perceive that training is essential. They believe staff need every bit of possible training for this job, for example, regarding dementia. They are very aware that staff need to learn not only about technical aspects, e.g. how to safely shower someone, but also about the person they are working with, as in how to encourage someone who is unwilling, to take the shower with their help. Workers see this as the reality of how people react, and of having to work in a way that promotes dignity and independence but also gets the work done. Workers find learning in this context and for this purpose very practical and enjoy the opportunity to put their learning into practice.

There is a strong learning culture, evidenced by the establishment of RTO capacity. Training is very important to the facility. Training is viewed as going on over time and that staff are continually learning. Where training has been done with another RTO, staff still feel they need to learn the specifics of the job in this facility.

The importance of training is outlined in the facility 'quality' documents, as part of the accreditation standards procedures, and also in RTO documents. Outside of the RTO scope, where trainers are needed, the management seek the best trainers on a case by case basis for whichever area of training is needed.

While current training is suitable, changes to the role of carers are coming, mostly around medication – and training will be needed for this. Over time, even if the changes are incremental, this will also be true for supervision, management, and even for time management. Some of these are topics that are dealt with in Certificates III and IV, but perhaps not at the level that these people will aspire to, given changes in structuring of the workforce in the future.

The facility does not have a training plan for individuals, nor is it compulsory. However the facility may move to this, as they note that there is a movement in the aged care industry for facilities to demand that workers have Certificate III.

## What is required of staff at recruitment

Although until fairly recently the facility was requiring staff to have training in order to be recruited, this policy is now changing and recruits are now untrained. This is because the facility prefers to train them themselves, as there has been some dissatisfaction with the training provided by other RTOs.

The facility wants new recruits to have empathy, people skills, honesty, life experience, dedication and rapport with the elderly. By implication, these are not necessarily a corollary of having done the training in Aged Care.

## Training offered by the organization

The facility is now offering Certificate III or IV in Aged Care Work. It was decided to set up as an RTO because of problems with ongoing support for learners from outside RTOs. It was also decided to provide traineeships so as to access training funds and to give workers a qualification. The traineeships are a mix of on the job and off the job training. Participants can also gather evidence and demonstrate their existing skill (however no traineeships have been completed yet).



As well, outside of this, there has been training in dementia, holistic care, dealing with aggressive residents, manual handling, grief and loss and palliative care. Most of this was done in groups. While some of this has been offered by the facility, in one case one carer asked to be trained as a trainer (Workplace Trainer and Assessor), and this was agreed to.

## The role of recognition

Within the traineeship, RPL is available. There is a mix of understandings about RPL, but staff feel they understand RPL, and they know they can utilise the RPL process for particular competencies. However, they have quite strong feelings about training, and they spoke quite forcefully of wanting to join the group in training. It seems that the group experience results in greater confidence and a feeling that they learn more by doing it this way.

There was a perception that some RTOs have been rather slipshod in carrying out the recognition process, 'just ticking and flicking for recognition', rather than assigning RPL its true importance. The perception of RPL by the management is that it is an important means of acknowledging what people have already done and the skills they already have.

## Barriers to training

From the facility point of view, the main barrier is that of releasing staff as a group to attend training sessions. However as an RTO themselves, at least it is easier for them to offer it than have to negotiate with another RTO. It is to be noted that this is the case even though the facility has the critical mass which makes both RTO status and training delivery possible.

Another barrier to training was seen to be the workers having sufficient time to engage in training given work and other responsibilities. While one staff member was happy to be working a bit less so as to do some training, for financial reasons others need to continue working their current hours, and have to fit training in with this. This is sometimes difficult in terms of the other responsibilities they have in life and family etc.

The cost of training, which includes the cost of courses, the potential loss of earnings and sometimes the cost of travel to training, was also seen as a barrier. However carers were very positively aware of the support provided by the facility which shares the cost on a half each basis.

Some staff lack confidence in their own ability to learn and find it hard to get motivated to commence training, as shown in the following statements:

'I thought my learning skills were gone. It took time to get back into believing that I could do it'

'I was so nervous. Then it started to click'

## Preferred method of learning

It was very clear that staff prefer learning on the job, where they can practice what they are learning:

They also showed a clear preference for learning in a group, because they believe they learn from each other.

It is apparent that good past experience in learning and training is a great motivator towards further training. Where a past experience has been positive, staff were eager to be involved in more training.

There was a clear preference for verbal over written work wherever possible, and an appreciation of the importance of practice in regard to skills in learning:

‘When it came to exam time, I couldn’t do it, I tended to put two pages instead of two lines. Then we did it verbally, and now I do feel I can do it. I am now confident, that I know my stuff. If you do it once, it is so much easier’.

## Preferred ways to find out about training

Generally staff find out about training in the following ways:

- ✧ through the training manager
- ✧ through staff newsletter
- ✧ on the staff notice board
- ✧ from other workers.

Management find out about training issues and the availability of suitable training:

- ✧ from the internet
- ✧ RTO networks, which are VERY important for accessing this information, and
- ✧ from industry associations.

# Case study 6

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## Key distinguishing features of the facility

- ✧ rural location
- ✧ not for profit
- ✧ community based, with community elected board of management
- ✧ grew out of Bush Nursing Association
- ✧ moving towards extensive community facility, currently includes low and high care, a dementia wing, one respite care place and one palliative care place, health services to complement this, such as dietitian, OT, podiatrist, and 15 Community Care packages.
- ✧ entry is by need and capacity, does not pertain to the capacity to pay.
- ✧ registered nurse coverage 24 hours per day
- ✧ a high level of importance placed upon teamwork.

## Staff members interviewed

Facility CEO, Care Manager, and two personal care workers, who had both done Certificate III, and one of whom was starting Certificate IV.

