



# An evidence-based Discussion Paper on VET disability education delivery

**Prepared for the Disability Support Industry  
Reference Committee (DSIRC) on behalf of SkillsIQ**

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### CONTEXT OF THIS DISCUSSION PAPER

Current challenges in the disability education sector include criticisms of the current qualifications which highlighted issues concerning how the training is implemented, as opposed to the content that is being delivered. The content of the qualifications is under a major review post-implementation of NDIS, consumer-directed care and the current Disability Royal Commission. This discussion paper will therefore focus on the implementation issues related to the delivery of education.

### PURPOSE OF THIS DISCUSSION PAPER

The purpose of this discussion paper is to provide information and suggest key questions that enable education stakeholders to collectively consider and discuss this important subject, negotiating a way forward. As such, this discussion paper provides information for key stakeholders without drawing conclusions or making recommendations.

### DISCLAIMER

This document reports information gained from a rapid review of the literature, a voluntary survey of education providers in this space, and interviews with key stakeholders. The content of this paper does not necessarily represent all models of education currently in use or all views on this topic.

## PURPOSE

This discussion paper is one of a series that aims to stimulate critical and creative thinking around the potential future of education in the disability sector. It seeks to explore numerous avenues in order to build a picture of the state of the Vocational Education and Training (VET) sector in terms of the delivery of education and the implementation of this education into work-ready skills (refer **Appendix 1** for the research methodology). It is designed to formally spark a constructive dialogue between stakeholder groups by providing information and posing key questions for consideration. **This paper is focused on the delivery of education within the VET sector** and includes the *Certificate III in Individual Support* and *Certificate IV in Disability*. The overarching questions directing this discussion paper are:

How could disability education delivery be reformed to improve outcomes for the sector's workforce and the people they support, and what challenges would need to be overcome to ensure a sound implementation of any required reform?

This paper investigates the following points:

1. The different models/modes of training delivery for disability care workers in Australia
  - 1.1. The barriers to and enablers of delivery of the current training in *Certificate III in Individual Support* and *Certificate IV in Disability* for the Australian disability sector
  - 1.2. Any exemplar programs of training delivery
  - 1.3. Indicators of success for high quality/exemplar program delivery
2. The current training delivery model's preparation of students for the workplace
  - 2.1. The experiences within the workplace and of employers regarding the preparation of potential employees after training in different models of training delivery
  - 2.2. Assessment of the core attributes/values inherent in disability support workers prior to enrolment in training
  - 2.3. The impact of employer relationships with training providers on the quality/suitability of graduates
3. Current challenges with respect to implementation and the adoption of best practice in training delivery in Australia.

## BACKGROUND

The introduction of the National Disability Insurance Scheme (NDIS) has allowed people living with disability greater choice and control over their lives, leading to an increase in workforce demand, as well as greater demand for personalisation of care (Snell et al. 2019). This means service providers need a diversity of skills and personal characteristics among their workers to match the diversity of the client base.

### ABOUT THE WORKFORCE

The current disability workforce is made up of majority female, part-time workers, over two-fifths of whom are casually employed (NDS 2018a). Data from the National Disability Service (NDS 2019) indicates a decline in permanent, full-time employees, and a rise in casual and part-time work in the disability care workforce, which has continued since data collection started in 2015. This is a potential issue in the sector because local and international reporting has indicated poorer outcomes from discontinuity of care (including violence, workplace injury, property damage, and poor mental and physical health outcomes). A key driver of continuity of care is a stable, well-trained, properly remunerated and valued workforce (NDS 2019; Bains et al. 2019).

In Australia, disability support workers do not require formal training to gain employment in the sector. Service providers vary in their requirements for workers, with some expecting a *Certificate III in Individual Support* (hereafter referred to as 'Certificate III') prior to employment; some expecting employees to complete this qualification after employment; and others not requiring qualifications at all. Given the complex and highly varied nature of the role, and the complex needs and behaviours associated with clients, particularly those with intellectual and cognitive disabilities, this can lead to safety issues for both workers and clients alike. Furthermore, poorly trained or untrained care workers do not lead to quality care, nor the achievement of greater choice and control for service users, as promised by the introduction of the NDIS.

Moreover, in Australia, support workers are not required to maintain a registration or licence to work, in contrast to the requirements for other health care workers. To address this gap, a workforce licensing system linked to accredited disability qualifications has been initiated in Victoria and is due to start in 2021. The scheme will provide registration for workers who have met certain standards of practice, as well as a code of conduct that sets a minimum level of conduct for all workers, including those who are unregistered. This will allow unregistered workers to still be employed, but will provide some safeguards. Those who choose to register will have various registration options that link to the different qualifications and roles or employment levels. The register of qualified workers will be publicly available, which will reduce the need for employers to conduct pre-employment checks (Goodwin & Healy 2019d). This registration process will bring personal support workers in Victoria in line with the rest of the health workforce in the State.

In 2019, the Certificate III (all streams) was offered by 489 Registered Training Organisations (RTOs), and 221 offered the *Certificate IV in Disability* (hereafter referred to as 'Certificate IV') (SkillsIQ 2019). One Australian survey study sampling the whole disability workforce (not exclusively disability support workers) found 36% of workers held a Certificate IV; and 20% had a Certificate III or less (Cortis & van Toom 2020). In comparison, a recent report found that the Certificate III is the most sought-after qualification in the disability sector (Goodwin & Healy 2019b), and a survey of newly recruited disability support workers found approximately one in five had a formal disability-related qualification (Certificate III and above) (NDS 2018b). They also found that while 56% of disability care providers recruited a mix of people with and without disability-specific qualifications, 24% of those providers indicated that all their new recruits had a disability-related qualification, compared to 20% of providers who indicated that none of their new recruits had any formal qualifications (refer **Figure 1** for full distribution) (NDS 2018b). According to research conducted by the National Centre for Vocational Education Research (NCVER) (Misko & Korbel 2019) on courses delivered in the period 2015–2017, the Certificate III (all streams) varied in its duration of delivery from 1–13 months (median duration of 3–7 months), while the Certificate IV ranged from 2–10 months (median duration of 5–7 months).