## Staff numbers

Registered nurses 14

Enrolled nurses 26

Personal Care Assistants 16

## Personal care workers profile

|                         |                                                     |
|-------------------------|-----------------------------------------------------|
| <b>Age</b>              | 21 – 60 +                                           |
| <b>Gender</b>           | mostly women, a few men                             |
| <b>Country of birth</b> | all Australian born – mostly from local families    |
| <b>Staff turnover</b>   | minimal, older ones haven't moved on (up to 8 yrs). |

## Observations about the changing role of personal care workers

Personal care workers in this facility provide for all the daily needs of residents, and believe the best part of job is the personal interaction with residents. However, their role is changing. Increasingly, they are working in all areas of the facility, and are given opportunities to do so, as for example, the two interviewees are involved with Community Care packages as well as with residents. However despite the changes happening, personal care workers here don't administer medication, and cannot take blood pressure, etc.

This last point - about medication and drugs – is one of the emerging challenges, for many facilities in the industry, where the distinctions between the role of personal care workers and nursing staff within the industry, is becoming less clear, and where staffing levels across many facilities are causing a rethink in regard to roles and responsibilities of the respective groups of employees.

One challenge mentioned by interviewees is that too much time is spent on documentation. While some documentation is seen as vital, compliance (paperwork and reporting for accreditation, OHS, WorkCover, performance appraisals, etc.) is seen as taking more and more time, detracting from the time available to actually care for residents. Staff believe that they are under duress in regard to compliance, and this flows onto residents, and their care. The expectation and amount of documentation required does not obviate the need for staff to still make decisions based on 'what is needed for the resident'. It appears to workers that the system has become complicated to the extreme. It was suggested that there should be separate funding for compliance, which would give a better outcome for residents and for staff themselves.

The issue of sufficient time to provide the necessary level of care was raised by everyone. Staff are almost unanimous in saying, "we don't have the time to do the things we know would improve our care". This understanding is in the context of agreement from everyone that the level of care and knowledge required in aged care is only going to become greater over time, whether in residential or community care.

## Training and recognition in the organisation

At the Board level training has been recognised as crucial, and the Board has taken the decision to provide the physical location for training. Part of the strategic plan is to keep developing, however possible, in terms of training.

The facility has utilised traineeships to get Certificate III for everyone, and provides support for those doing Certificate IV. Only one person has NOT done Certificate III. The facility aims to have all personal care workers moving on to Certificate IV by 2006, and sees this as reasonable in regards to the changes that will impact upon these staff.

Some personal care workers have moved on within the facility, e.g. starting in the kitchen, moving on to personal care worker, then to Division 2, and now considering doing Division 1.

There are no particular problems with literacy in regard to documentation (except too much of it), but staff have had training around this.

## What is required of staff at recruitment

Management prefer that potential staff doing courses in aged care can participate in work experience. This gives the facility a chance to see their potential and the worker a chance to see what the role really entails.

Recruits are expected to have Certificate III. However if an applicant seems exceptional, the facility will take them without Certificate III, and will support them to do it once employed.

## Training of personal care workers provided by the facility

Most training is done by an external RTO, by arrangement through the peak body.

Training can be done on site, as there is the critical mass to do this and the dedicated space available to make this possible.

Training of all staff is seen as very important. The facility has offered Certificate III in Aged Care, and supported staff to do it. As well, there are training sessions every month, e.g. regarding Parkinson's disease, dementia, or diabetes. The facility is also participating in the national aged care channel pilot, and already some of the suggestions staff have put forward in the pilot have been taken on board, some 6 – 8 broadcasts down the track. The facility has made use of an onsite workplace trainer to coordinate this training.

As an example of the facility's commitment to training, rather than individuals or a group of staff going out to do a course in foot care, it was arranged for the course to be held at the facility and others (both facilities and individuals involved in the care of aged people) were invited from other country towns in the region, to join in. This worked really well, as there is a shortage of podiatrists, so it was very useful to disseminate the basic skill to a number of people across the region.

## The role of recognition

There seems to be a good understanding of RPL, as demonstrated by use of the example of dementia training, where after doing a 10 week Dementia course, staff will be able to get RPL for the dementia module in Certificate 4. Some staff used RPL as part of their Certificate III, and it worked well.

## Preferred method of learning

Staff have a definite preference for the practical in terms of their training. They clearly prefer to learn on the job, and to try things out in their workplace, in preference to learning from books or reading. However they do not appear to make the link between the two – as being complementary.

Staff made very strong statements about the need for practical experience EARLY on in training (during Certificate III) for new workers, so that potential staff know what they are getting into, and what the role of the worker entails. They believe that potential workers need to gauge whether they have the aptitude and patience to do the job. Workers see this as extremely important, and that this overrides training initially in terms of importance. The reality of the role, and a well developed awareness of some of the daily problems, such as incontinence, dealing with residents with dementia, interacting with residents' families and meeting their needs, are all seen as requiring personal aptitudes and attitudes which are outside the provenance of training.

Staff prefer, and are aware of their right to have, flexibility within the training offered. They commented that in doing the Certificate III, they were not given options. So for example, they were not given a choice of having verbal responses rather than written answers for tests, etc. They concluded there wasn't much flexibility.

## Identified barriers to training

The lack of time to engage in training can be a barrier. Staff are generally working to their capacity in terms of income, and with most having family commitments, they find it hard to make extra time available for more training.

The accessibility and availability of training can also be a barrier. For example, although the facility has a videoconferencing room with 25 – 30 person capacity,

Management says that not all RTOs have the capacity to provide videoconferencing. The facility is encouraging the peak body to utilise video conferencing more. They believe they could include people from other local facilities, and hence extend the available options locally if more videoconferencing was available.