**FIGURE 1. PERCENTAGE OF NEWLY RECRUITED DISABILITY SUPPORT WORKERS WITH A DISABILITY-RELATED QUALIFICATION**



The lack of a specified minimum skills requirement for disability support workers in Australia means barriers to entry are low, which Ryan and Stanford (2018) suggest sends a dangerous message to prospective support workers that the work is undemanding or unskilled. As this is far from true, such unrealistic expectations about what is required of workers may contribute to the high turnover in this sector. Additional concerns relating to workers in this industry involve low wages, lack of employment security, and few opportunities for advancement (Ryan & Stanford 2018). These authors (Ryan & Stanford 2018) also suggest training providers should consider the introduction of a minimum skill set and the development of a vocational pathway that extends beyond Certificate IV that would allow for advancement in direct support roles (e.g. autism specialisation) rather than management.

## DISCUSSION

For the purpose of this discussion paper, Australian RTOs were invited to participate in a survey about the disability-specific training they offer for the Certificates III and IV. Seventy-seven RTO representatives completed this survey. In addition to the survey, representatives were invited to participate in interviews to discuss the questions in more depth. One interview was conducted with three participants from a peak body; no RTO representatives participated in interviews. Survey and interview responses were collected and analysed in conjunction with the literature to provide information and discussion points for this paper. Survey results are presented at the start of each relevant section, followed by a summary of the literature on the topic. A narrative summary of the interview responses has been added to the relevant sections where available.

## WHAT ARE THE DIFFERENT MODELS/MODES OF TRAINING DELIVERY FOR DISABILITY CARE WORKERS IN AUSTRALIA?

Australia currently offers two models of VET in disability support: Certificate qualifications through classroom-based technical learning in combination with work placement, and traineeships. Classroom-based technical learning can be delivered online or face to face. However, both require 120 hours of work placement to be undertaken for the purposes of assessment, in order to complete the qualification.

Disability care worker traineeships, although rare in Australia, have been noted to produce very high-quality workers, the majority of whom find work quickly, usually with the care provider with whom they completed their traineeship. This requires a strong partnership between the RTO and the industry partner, as both are required to support and educate the trainee.

When RTO survey respondents were asked about the courses they offer, 73 (94%) respondents indicated they delivered the Certificate III. Of these, one respondent indicated they delivered this course online only; 19 respondents indicated they delivered this course face to face only, and the remaining 53 respondents delivered the Certificate III via a combination of online and face-to-face training. Of those delivering the Certificate III via mixed delivery methods ( $n = 53$ ), 31 respondents delivered 50% or more of this course online. Forty-four respondents (57%) indicated they delivered the Certificate IV. Of these, none indicated that they delivered the course solely online; nine respondents indicated that they delivered face-to-face training only, and 35 respondents indicated that they combined both online and face-to-face training. Of those delivering the Certificate IV via mixed delivery methods ( $n = 35$ ), 28 indicated that they delivered 50% or more of this course online.

## WHAT ARE THE BARRIERS TO AND ENABLERS OF DELIVERY OF THE CURRENT TRAINING IN CERTIFICATE III AND CERTIFICATE IV FOR THE AUSTRALIAN DISABILITY SECTOR?

Work placement was the most frequently mentioned barrier to the delivery of quality education

### Barriers

The barriers most frequently mentioned by RTO survey respondents in regard to delivering the current Certificates III and IV were finding placement opportunities, the cost of training/lack of funding for high-quality training delivery, and a lack of mandatory qualification requirements within the industry. These were all felt to result in cost cutting, lower quality training, and the potential for the downstream delivery of poor-quality services and/or the abuse of NDIS participants. COVID-19 was also listed as a current barrier to training, particularly limiting placement opportunities and highlighting issues associated with technological skills in both trainers and students. Student placements in general were clearly identified by both survey and interview respondents as the main barrier or issue in disability training delivery. Survey respondents mainly focused on barriers to finding enough placements for students and the ability of workplaces to adequately supervise students, while interviewees highlighted the difficulties students have in the transition from class work to placement, and the confusion around the expectations, roles and responsibilities of students, RTOs and host agencies. A key element of these difficulties is the perception that host agencies expect students to begin placement fully work-ready when they are still only in training, and in many cases it is the students' first time seeing the reality of work in this sector.

Less-frequently mentioned barriers in the survey were outdated or inflexible aspects of Training Packages that are out of sync with current industry and NDIS participants' needs, and issues relating to rural and remote training - for instance, digital skills and access to technology; remote travel requirements; and limited numbers of disability clients requiring support who are willing to have students assessed during their care.

Finally, a few survey respondents noted that low Language, Literacy and Numeracy (LLN) skills; educational and work proficiency; unrealistic student expectations; and a lack of trust between training organisations and the industry can lead to difficulties in delivering high-quality training. The concern around insufficient English Language Proficiency (ELP) was also emphasised by interviewees who felt that LLN testing does not adequately identify ELP issues, which were perceived as a critical barrier to both the delivery of education and the downstream quality of care.

Barriers to delivering disability support worker training are also clearly identified in the literature. One major barrier repeatedly discussed is a strong perception in the industry that worker attitudes and personal qualities are much more important than formal training and qualifications in delivering high-quality supports (Ryan & Stanford 2018; Goodwin & Healy 2019a). This is in part due to a wide variation in the skills required to support the individual needs of people with disabilities, which many feel are better learnt 'in-house'. Ryan & Stanford (2018) strongly argue against this perception, suggesting that employing people without qualifications or good-quality training poses an unacceptable level of risk to those with disabilities and undermines the quality of jobs in the sector. This position is supported by Baines et al. (2019), who note the increased risks to disability support workers and clients that result from inexperienced, untrained staff, and the burden this can place on those in the workforce with greater training and experience. A report from Jobs Queensland (2018) also highlights this issue, concluding that a 'culture of training' does not exist in the disability sector, which is reflected in the highly mixed views on the value of nationally recognised training.

There are currently minimum requirements for 120 hours of practical experience to be undertaken for the purposes of assessment in all registered courses. However, there are reports from previous studies of graduates who had completed a Certificate III with the intention of working as a disability support worker as having had no experience in the disability sector, as their placements were completed in an aged care facility (Goodwin & Healy 2019c). This leads to concerns that hours of placement conducted in such a manner might not adequately provide the necessary experience. In addition, the literature notes that the placement component of training, while seen as essential by all, has its own challenges, with employers reporting that providing qualified support workers to supervise students during placements often stretches limited staff resources (Goodwin & Healy 2019a; Kelly 2017). This makes finding quality work placements a significant challenge for RTOs, as reflected in the RTO survey responses, and creates a high level of competition for places (Goodwin & Healy 2019a).

**Many experienced workers in the disability industry are unqualified, making them ineligible to supervise trainees**

This is also a barrier in the traineeship model. Many service providers felt supervision requirements made traineeships unviable for two reasons. Firstly, small businesses may not have the capacity to meet supervision and administration requirements of trainees; and secondly, many of the experienced workers in the disability industry are unqualified, which makes them ineligible to supervise trainees (Jobs Queensland 2018).

The trainee model of delivery has other barriers which are cited in the literature, including a lack of awareness of the availability of traineeships; the mostly casual disability workforce causing traineeships to be undertaken on a part-time basis; low trainee wages; and the stigma attached to the term 'traineeship'. The disability industry has consistently highlighted a lack of incentives for taking on part-time trainees, as providers consider that the Australian Apprenticeships Incentives Program does not adequately cover the costs for part-time trainees. Because most of the work available in the disability sector is part-time work, few RTOs have taken up the opportunity to offer this form of training (State Training Board 2018). The disability workforce has a high proportion of older workers, and this also impacts the uptake of traineeships. VET students have identified stigma attached to the term 'traineeship', which portrays trainees as young and inexperienced (Ryan & Stanford 2018). Additionally, trainee wages may be suitable for younger trainees, but were considered a barrier for mature workers who need enough to support their families (Jobs Queensland 2018).



In terms of the RTOs' role in training delivery, the literature suggests there may be a limit to the number of suitable instructors with varied and current vocational experience (Community Services and Health Industry Skills Council 2014; Ryan & Stanford 2018). Research conducted by Goodwin & Healy (2019a) found disability service providers felt trainers who do industry placement once every year or two are not current in such a rapidly changing sector. Consequently, they are perceived as missing up-to-date hands-on knowledge and expertise given the changes that have occurred as a result of the NDIS rollout (Goodwin & Healy 2019a; Ryan & Stanford 2018). Given the importance placed on having knowledgeable and experienced trainers by survey respondents, it is critical to consider what may be required for trainers to maintain currency in a way which meets industry expectations.

Research from New Zealand highlights another possible barrier to training delivery, with feedback suggesting that some cultural groups do not feel comfortable undertaking training with others. Notably, there are also differences within cultural groups, including different learning styles and preferences. For example, the classroom style of teaching was suggested as not working as well for Māori peoples (Te Pou o Te Whakaaro Nui 2011). Cultural differences and preferences should also be considered for the many cultures involved in Australia's disability sector.

Enterprise RTOs are those which provide registered training courses to their own workers. Because their training is integrated with their service delivery, they can deliver nationally recognised qualifications in a customised way that meets the specific needs of their workers. However, the State Training Board in Western Australia (2018) has found that enterprise RTOs are increasingly not renewing their registration due to the cost and complexity of regulation and the continuous review of national Training Package requirements. This presents a threat to quality disability education, as enterprises often continue to train in-house once their RTO status has lapsed. While initially this training is delivered in line with national Training Packages, there is risk of a shift from industry to enterprise-specific standards over time that will impact on the portability of worker skills (State Training Board 2018). Our interviewees also had some concerns that enterprise RTOs have no oversight or external input since they are both RTO and service provider, which may mean they are not monitored at all unless there are many complaints against them or they fail an audit and are investigated.

**Competing with short, cheap, online-only courses is a barrier for RTOs that believe quality training takes an investment of time and resources**

Finally, some RTOs in the literature report that competing with cheap RTOs who deliver quick, online-only courses is a barrier for them. These training providers perceive that delivering a quality program takes significant time and resources, and consequently is much more expensive than the short, online-only courses, but that students and Jobactive providers often prefer speed over quality so that people can join the workforce quickly and at less initial expense. This is reflected in research reported by NCVET (Misko & Korbel 2019), who found employers and students preferred shorter course durations to address economic pressures and work shortages felt by these groups, but noted this could lead to exploitation by unscrupulous providers. Goodwin & Healy (2019a) argue that shorter, cheaper courses also shift the burden onto service providers who must retrain workers, and that they erode faith in the quality of the VET system overall. This can have longer term impacts on the perceived value of the training and resulting work roles, leading to workforce devaluation and care worker disengagement (Baines et al. 2019).

## Enablers

When asked what enables the delivery of the Certificates III and IV, the majority of survey respondents who answered this question mentioned knowledgeable trainers with current industry training (including NDIS) and many years of experience, with ongoing upskilling and the use of real-world examples. This was closely followed by relationships with disability care providers, employers, and/or industry leaders. Funding and subsidies were mentioned as enablers, as was industry demand, both from the industry for quality disability support workers and from people wanting to work in the sector. Less often mentioned enablers were trainers' passion for the sector; compliance with legislation and competency requirements; providing both aged care and disability care education streams; flexible or blended delivery models; and screening and preparing potential learners for the program prior to enrolment to ensure they know exactly what will be involved.