Carers believe that being away from formal education and training for a length of time is an inhibitor to learning. The time lapse between their earlier studies and their current situation affects their confidence and their skills in study, especially when tests etc are not in plain English. They feel fearful of making a fool of themselves. This may be reflective of their age, and the span of time since they engaged in formal learning.

## Useful strategies for training and recognition

Facility management have a very strong belief in the use of IT for training/education.

They have put large resources into this, and as part of the national pilots have been able to offer ongoing sessions to staff – which to date seem to have been well received and useful.

The most noteworthy statement by staff was about training being practical. They clearly prefer to learn on the job. As older learners, learning and working in a very practical context, this may be very appropriate and quite applicable across the range of their responsibilities.

## Preferred ways to find out about training

Management find out about available courses through the mail, from the peak body, from the internet and by word of mouth from other organizations. Sometimes staff indicate interest in something specific, and this is followed up by management in a proactive way.

Among staff, it appears that word of mouth between colleagues is the most effective way to build interest in training possibilities. So for example, a number of staff who have completed Certificate III have become interested in commencing Certificate IV, through hearing about it from others. This in turn has encouraged others to think about their own training.

# Case study 7

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## Key distinguishing features of the facility

- ✧ small facility, community based
- ✧ specialist facility for indigenous residents - connected to broader indigenous community health organisation (offers aged community care etc)
- ✧ rural location
- ✧ approximately 70 clients in community care and 20 in residential care
- ✧ funding is the biggest problem facing the centre as no bonds are required for new residents entering the centre
- ✧ many residents with diabetes, alcohol dependency and related issues

## Staff members interviewed

Facility manager, personal care worker supervisor and four personal care workers. The private RTO trainer was also interviewed.

## Staff numbers

There are 14 personal care workers (x2 per shift). A contract RN is used for technical nursing tasks. The facility uses a private nursing service for this which is very expensive.

## Personal care workers profile

|                            |                                                                                                                                                                                                              |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>                 | 30-55 years                                                                                                                                                                                                  |
| <b>Gender</b>              | Mostly female. There are currently 2 male workers. Which is important for attending to male aboriginal elders.                                                                                               |
| <b>Country of birth</b>    | Australian born. Currently only two non indigenous personal care workers, one Tongan                                                                                                                         |
| <b>Turnover</b>            | 3 months -12 years of service                                                                                                                                                                                |
| <b>Level of education</b>  | Most had completed year 10, two in the interview group had completed yr 12. Others completed yr 10                                                                                                           |
| <b>Previous employment</b> | Home care, factory work, volunteer, retail, cleaner, cook, disability carer, hospitality - fast food. Workers had held many largely unskilled jobs, across all sectors with an emphasis on customer service. |

## Observations about the changing role of personal care workers

In addition to personal care tasks such as showering, feeding, grooming and dealing with families workers in this facility also do catering, laundry, cleaning. They groom residents and “dress them up, help them feel like it is home.” They take residents on outings and to doctors’ appointments. One worker described this role “You get to know the residents so you can walk down their journey of life with them. You have chats and learn about their life. You have fun too. I like the residents to get the care they deserve.”

The pool of multi skilled staff is rotated to different tasks and several workers administer Community Care packages as well as work in the residential facility. Workers need to be able to administer insulin. This has only just been approved and training is to begin soon. One carer is working in the role of senior care worker and is currently completing frontline management training. She acts as a mentor to others and completes much of the paperwork. Another worker has had a role in supervising young work experience students and new workers.

Workers also need to have cultural awareness for their interactions with aboriginal residents. Workers need to make decisions for residents and know when to set boundaries, and seek informed consent. They need to deal with families and to understand about confidentiality related to health issues.

The trainer commented on the need for training across the industry. Due to the hierarchical nature of the industry workers she felt that workers need training to keep safe- from violence, needlestick injuries, bad backs etc. She said both workers and nurses need training to deal with clients and colleagues. Often nurses have worked in a hierarchical environment so they need to learn how to communicate with everyone in the facility and to manage teams etc.

## Training and recognition in the organisation

Certificate III in Aged Care has been a valuable program for this facility, “The trainers have taught us heaps”. The manager felt that the Training Package units needed to be customised to fit the aboriginal context.

The facility tries to involve the local community as much as possible in a training role. They have used the local chemist for drug training and also the local podiatrist to run a training session but it is increasingly harder to involve local community.

There are many urgent identified training needs for workers in the facility. Insulin injection training is essential for all staff. The residents are becoming more high care, as a consequence of aging in place so the workers need to know about areas like oxygen therapy, tube feeding etc.

With Government guidelines always changing, staff members are required to keep up with changes. Understanding about the importance of completion of paperwork is an area where training is essential.

All staff needed training for manual handling and how to use new equipment when they get it. They need to know how to deal with challenging behaviour from residents,” the stropy ones. Increasingly there are more residents with dementia, currently about 50% of residents so workers need to know how to deal with them.

Because staff need to be multi-skilled and rotate to different jobs some staff are doing specialised training. Staff felt that was good to move around to other areas and they get encouragement to do this through participating in training. One worker who rotates roles and works as the cook has recently completed Certificate III in Food Handling.



## What is required of staff at recruitment

The facility is looking for workers who are reliable, sympathetic and able to work in a team. They find it hard to get trained aboriginal people and mostly recruit staff who have the attributes they are looking for and then train them. Previously employment vacancies were advertised mostly through word of mouth as management knows the local community well and knows who is reliable in the community. Now they have to advertise for staff as part of accreditation requirement

## Training of personal care workers provided by the facility

Traineeship in Certificate III in Aged Care was delivered using a flexible, blended approach. There was some face to face individual and group training, some workbooks and videos etc. Gaps were identified in areas such as duty of care, legal aspects, OH&S, paperwork and casework.

The facility selected their current RTO partner by word of mouth. The most important issue for them in selecting an RTO is that they are easy to work with and prepared to deliver training on site. It is very important to offer on site training as it is a small facility and makes timetabling release of staff possible. They selected the current RTO as the trainers understand their needs and can customise the training.

They have run two groups of Certificate III traineeships for care workers.

The role of training is vital in their facility, particularly so that workers clearly understand the needs and issues for the different target group of residents in the facility. They also require the workers to understand the needs of other groups within the facility such as residents with dementia, NESB residents and those in the community. One day workshops to deal with a lot of these training issues are ongoing. Workers are also doing computer training to help complete care plans. Although there is only one computer on site the manager feels that the use of technology will help some of the workers complete accurate care plans.

## The role of recognition

Access to recognition against Certificate III has been very important for workers at this facility. Most workers have no other formal qualifications and find it difficult due to family commitments and locality to attend training courses conducted off site. Workers have completed a “catch up” course which was the terminology used by the RTO to make the concept of recognition meaningful to the workers. The RTO trainer did individual assessment of each worker based on their previous experience and then organised self paced material, one to one support and on site mentoring to assist the workers meet the identified gaps. Where the RTO needed to confirm or assess practical skills the RTO assessor worked a shift alongside the worker being assessed and then assessed the knowledge component through strategic questioning. One worker completed Certificate III and is now doing frontline management training.

The trainer working with this facility described the process she uses:

- ✧ Go through their work and previous experience with them up front.
- ✧ Observe them on the job. This is done by an assessor who is a DON and who works a shift with them.
- ✧ Identify the gaps.

- ✧ Work out what training they have done as a group and map to the course.
- ✧ 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, some have even got 100% recognition".

One worker commented, "we want to get recognised for what we do so then the trainer put a package together for each person it covered cultural, physical, safety, physiological, dealing with family and friends etc. It helped us work out where our skills were"

## Preferred method of training

Practical training is most important for this group of workers as the manager commented, "aboriginal people learn quicker by watching and doing". Some workers commented that they had found it difficult to apply themselves in previous courses where the teacher presented to the class in a traditional way. They prefer practical training with a lot of emphasis on discussion. They said that they liked to learn "by trying it out." The current trainer comes to the facility one day a fortnight, "she works here with us individually and in groups. We have supported each other. We had a great facilitator". The workers and the trainer both said that the training needed to be a fun experience with a lot of opportunity for role play.

For this facility, the training needs to have an aboriginal focus. One non aboriginal staff member said that through the Certificate III training she had "learned lots on the cultural side."

## Identified barriers to training

The lower literacy skills of workers are the major barrier in this facility. The trainer needs to complete most of the work orally. As the manager commented it "if they don't read doesn't mean they can't do it (the training) the workers are eager to learn, they're like sponges".

Lack of time in the funding model is also an issue that impacts on training. The trainer felt that she needs to be in the workplaces more often but the funding model doesn't fit. Lack of available release time is also a major factor when there is such a small number of staff. It is hard to release them at particular times so the trainers need to be flexible. Previously the training was at conducted at the local TAFE (25 kms away) It was very difficult for the workers to do it as classes were from 5.30pm to 9.30pm after a full days work.

Commitment to training was necessary on the part of both workers and management according to the trainer, "they need to have this to help them get through the course".

Lack of money is a factor impacting on training in a very small facility such as this one. There are no residents bonds so there is very little money for training.

There are no local aged care networks within the area health service. A local support network to support training and provide contact with other local aged care places would reduce isolation and may help to reduce the cost of training.

## Useful strategies for training and recognition

There was a cultural issue in this facility about the use of certain language to discuss and describe bodily functions and medical conditions so a meta language had been developed to allow for

discussion between workers and residents. This meta language was also being used by workers to document residents' care plans, also much of the documentation was by word of mouth. The trainer helped develop a system with laminated sheets for the workers to complete where the correct formal language and terms were used. The use of laminated sheets has been a useful strategy to help workers with literacy difficulties maintain accurate records. The workers write on the cards the EN writes them up and wipes them clean.

# Case Study 8

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## Key distinguishing features of the facility

- ✧ large metropolitan facility
- ✧ not for profit organisation
- ✧ residential care (150 bed hostel and 174 bed nursing home)
- ✧ caters for residents from a specific cultural group
- ✧ part of wider organisation including three other aged care facilities and a large facility under construction
- ✧ other services on site include: dementia unit, day therapy centre, self care units, respite care
- ✧ facility is registered as an RTO. Currently the training for personal care workers is being provided by a large public sector training organisation

The facility sees itself as having a leadership role as a large aged care facility. It runs a day care centre for potential residents to foster a sense of community and to prepare them to become residents.

## Staff members interviewed

CEO, Director Quality Systems and Education, Training Coordinator, trainer from partner RTO, 8 personal care workers (included 4 from the facility and 4 from neighbouring aged care facilities.) None of the workers interviewed had previous qualifications in aged care but one had overseas nursing qualifications.

## Profile of personal care workers

|                          |                                           |
|--------------------------|-------------------------------------------|
| <b>Staff numbers</b>     | total staff= 400                          |
| <b>Age range</b>         | 18-60yrs                                  |
| <b>Nationalities</b>     | Chilean, Pacific Islander, Fijian, Indian |
| <b>Length of service</b> | 11mths – 30 yrs                           |

Although this facility is in a metropolitan location it is more like a rural and remote facility as it has poor access to public transport and a small pool of potential local employees to draw on. The facility needs to use a lot of “agency” staff and there are issues with training this casual workforce to the facility standards.

## Observations about role of personal care workers and changes to role

The skill level of the personal care worker has been “increasing in complexity”. Resident care and medical needs are now greater and workers need higher level skills. Within the nursing home workers are dealing with more residents requiring acute medical care. They need to deal with challenging resident behaviour, increased numbers of dementia patients and the demands of family members. Workers need to have the skills to act as advocates for residents. They need well developed communication skills to deal with residents.