**Experienced and qualified trainers with extensive knowledge of sector and current industry involvement enable good training delivery**

The literature does not provide much insight into the enablers that help training providers deliver the current disability support worker education in Australia. However, research by the Community Services and Health Industry Skills Council (2014) suggested the common skills required across aged, community, and disability care allow some degree of transferability of skills among workers. The changes in the underpinning philosophy towards client-centred practice are felt to have moved these three areas closer together, providing opportunities for some efficiencies in training delivery.

Interviewees proposed traineeships and apprenticeships as a key future enabler for high-quality education delivery in this sector, perceiving that the outcomes of this model are what employers are looking for, and that a workplace training model such as a traineeship addresses most of the major barriers (discussed previously) which relate to the institutional pathways of the qualifications. Previous research has also identified that those service providers who do offer traineeships in disability care feel trainees are a valuable long-term investment in their workforce. Although supporting the trainees in the early stages has costs, this model is perceived to result in 'really great workers' (Jobs Queensland 2018). Financially, enablers such as paying workers lower wages, government incentives, and payroll tax rebates were considered to potentially increase the likelihood of other service providers using this model of training. While it was clear that the financial incentives are not the actual motivator for those who take on trainees, they enable those who choose the traineeship model to offset training and supervision costs (Jobs Queensland 2018).

## ARE THERE EXEMPLAR PROGRAMS OF TRAINING DELIVERY?

In response to a question about innovative or unique training offered by the RTOs surveyed for this discussion paper, the most frequently mentioned aspects were skills-labs or simulation training, and offering multiple delivery modes – such as blended learning, which allows students to switch between face-to-face, external, mixed mode, or online training as their needs dictate. Several respondents noted they had moved to online training due to the COVID-19 pandemic, with some highlighting that they were maintaining 1 to 1 and group training aspects to ensure the best training delivery outcomes for their students. Relationships with industry and community organisations, together with experienced facilitators who work in the sector, were also highlighted by several respondents.

Paid work placements and onsite training were mentioned by a few as innovative practices, while only one respondent discussed the screening of prospective students as an innovative aspect of their training. A few respondents discussed offering additional short courses and micro-credentials to increase students' skills and employability.

Some of these items highlighted by RTO respondents may not qualify as 'unique or innovative' based on the literature informing this discussion paper and the responses other RTO representatives made throughout this survey (refer **Appendix 1** for the list of survey questions and below for a summary of the literature answering this question). Despite many of our survey respondents offering simulation as part of training prior to placements, this was felt by

our interviewees to be more broadly an uncommon and still innovative component. They perceived that most RTOs provide training that begins with theory and then moves students straight into work with no integration between theory and work placement components.

Some examples of successful or exemplar training delivery models were found in the literature, with a few key components shared across them (refer **Table 1**), some of which reflected aspects highlighted by survey respondents. These included the importance of partnerships between RTOs and workplaces, and mentorship or supervisory roles or models. Other key components included pre-education activities, probation systems and early work placements to give early exposure to the sector. These aspects aim to establish a potential student’s ‘fit’ for the sector in terms of their interest in the work, as well as to assess whether their attitudes and values are suitable. Some of these case studies are further described in **Figure 2**. Notably, many of the exemplar programs found related to traineeships, even though there are very few disability traineeships completed in Australia compared to classroom-based Certificate training models.

TABLE 1. COMMON COMPONENTS OF EXEMPLAR PROGRAMS OF TRAINING DELIVERY FROM THE LITERATURE.

<p><b>Jobs QLD (case study 3) 2018:</b> Traineeship models, Mixed ages, Mentorship/supervision, Probation, Assessment of values / attitudes, Partnerships between RTOs and workplaces</p>
<p><b>Jobs QLD (case study 4) 2018:</b> Traineeship models, Assessment of values / attitudes, Pre-education activities, Partnerships between RTOs and workplaces</p>
<p><b>Goodwin &amp; Healy 2019b:</b> Early work placements, Assessment of values / attitudes, Pre-education activities, Partnerships between RTOs and workplaces</p>
<p><b>SkillsIQ 2018:</b> Mixed ages, Mentorship/supervision, Two-way mentoring</p>
<p><b>State Training Board 2018:</b> Traineeship models, Assessment of values / attitudes, Pre-education activities</p>

FIGURE 2. EXAMPLES OF INNOVATIVE PROGRAMS AND INITIATIVES

Case studies sourced from Jobs Queensland 2018 report



#### CASE STUDY 1: A TRAINEESHIP PARTNERSHIP

One disability service provider and a Group Training Organisation have partnered together to deliver a traineeship. The training organisation recruits, focusing on finding a mix of older and younger people to fit the providers’ requirements for participants. The provider interviews potential trainees, and those that seem promising are put on a traineeship probation period. The probation period is considered critical to ensure a good match in terms of both competencies and personality. During the traineeship, the provider pairs trainees with competent senior staff for supervision and support.



#### CASE STUDY 2: A HOLIDAY PROGRAM FOR INDUSTRY EXPOSURE

One disability service provider runs a holiday program for young people with disability and encourages volunteers from local schools to support them, allowing an opportunity to identify local young people who enjoy the experience and possess the right values and attitude for the job. If suitable students express an interest, the provider works with the school and TAFE to organise a traineeship involving one day a week with the provider, one day at TAFE, and three days at school for 18 months. This method of recruitment allows the provider, based on their own observations, to offer a traineeship to young people they wish to employ.