As a result of the ‘Aging in Place ‘ policy and older people staying in the community for longer periods managers felt that residents had a significant “settling in” period which made higher demands on the workers.

Several workers commented that in the nursing home they are pressed for time and there is not enough time to care for the residents and complete all the other required tasks. Workers spoke about the increased amount of paperwork they are required to complete. Several workers felt that AINs are not valued enough. They identified the negative aspects of the job as dealing with resident deaths and with differences and conflict among team members.

The workers require literacy competency to be able to complete improvement forms, accident reports, handover sheets and tracking sheets.

## Training and recognition in the organisation

There is a section on training in the organisation’s mission statement and strategic plan as they consider training a key factor in the growth of the organisation. Managers felt that training leads to growth. It shows workers that they are valued and respected by the organisation. They saw training as an integral part of a continuous improvement cycle. The manager commented that “quality and education are closely linked and impossible to separate.” The facility has several full time positions responsible for education who are developing systems for training specific groups of workers and working closely with all staff in the facility (kitchen, garden etc as well as care workers) to identify training needs to develop strategies to provide training.

Following training workers have more understanding of why they do certain tasks. In some instances they do things because “it has been done this way” for 20 years. Training allows workers to “own” the organisation and contributes to culture change. Workers become more confident and will ask questions. One of the most valuable things they learn is to work as a team. Managers felt that nursing care is their priority and there will be penalties down the track and an impact on the quality of care provided if they don’t have an emphasis on education.

Previously training offered to personal care workers had been task oriented and “mechanical” The training now offered through the Certificate III program allows workers to learn about a wider range of areas including dementia, behaviour management and counselling.

The organisation has started a mentoring/coaching scheme. Although it is still in its infancy they see that it has the potential to nurture new staff. New recruits also have an “observation day” included as part of their initial training strategy.

Certificate IV in Training and Assessment is also being offered at the facility and some Certificate IV in Frontline Management is being offered to relevant staff members.

## What is required of staff at recruitment?

If not trained workers have an orientation course and are encouraged to complete Certificate III. At recruitment the facility aims to identify the competencies that workers bring to the role and their skills gaps. The facility prefers to recruit workers with an understanding of and support for the particular needs of residents. They are looking for enthusiastic people who have a willingness to learn. They are happy to take untrained individuals with the right attitude and “develop them through training.”

## Training of personal care workers provided by the facility

The facility is an RTO and although it is not currently delivering Certificate III the workers have support in the workplace with training and access to workplace trainers. Training is being conducted by a large public sector RTO that staff from the facility had worked with previously. A good working relationship and trust between the RTO and the facility were crucial in getting the training program to work well. Training is conducted on site and

New staff members were previously offered only basic training, now staff are being “skilled up” in wound management, behaviour management, counselling etc. The CEO delivers a training session to new staff to give them an understanding of the philosophy of the facility, the importance of training and his view of the need for maintaining quality. An orientation course including OH&S, infection control, cross cultural training to deal with the high number of residents from the major cultural group and the philosophy and standards of the facility is provided to new staff.

Facility staff as well as other personal care workers from other local facilities and several from the Nursing agency the facility uses regularly. This ensures that agency staff regularly employed by the facility are familiar with workplace practices.

Training is conducted in a training room onsite. Workers also have access to a workplace library with resources to support their classwork.

Two groups have completed Certificate III training. They attend weekly ½ day classes with workplace support and on the job assessment provided by the facility. In the face to face classes there is an emphasis on practical activities.

The CEO commented on the need to plan for a “real shortage” of RNs and felt one of the answers is to encourage workers to train as ENs.

## The role of recognition

Although recognition was offered to all the students in the Certificate III course, the majority chose to go through the whole course. The trainer commented that they are “like sponges” and you can just watch them progress. Several workers commented that although they had been offered recognition as part of their Certificate III course and had lengthy experience in the industry they had selected to “start at the beginning” as their role is changing and there are lots of new developments in nursing that they were keen to learn about.

Managers commented that they preferred the workers to do the training as “it is a growth process for them... it is being valued. The training empowers the AINs. It encourages them to take more control and to be more autonomous.”

## Preferred method of learning

The current Certificate III training program was considered by the workers to be really useful. They were having fun while learning and the classes related directly to what they needed to do in the workplace. They enjoyed having members of the group from other facilities and from different parts of their facility as they learnt more about the industry as a whole. The classes were really practical with a lot of role playing and group discussion.

## Identified barriers to training

The human resource issues related to training are difficult to manage. While training needs to have increased it is increasingly difficult to find time for training. Worker release is an issue.

The shortage of RNs and the need to skill personal care workers to take on more of this role is an area that requires funding.

## Useful strategies for training and recognition

The organisation has established a scholarship program with a local university to allow nurses to complete a further qualification in gerontology and to provide education pathways for workers.

The organisation aims to deal with individual training needs of workers and undertakes education needs analyses with staff from various sections of the facility. Workers are encouraged to complete an education request form for managers when they identify an area where they would like further training.

Developing a sense of community within the facility was seen as important in creating a supportive learning environment. The facility has a thriving day care centre and aims to build relationships with residents before they come into full time care. This makes the role of the workers easier as there is less of a transition period for residents.

## Preferred ways to find out about training

Workers felt that the best way for them to find out about training opportunities was to have them identified and explained by managers. They liked a personal approach like this.