In Western Australia, research undertaken by the Department of Training and Workforce Development (2018) suggests that a preparatory training program, like a pre-traineeship model, could be developed for the disability sector. The Department found that this initiative was supported by the sector, subject to the cost. The disability sector appears to see a pre-traineeship foremost as an opportunity to promote industry-wide take-up of the disability induction skill set CHCCCS015, but the pre-traineeship also gives potential workers the opportunity to determine their suitability to work in the industry prior to enrolling in a full course (State Training Board 2018).

RTOs consulted in another study spoke about using other activities for a similar purpose. For example, an RTO may invite industry speakers to talk with students, use videos of 'a day in the life of...' to help them understand what disability work is like, or send students out on an initial placement early in the course. Some RTOs also suggested these education activities were used to help Jobactive and Disability Employment Service providers understand the sector, thus improving referrals to training courses from these providers (Goodwin & Healy 2019b). Similar activities were also reflected in some of our survey responses. For example, one respondent described their RTO's 'Discovery Days' where they provide potential students with all the course information as well as guest speakers and interactive activities, such as working with an aid or doing a handwashing task.

Examples of ways to deliver training to mature-aged employees which may be useful to the disability sector include providing flexible work conditions and two-way mentoring between younger and older workers. Given that a large proportion of the disability workforce is older and highly experienced, programs where younger workers help to train older workers regarding technology use and new best practices while experienced older workers help younger workers to learn workplace expectations and routines, may be a good model to bring into disability training (SkillsIQ 2019).

### **Aged care initiatives**

Recent changes made in the CHC Community Services Training Package (release 3.2) updating the rules of delivery for the *Certificate III in Individual Support* have led to a more targeted approach to elective offerings required by RTOs for the aged care-specific band. These changes specify that all aging specialisation Units must be chosen, and all other Units must come from the aged care group of electives, thus ensuring the delivery of the training is focused on skills specific to working in the aged care sector, rather than the more generic units relating to administration and business. Other VET-sector Training Packages are undergoing similar changes to better target the required skills to the specific sector's needs and strengthen the quality of the graduates.

### **Work placement initiatives**

The industry-sponsored placement portal established by the Victorian Government provides school students with access to job placements across the State and provides oversight of the quality of placement arrangements. This idea of an initiative that oversees and organises placements could be similarly considered by other States (State Training Board 2018). A one-stop shop for students, jobseekers and trainers to connect with structured workplace learning opportunities offered by employers may help to address some of the cited barriers around finding enough suitable placements for students and provide opportunities for exposure to placements prior to enrolment in disability training courses.

### **International initiatives**

Work placements in disability support worker training programs in Australia require 120 hours minimum practical experience to be undertaken for the purposes of assessment within the Certificate III and IV programs. In comparison, those trained in the equivalent role in Canada undertake programs which require a minimum of 280 hours of practical experience for those who want to work in long-term care. This represents almost half of the training hours they complete (Kelly 2017).

In New Zealand, nationally recognised formal qualifications have been developed for the disability sector but, contrary to Australia, an in-house or embedded model of training underpins these qualifications. This means the employer takes responsibility for learning and assessment and customises the training to ensure it is relevant to its workforce

and organisation (Te Pou o Te Whakaaro Nui 2011). A similar model has been trialled by TasTAFE for the *Certificate III in Individual Support (Ageing)*, where it has partnered with an aged care facility to train students onsite, with supervision and education shared between staff and TAFE educators.

### WHAT ARE THE INDICATORS OF SUCCESS FOR HIGH-QUALITY PROGRAM DELIVERY?

When asked about aspects of their training delivery that work well, RTO survey respondents most often listed relationships, agreements, or partnerships with industry. This was followed by the provision of student supports (e.g. LLN support, additional training as needed); flexibility and blended learning models; trainers that currently work in the industry; access to well-equipped facilities; and supported work placements. Targeted materials such as case studies, real-life examples and integration with local providers were also listed as successful education delivery aids. Micro-credentialing was mentioned by a few RTO representatives as an aspect of training delivery that works well.

High employment rates, high completion rates, and positive industry and student feedback were listed as indicators of successful training programs

Survey respondents considered indicators of successful training provision to include high employment rates six-months after certificate completion, followed by a high completion rate, positive industry and student feedback, and 'high-quality' graduates. Less-frequently mentioned indicators were students returning for further studies; improved quality of care across the sector; industry perceptions of the VET sector; and the ability of graduates to adapt to changes in the sector.

Fundamental components of high-quality **online training programs** outlined by RTO respondents included engaging resources that provide clear instructions in simple language, with a mix of different types of content (e.g. e-books, webinars, video lectures and online tutorials) that are relevant to the course and the current sector and which are regularly updated. Respondents also listed easy access to trainers for timely support, and close monitoring of student progression via multiple pathways. Strong interactive engagement with trainers was also listed, as were group activities with other students. Several respondents noted that the online platform needs to be reliable and easy to use, with simple navigation, and that the trainers need to have well-developed online teaching skills with ongoing professional development in this area. Some stated that online-only education was not an option and that face-to-face training was vital for practical content. Work placements, flexibility in delivery, and knowledgeable trainers with industry currency and engaging presentation skills were once again noted as vital to the delivery of high-quality training.

Regarding the fundamental components of high-quality **face-to-face training programs**, most RTO respondents cited engaging trainers with current qualifications and relevant current industry experience. Many respondents also highlighted interactive and fun classes with real-time engagement, industry simulations, class discussions and group work. Well-equipped facilities and a range of high-quality training materials that are continuously improved with industry input; ongoing student support; practical hands-on training; and good industry engagement and relationships were also mentioned as key factors.