# Models for training in aged care facilities

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*Models and resources included in this document were compiled as part of the NCVET project:  
Recognising skills of existing workers: a snapshot of recognition and workplace training practices  
in the aged care sector*

## **What is included in this section**

- Model 1      Training provision for aged care: how to choose an RTO  
*A guide for facilities new to accredited training*
- Model 2      Determining training roles and responsibilities  
*A checklist and decision making tool to help facility and RTO staff determine roles and responsibilities*
- Model 3      Training provision in aged care: a message for RTOs  
*What aged care facilities need from RTOs and trainers*
- Model 4      Assessment evidence tips for aged care workers
- Model 5      Resources to support training and assessment in aged care



## Model 1

# Training provision for aged care: How to choose an RTO

*A basic guide to help staff in aged care facilities new to accredited vocational training select an appropriate Registered Training Organisation (RTO)*

This GUIDE has been compiled following research conducted in 2004 (NCVER, *Recognising skills of existing workers: a snapshot of recognition and workplace training practices in the aged care sector*). Experienced managers, workers and trainers from residential aged care facilities provided details about their training needs.

## Some questions to guide an initial meeting with a potential RTO?

### About the RTO

- Is the organisation registered with the state training authority? Which state is it registered in?
- What aged care training courses is the RTO registered to deliver?
- What experience does the RTO have in aged care training delivery?
- Can the RTO explain the purpose of available qualifications in aged care and how they can be packaged to meet the workplace needs?

### The RTO's delivery approach

- Can the RTO explain what is required in different courses (eg core units, electives, including units from other Training Packages etc)
- Is the RTO able to package a course to meet the workplace needs?
- How will the RTO incorporate previous training undertaken by participants (eg induction programs, manual handling training) in the course?
- How will the RTO include workplace material (eg procedures, policies and other workplace documents) into the training program?
- How will the training be conducted? (face to face, flexibly, online etc )
- How will the RTO provide training at times when the workers can be released or can most easily attend training?
- How will the RTO cater for workers who need help with language or literacy?
- How will the RTO go about giving workers credit for skills and previous experience (recognition)?
- What form of orientation program and student needs analysis will the RTO provide?
- What training materials will the RTO use?

### The RTO's capacity

- What qualifications, background and expertise do the trainers delivering the course have?

- What information can the RTO provide about access to Workplace English Language and Literacy (WELL) funds or other funding sources (eg Traineeships)
- How much will the training program cost?
- What other services could the RTO provide for the facility? (eg other training courses, consultancy advice, advice about accreditation, mapping training processes to aged care accreditation requirements)
- Can the RTO provide support references from other aged care facilities they have worked with?

## Model 2

### Decision making tool: establishing training in aged care facilities

Determining training partnership roles and responsibilities

*This tool can be used as a guide by staff from Aged Care facilities and their partner RTOs to guide decisions about establishing workplace training programs and determine the roles and responsibilities of both parties.*

*The tool includes three sections:*

- *a set of trigger questions for aged care facility staff*
- *a set of trigger questions for RTO staff*
- *an initial plan to use as a starting point for documenting roles and responsibilities*

#### Section 1 Aged care facility trigger questions

| Clarifying intentions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <ul style="list-style-type: none"><li>➤ Can the RTO cover the training needs of the workers?</li><br/><li>➤ Can the RTO provide training at a location and at times which match the training requirements of the workers?</li><br/><li>➤ Does the RTO have the Training Package units required by the facility on its scope of registration? (refer to the list of units attached)</li><br/><li>➤ How will the RTO incorporate the facility's procedures and practices into the training program?</li><br/><li>➤ Has the RTO explained possible funding options for training eg traineeship subsidies &amp; WELL funding?</li><br/><li>➤ How will workers be selected for the program?</li></ul> |          |

- How will the RTO inform workers about the training and provide a course outline?
- How will the RTO customize the training to the needs of the workers eg range of optional units to be offered? Can the RTO demonstrate they have met workers needs in a similar context?
- How will the roles and responsibilities of the facility and the RTO be documented?
- Which RTO representative will the facility communicate with?

#### **Delivery issues**

- Is the RTO able to deliver training at times suitable to the facility and workers and at an accessible location (preferably onsite)?
- How frequently will training sessions be conducted and what support will be offered to workers outside course times?
- Will any part of the program be delivered flexibly? If so, what resources will be used? (eg, course books, audio/video tapes, online material)
- What input from the facility into the training program will be required? eg management overview of facility policy, quality accreditation input.
- How will the RTO cater for specific student needs (eg language or literacy support, shift work)
- How will course evaluation be conducted?

### Assessment issues

- What process will the RTO use for recognition of workers' skills?
- How/when will evidence for workplace assessment be gathered? How will facility staff/supervisors be involved in this process?

## Section 2 Registered Training Organisation (RTO) trigger questions

*RTOs, with staff new to training in the workplace, can use these trigger questions to guide initial planning meetings with aged care facility staff*

| Clarifying intentions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <ul style="list-style-type: none"><li>➤ What access will RTO trainers have to workplace documents, records, processes etc for use in recognition of students' skills and mapping of facility requirements?</li><li>➤ What training (in-house and external, induction etc) has the facility provided previously for this group of workers? Are there available records of training provided?</li><li>➤ Is the organizational climate favorable towards conducting the training program?</li><li>➤ What specific requirements does the facility have for the training eg assistance with medication, dementia care etc</li></ul> |          |

- What training facilities, resources etc will the facility be able to provide for training?
- What ongoing support to students can be offered by the facility eg mentoring, study groups, library facilities, access to computers etc
- What communication processes will be used between the RTO and the facility?
- What generic skills does the facility most want the workers to develop during the training?
- How will workers access training? (during paid hours, after work, through flexible delivery
- Who will be the main contact person or “champion” for the training in the workplace?

#### **About the students**

- How will workers be selected to participate in training? Will the training be open to all workers?
- Will the trainer have access to staff for an initial interview to determine whether they have specific learning needs eg language, literacy support
- Which area will the workers to be targeted for training work eg hostel, nursing home, community,

### **Delivery issues**

- What resources does the facility have which students could access during training(eg, course books, audio/video tapes, online material)
  
- Will there be any input from the facility into the training program? Eg management overview of facility policy, quality accreditation input.