In the literature, indicators of success for disability training program delivery were similar to those identified by our survey respondents with a focus on employment outcomes for graduates, and sometimes on graduate confidence or fit in the sector. For example, the State Training Board (2018) in Western Australia reported that few RTOs choose to offer traineeships. However, one example of a 'very successful' traineeship offered by an enterprise RTO resulted in it employing approximately 85% of students on graduation. Similarly, the Department of Jobs and Small Business (2017) reported the success of graduate outcomes for the Certificate III with 75% of graduates employed six months after training.

In a study by Cortis & van Toom (2020), success was considered more in terms of graduates' ability to practise safely and report safety issues. In their survey of 2,341 disability workers in Australia, 71% said they felt confident about reporting safety issues and risks. However, only half (51%) agreed that they had received the training they needed to do their work safely.

As mentioned earlier, the disability sector has a stronger focus on personal attributes as a determinant of fit for the sector, rather than qualifications. Research by Goodwin & Healy (2019c) found stakeholders considered the foundation for an effective support worker could be found in personal attributes; that is, the 'right' values and attitude combined with a good understanding of what the work involves. Technical and workplace-specific skills and knowledge were considered much less important and were often taught on the job (Goodwin & Healy 2019c). This was also found in an earlier study where work exposure or work experience to 'try out' the sector first was reported as a common factor for successful traineeship experiences (Jobs Queensland 2018). Many service providers believe technical skills and knowledge can be taught on the job, but the 'right' values and attitude are necessary before employment. This belief gives rise to the idea that the 'right' personal attributes are an indicator of a successful graduate and therefore an indicator of the success of high-quality program delivery. However, as training providers cannot confer all such personal attributes, some type of screening for suitable people on entry into registered training programs could ensure graduates are more likely to be 'successful' in this way. Core attributes necessary for successful disability support workers are further explored later in this discussion paper.

The literature identified that service providers determined the excellence of a training provider through word of mouth; feedback from students or workers who trained with those providers; the observed level of quality of students or workers who had completed training; and the reputation of trainers. Some providers keep track of trainers they have identified as excellent when they move to a new RTO so that they can continue to source graduates trained by those individuals. In other sectors it is reported that providers seek to recruit graduates from certain RTOs as a way of ensuring quality training and skills, but previous studies suggest that in the disability sector this is less true (Goodwin & Healy 2019a). However, some of our survey respondents specifically identified that they are contacted regularly by disability service providers seeking their recent or soon-to-be graduates for employment, suggesting this is in fact taking place in the disability sector. Furthermore, interviewees highlighted that some employers will not take students from certain RTOs. They flagged this as highly concerning because students are often unaware of these connections that impact placement and employment opportunities, leaving them with undesirable training outcomes. In some cases, students may receive a theoretical pass only in the absence of placement, or little to no prospect of employment at the end of their training course. Respondents further noted that this may be on the increase over the short term due to the issues with securing placement opportunities due to COVID-19.

Stakeholders who participated in research conducted by Goodwin & Healy (2019a) showed interest in the idea of having a 'quality tick' by the disability industry that could give students and employers more information about the quality of training delivery and student outcomes at individual RTOs. In Queensland, a government 'quality tick' in the form of Pre-Qualified Supplier status is intended to provide some guidance to service providers. However, the literature indicates that government approval was not considered as important as a 'tick' from the industry for prospective students or service providers (Goodwin & Healy 2019a). This suggests that the development of some sort of industry-approval ranking may be worth further exploration as a possible indicator of training program success. Proven models like the Star Rating System established by the former Institute for Trade Skills Excellence have been suggested as a possible basis for the development of such a mechanism. On the other hand, interviewees from the present study felt that a rating system is often of little value to students who may not know about such systems. They proposed that each RTO should have at least one employer that looks to that organisation for staff, so that graduates from every RTO have a good chance to get a job at the end of their training and are guaranteed a placement opportunity. This could be built in as an audit function, where RTOs must demonstrate that they have a formal agreement in place with providers of services in order to be able to offer the qualification.

Finally, complaints can also be indicators of success, or rather non-success. Goodwin & Healy (2019a) reported a mismatch between student expectations of training and what is actually delivered, as evidenced by the large number of complaints received by the Queensland Training Ombudsman in relation to RTO behaviour in the community services sector in comparison to all other training sectors. This mismatch of expectations was also reflected by our interviewees.



## HOW DO THE CURRENT TRAINING DELIVERY MODELS PREPARE STUDENTS FOR THE WORKPLACE?

Thirty-six RTO survey respondents indicated that there were aspects of their training they would change to better prepare students for the workplace. Fifty respondents indicated they had received feedback from employers that had led to changes in their education delivery, with 48 respondents believing these changes had improved their training outcomes for students.

Of the respondents who answered this question ( $n = 72$ ), 60 (which is 83%) felt their training courses produced students who were very well or well prepared for the workplace; ten (14%) respondents felt their students were moderately well prepared for the workplace; and two (3%) respondents felt their students were not well prepared for the workplace, both citing limited practical components as the reason for this.

Reasons that RTO respondents felt their delivery mode **does** prepare students for the workplace were predominantly based on positive feedback from employers and former students (although a few simply reported that no negative feedback had been received). Placements were noted to be critical for preparing students for the workplace, and employment 'success' was noted by several RTO representatives as being between 75 to 85%, with these statistics provided as evidence that the current training delivery models adequately prepare students for the workplace. Once again, high-quality, engaging trainers with industry-relevant skills were listed as important for producing industry-ready graduates, together with a strong emphasis on practical training and simulated work environments, which were perceived as giving students a sound understanding of what the actual workplace would be like.

Reasons RTO respondents felt their training delivery modes **do not** prepare students for the workplace were usually related to placements, including no placement opportunities; a lack of support on placements; issues with the evidence of learning related to placements due to privacy and confidentiality concerns; and issues with high quality supervision on placements. As previously mentioned by interview participants, there were concerns about forced online learning due to COVID-19 leading to a cohort of students who would be unprepared for the workplace. There were also some perceived differences between what is taught in the Certificate course versus the reality of the needs in the field, which might contribute to students not being adequately prepared.

RTO survey respondents were asked what aspects of their education delivery they would like to change to better prepare students for the workplace; how they would change these aspects; and what they identified as being the potential barriers to making these changes. Refer **Table 2** for responses to these questions.

**TABLE 2. ASPECTS OF EDUCATION DELIVERY RESPONDENTS WOULD CHANGE, HOW THEY WOULD CHANGE THEM, AND WHAT THE BARRIERS ARE TO IMPLEMENTING THESE CHANGES.**

<p><b>What would you change?</b> Units and the content of Units</p> <p><b>How would you change it?</b> Increase content regarding NDIS/NDIA; practical techniques for personal care and specific care skills (e.g. PEG feeding); managing challenging behaviours safely; and soft skills (e.g. communication, customer service, problem solving).</p> <p><b>What are the barriers to change?</b> Inflexibility in Training Packages (not being able to make changes to the national curriculum); slow progress to review and recommend updates by the review bodies; and failure of these bodies to incorporate NDIS changes adequately.</p>
<p><b>What would you change?</b> Practical placements</p> <p><b>How would you change it?</b> Increase practical placement expectations (minimum 160 hours) and simulation experiences, and enhance placement supervision.</p> <p><b>What are the barriers to change?</b> Lack of qualified staff supervisors on placement locations; difficulty of education supervisors having time/access to placement locations for supervision; requirement to pay for some work placement; lack of placements available due to COVID-19; and the changes required to the delivery of education (e.g. the move to online only).</p>
<p><b>What would you change?</b> Other</p> <p><b>How would you change it?</b> Assess core attributes (fit for the sector) prior to enrolment; increase industry networking.</p> <p><b>What are the barriers to change?</b> Corporatisation, auditing, standards and regulatory culture were listed as general barriers to changes in education.</p>

Based on feedback from industry, the RTOs we surveyed reported that barriers could be more easily overcome by making changes to documentation and resources; updating case studies based on real situations or real organisations; using different student assessment tools for existing versus new-entry workers; adding content, including manual handling, infection control, first aid and medication procedures; and changing some placement aspects, including changes to induction/orientation processes.

The literature did not directly address how well current training delivery models prepare students for the workplace. However, the Department of Jobs and Small Business (2017) reported many reasons as to why personal care vacancies were left unfilled. Overwhelmingly, employers indicated there were no suitable applicants to fill these roles. The two most common reasons employers found applicants unsuitable in a multiple-choice option were insufficient qualifications and experience. However, 81% of employers believed a lack of personal skills was a contributing factor, with 58% specifying a lack of communication skills and 44% a lack of 'people skills'. A further 35% of employers also thought that applicants lacked an interest in the profession and 31% thought applicants did not have appropriate personal presentation. Overall, employers considered only 28% of applicants were suitable for a personal care worker role (Department of Jobs and Small Business 2017). This may reflect how well training prepares students for jobs in the sector to some extent, but, naturally, many applicants had not undertaken formal training, so it is unclear how much these findings relate to the work-readiness of training graduates.

#### **What are the experiences of workplaces/employers regarding the preparation of potential employees after training using different models of training delivery?**

Where job applicants have completed qualifications such as the Certificate III, many employers question the level of skills acquired and sometimes graduates' overall suitability for the industry (State Training Board 2018). As implied earlier, throughout the literature it was made clear that while service providers/employers held a variety of views as to whether formal disability qualifications are essential, preferred, or to be avoided (Jobs Queensland 2018; Laragy et al. 2013; Goodwin & Healy 2019a), all of them articulated that, regardless of the training pathway, 'the right fit' remains a necessary requirement for employment in the sector. Jobs Queensland (2018) stated that this means something needs to be put in place to ensure that people who think they might like to work in the sector have a way of checking they're fit before they, or the government, spends money on training. Our interviewees suggested that offering a *Certificate II in Disability* would be a suitable way to introduce people to the industry prior to enrolment in a Certificate III, with the focus of this being for students to understand the reality of the industry up-front to ascertain if they truly want to work in the field. Similarly, one survey respondent advocated starting with delivering the Disability Work Skill Set (CHCSS00013) so that students gain a fuller understanding of what is required before enrolling in the full qualification.

**There is a belief in the sector that personal attributes, such as the right 'fit' or values, are more important than training.**

Because employers are increasingly questioning the value of qualifications, they are relying more on recruiting based on organisational fit and values alignment, and award internal promotions based on in-house experience rather than qualifications (Laragy et al. 2013; State Training Board 2018). In one survey, 62% of service providers reported that they always recruited support workers who were qualified and experienced, with around 31% of disability care employers stating that they were willing to take on staff with no qualifications (compared with 9% in the aged care sector) (Department of Jobs and Small Business 2017). Those service providers who do require potential workers to have a Certificate III, or to work towards one once employed, often believed this does not prepare them adequately for work in the sector. Providers frequently stated that they had to retrain graduates in-house once they were employed to fill skill gaps or address a lack of competency (Goodwin & Healy 2019a).

In the wider literature, the main concern for employers was the placement component of training, regardless of the



training delivery model. The on-the-job or clinical components of training delivery were consistently regarded as essential for helping employers and the student themselves feel that they were prepared to work in the sector. Students typically indicated the desire for more practical training, and employers reported that students inevitably struggled in the transition from learning program to the workplace due to differences between the expectation and the reality of working in the disability sector (Kelly 2017). One recommended way of utilising the placement experience to the employers' benefit was to liaise with education and training facilities to host students on placement, and then to specifically recruit those students who demonstrated the necessary attributes while on placement (Laragy et al. 2013). In this way new employees would be more prepared to work for the service provider than other recent graduates because their practical training would have been in that space. This links into one of the benefits of traineeships, where employers benefit by having an opportunity to train a person within the work environment where their skills will be used (Jobs Queensland 2018).