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### **Assessment issues**

- Has workplace assessment been conducted previously at the facility? Are there records of this assessment? Are there any qualified workplace assessors?
  
- What access will the trainers have to workplace supervisors for gathering on the job assessment evidence?

**Section 3**

**TRAINING DELIVERY DECISIONS**

| Agreed RTO responsibilities           | Agreed facility responsibilities |
|---------------------------------------|----------------------------------|
| <i>Communication processes</i>        |                                  |
|                                       |                                  |
| <i>Student selection arrangements</i> |                                  |
|                                       |                                  |
| <i>Delivery arrangements</i>          |                                  |
|                                       |                                  |



|                                |  |
|--------------------------------|--|
|                                |  |
| <i>Assessment arrangements</i> |  |
|                                |  |

**Signed:**

**Date:**

## Model 3

# Training provision for aged care: a message for RTOs

### *Tips for RTOs providing training and assessment services to aged care facilities*

#### Using the checklist

These tips were compiled following research conducted in 2004 (*Recognising skills of existing workers: a snapshot of recognition and workplace training practices in the aged care sector, NCVER*). Experienced managers, workers and trainers from residential aged care facilities provided details about their training practice. The list can be used to help with aged care worker course design or resource development.

### What do aged care facilities need from RTOs and trainers?

#### Course information

- Clear accessible material, course outline and assessment information for the workplace and students (where possible using visual material and diagrams)
- Avoid the use of “VET speak”. Keep the information simple

#### Course delivery

- Deliver the training in the workplace but off the job
- Fit the training in around the workplace shifts and work arrangements
- Provide as much face to face training as possible
- Map the course to the requirements of the aged care facility and its strategic directions as well as the packaging requirements of the Training Package?
- Customise the training to include the workplace’s procedures and processes and use examples from the workplace as course materials
- Include a range of practical activities and opportunities for discussion
- Relate the theory or underpinning knowledge to practice
- Use different media to engage students eg visual materials, video, multimedia
- Where possible, involve workplace staff and other local experts as guest speakers or course presenters
- Cater for needs of the student group eg include study skills, literacy support etc
- Organise mentoring or workplace support for students
- Provide specific activities to allow students to develop generic skills eg time management, negotiation, team skills
- Provide students with advice about future training options and pathways
- Introduce students to setting up a portfolio of workplace evidence for any future training they may undertake

#### Recognition and assessment

- Explain the recognition process clearly and simply to managers and workers and provide clear written information on how the recognition process will work




- Include a range of practical strategies for collecting recognition and assessment evidence and less emphasis on paper based evidence (see Model 4 : Assessment evidence )
- Allow for integrated “on the job” assessment.



## Model 4

### Assessment evidence tips for aged care workers

#### So what can be used as assessment evidence for your aged care qualification?

*The following table lists some types of evidence you could provide for recognition or assessment of your skills. It also gives you some tips on what to include in the evidence*

| Type of evidence                                                                                                                       | Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Answering questions</b></p>                     | <p>Your assessor will ask you questions for a number of reasons like getting to know you and your workplace. When questions are used to gather evidence for assessment your assessor should tell you it is an assessment and what areas will be included.</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>◆ ask your assessor for some practice questions</li> <li>◆ practice with a friend, colleague or supervisor</li> <li>◆ ask the assessor to explain the question if you don't understand what it means</li> </ul> |
| <p><b>Being observed at work</b></p>                | <p>Sometimes the person observing you will be the assessor or it may be a supervisor or a colleague from work. Sometimes the assessor will work a shift with you and observe and ask some questions as you work.</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>◆ ask what is going to be assessed, when this will happen and who will do it</li> <li>◆ check to see if you will be asked questions at the same time</li> <li>◆ give your ideas about the best way to observe you at work</li> </ul>                     |
| <p><b>Demonstrating parts of your job role</b></p>  | <p>Your assessor may ask you to demonstrate a task that may not be able to be observed in your normal daily work.</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>◆ if it is not something you do regularly you might like to practise it first</li> <li>◆ check to see if you also need to answer questions about the task</li> <li>◆ if you make a mistake, talk to the assessor may be able to start again</li> </ul>                                                                                                  |
| <p><b>Role plays</b></p>                                                                                                               | <p>Role plays are sometimes used so the assessor can observe you doing something that may be hard to observe in your workplace. Sometimes it is so the assessor can see how you manage unplanned situations such as dealing with challenging behaviour from residents. The assessor might also ask you some questions about what or why you do certain things.</p>                                                                                                                                                                      |

| Type of evidence                                                                                                                 | Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>◆ check if you can practise a role play first if you have never done one as it can be strange to act a role</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Your training &amp; work records</b></p>  | <p>You may have done some training (eg induction training) in this job or in a previous one that is useful evidence for your assessment. If you do regular training at work in OH&amp;S or manual handling there may be documents at work to show what you have done and if you were assessed. Some of the paperwork you complete at work may be useful as evidence for recognition of your skills.</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>◆ get copies of any certificates or training statements (they may need to be signed by your supervisor)</li> <li>◆ ask your supervisor what work records your assessor can use or keep.</li> </ul> |

Based on information provided in Guide 5: Training Package Assessment Materials Project (2001, Department of Education Training and Youth Affairs, p17)

## Model 5

### Resources to support training and assessment in the Aged Care sector

The following provides details about how you can access resources and material relevant to training and assessment in aged care

| Resource                                                                                                                                                                                    | Comments                                                                                                                                                                                              | Source/availability                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Community Services Training Package Support Materials</i></p> <p><i>Assessment tools for Cert III in Aged Care</i></p> <p><i>Recognition Assessment template – Aged Care Work</i></p> | Downloadable assessment templates mapped to training package units.                                                                                                                                   | <p>From National Community Services Skills Council website: <a href="http://www.cshta.com.au">www.cshta.com.au</a></p> <p>Details about purchase and download available on site.</p>                  |
| <p><i>Care Support Services (Aged Care Work) Recognition Training Program</i></p>                                                                                                           | Includes participant and trainer support material, record book, supervisor's report etc.                                                                                                              | <p>Details about purchase and licensing arrangements available at NSW Community Services and Health ITAB website: <a href="http://www.csh-itab.com.au">www.csh-itab.com.au</a></p>                    |
| <p><i>Duty of Care</i></p>                                                                                                                                                                  | Audiovisual aid to support safe work practices for learners, particularly for home care workers                                                                                                       | <p>Ideas that Work</p> <p>PO Box 2189</p> <p>Prahan Victoria 3181</p> <p>\$77.00 plus postage</p>                                                                                                     |
| <p><i>It all adds up</i></p>                                                                                                                                                                | Video and manual to assist home care workers with aspects of their work involving numeracy, eg reading rosters and timesheets, using maps, calculating time travel, travel claims, parking signs etc. | <p>Workplace Skills Access Department</p> <p>Swinburne University of Technology TAFE</p> <p>Tel (03) 9210 1175</p> <p>\$125.00 Video and workbook)</p> <p>\$43.00 (manual)</p> <p>\$87.00 (video)</p> |
|                                                                                                                                                                                             |                                                                                                                                                                                                       |                                                                                                                                                                                                       |

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| <p><i>Key it in: computer and documentation skills for the aged care industry</i></p>       | <p>Interactive CD Rom for personal care attendants, floppy disk with practice files and folders, trainee printed guidelines for workplace mentors</p>                                                                                                                                                                                                                                             | <p>Linda Wyse and Associates<br/>PO Box 4139<br/>Richmond Victoria 3121<br/>Tel<br/>ARIS for loan<br/>\$50.00</p>                 |
| <p><i>Speak up write now: communication skills for personal carers: trainers manual</i></p> | <p>Trainee manual: a print based resource for personal carers working in residential aged care sector. Provides support in the development of language and literacy skills required in the completion of care documentation particularly that related to gathering data for assessments to obtain funding for resident care (Residential Classification Scale). Also available on floppy disc</p> | <p>Linda Wyse and Associates<br/>PO Box 4139<br/>Richmond Victoria 3121<br/>Tel: (03) 4429 7551<br/>ARIS for loan<br/>\$50.00</p> |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |
| <p><i>Boronia Village: communicating in aged care</i></p>                                   | <p>Kit of CD Rom and learner workbook<br/><br/>Designed for workers with limited language and literacy skills. Supports workers to develop skills in finding out about residents, caring for residents, reporting and recording progress notes.</p>                                                                                                                                               | <p>TAFE NSW Access<br/>Division<br/>Tel (02) 9846 8165</p>                                                                        |
| <p><i>Deaf workers in aged care</i></p>                                                     | <p>Kit of CD Rom, trainers guide, learners guide.<br/><br/>Caregivers in aged care setting who have hearing impairments. Case studies and exercises.</p>                                                                                                                                                                                                                                          | <p>Northern Melbourne Institute of TAFE.<br/>Faculty of Education. Industries and Initiatives Unit<br/>Tel (03) 9269 1154</p>     |

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| <p><i>Training Package Assessment Materials Kits:</i></p> <p><i>Particularly:</i></p> <p><i>Recognition Resource (No.3 series: A guide to developing Training Package assessment materials)</i></p> <p><i>Candidate's Kit: guide to Assessment in New Apprenticeships (No.5 in series: A guide to developing Training Package assessment materials)</i></p> | <p>Available as print based and CD Rom, allowing for customisation of the kit to meet candidate, assessor, RTO and enterprise needs</p>                                                                                                                                                                                                 | <p>An ANTA kit of ten publications on different aspects of assessment (DETYA, 2001)</p> <p>Available: at :</p> <p><a href="http://www.atpl.net.au">http://www.atpl.net.au</a></p>             |
| <p><i>Skills Recognition</i></p> <p><i>Achieving competence through work in Aged Care and Home and Community Care</i></p>                                                                                                                                                                                                                                   | <p>Details to be provided</p>                                                                                                                                                                                                                                                                                                           | <p>WA DET</p> <p>In draft</p>                                                                                                                                                                 |
| <p><i>Assessee Support Kit</i></p>                                                                                                                                                                                                                                                                                                                          | <p>A kit developed by Human Services Training Advisory Council (NT) to help people interested in seeking assessment of work skills for the human services industries. Although the kit is for general use and not developed specifically for aged care, it has clear general information about accredited training and recognition.</p> | <p>Human Services Training Advisory Council Inc Northern Territory</p> <p><a href="http://www.hstac.com.au/resources.html">http://www.hstac.com.au/resources.html</a></p>                     |
| <p><i>ANTA Toolbox (series 6) Grange Home Care</i></p>                                                                                                                                                                                                                                                                                                      | <p>Maps to units in :</p> <p>CHC30102 Certificate III in Aged Care Work</p>                                                                                                                                                                                                                                                             | <p>Toolbox being developed. Due to be completed late in 2004. Available at: <a href="http://flexiblelearning.net.au/toolbox/series6/">http://flexiblelearning.net.au/toolbox/series6/</a></p> |



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|  | <p>CHC30202 Certificate III in Home and Community Care</p> <p>The toolbox is set in a facility called Grange Home Care and mirrors residential and home and community care environments. The learner is presented with a range of tasks that a carer would be expected to perform in the industry.</p> |  |
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