#### Face-to-face, interactive and hands-on training is considered critical by trainers and employers

Regarding methods of training delivery, Jobs Queensland (2018) found that service providers highlighted the importance of face-to-face training, not just online delivery. They also felt it was important that training delivery was flexible to fit in with staff rostering, and that there was integration between work and study, with theory being put into practice through on-the-job learning. Goodwin & Healy (2019a) supported these findings, highlighting a preference in the sector for face-to-face training that is 'interactive', 'practical', and 'hands-on', including the use of real-life experiences and case studies. It was perceived that coming together regularly for face-to-face learning with groups of students and/or staff members results in a greater depth of learning and discussion, as well as extra motivation and support for students to complete their learning (Goodwin & Healy 2019a). These findings align with our survey responses from RTO respondents, highlighting that face-to-face, interactive, and hands-on training is considered critical by both trainers and employers. Other aspects identified as important in the literature included time for space and reflection; a range of different learning and delivery methods to cater to the diversity of the sector; and options for learning in which workers, people with disability and their families undertake training together (Goodwin & Healy 2019a).

The State Training Board (2018) in Western Australia reports that RTOs are increasingly shifting to online delivery to reduce costs, and that industry is consequently concerned about the impact this has on the depth and quality of the training being delivered and the employability of graduates. Perceived variability in the quality of training delivery, particularly the suitability and support provided in work placements, contributes to a reported decline in support for nationally recognised training (Goodwin & Healy 2019d; State Training Board 2018). However, despite the concerns relating to online delivery and an overall preference for face-to-face training, many service providers recognise the value of online learning for certain content areas, such as policies, legislation, and workplace health and safety, and as an affordable and flexible option for those already employed in the sector to gain formal qualifications over time (Goodwin & Healy 2019a). In fact, one study found that 78% of respondents rated the availability of online (remote) learning as very or extremely important. However, even in these cases, online learning is usually considered to complement face-to-face and practical learning, and purely online learning is deemed unsuitable to build the required skills in the 'human element' of disability work (Goodwin & Healy 2019a). In addition, those who rated online learning as of major import were predominantly from medium and large service providers in regional areas, which may point to online delivery as being a critical mode of learning in areas where quality face-to-face options are not available or easily accessible (Goodwin & Healy 2019). Again, these literature findings are in line with the responses provided in our RTO survey.

In terms of the traineeship model of preparing potential employees for the workplace, some studies found minimal interest or support for school-based traineeships, or indeed any support at all. Service providers who wanted to recruit more young people as support workers specifically desired people aged 20–29, and felt that people in a younger

age group (i.e. those under 20 years of age normally recruited into school-based traineeships) did not have sufficient life experience and emotional maturity to be effective support workers, leading to unsuccessful traineeships that were left incomplete (Goodwin & Healy 2019b). It was suggested that the traineeship model would have greater potential to produce well-prepared graduates if the focus were changed to adult traineeships for the Certificate III and IV and to ways of attracting young people into the sector and into training after completion of Year 12 (Goodwin & Healy 2019b). Our interviewees also suggested that industry-based education would be better than online or classroom-based training for identifying those that want to do the job, are a good fit, and are able to cope with the confronting reality the work can sometimes have.

**How are core attributes/values inherent in disability support workers assessed prior to enrolment in training?**

When asked what core attributes or values they think make a student a good candidate to undergo disability support work training, the most frequently selected attributes by the survey respondents were a desire to work with people living with a disability, and patience, closely followed by the ability to empower others, and being adaptable and/or flexible (refer **Table 3**). Other important attributes noted by respondents were a respectful attitude; high-functioning interpersonal skills; a strong work ethic; well-developed observational skills; honesty; and a calm manner.

**TABLE 3. CORE ATTRIBUTES SELECTED AS IMPORTANT BY SURVEY RESPONDENTS IN ORDER OF FREQUENCY (N = 77).**

\*Survey respondents could choose more than one option

<b>Core attribute:</b> Desire to work with people living with a disability	Number of respondents who consider this attribute important: 72*
<b>Core attribute:</b> Patience	Number of respondents who consider this attribute important: 71
<b>Core attribute:</b> Ability to empower others and foster independence	Number of respondents who consider this attribute important: 68
<b>Core attribute:</b> Adaptability/ flexibility	Number of respondents who consider this attribute important: 68
<b>Core attribute:</b> Empathy/compassion	Number of respondents who consider this attribute important: 67
<b>Core attribute:</b> Caring nature	Number of respondents who consider this attribute important: 64
<b>Core attribute:</b> Passion to help others	Number of respondents who consider this attribute important: 64
<b>Core attribute:</b> Ability to problem solve	Number of respondents who consider this attribute important: 62
<b>Core attribute:</b> Ability to be supportive	Number of respondents who consider this attribute important: 59
<b>Core attribute:</b> Ability to be able to think 'outside the box'	Number of respondents who consider this attribute important: 54
<b>Core attribute:</b> High functioning written and verbal skills	Number of respondents who consider this attribute important: 35

Fifty-five respondents indicated that they assess potential students for core attributes prior to enrolment. Fifty respondents used an interview, four respondents used personality tests, and 18 respondents used other means. These included pre-training reviews and LLN testing, or group interviews with activities to see how people interact/communicate.

Of those who clearly indicated the importance of a pre-enrolment assessment of core attributes, some stated that students who were found unsuitable were not accepted into the course (with career counselling to find a better fit), while others noted there was no impact on enrolment. Some of those who indicated that pre-enrolment assessment had no impact, however, specified that this was the case unless the applicant was found to be completely unsuitable, and that this assessment might be used as an opportunity for career counselling (after which potentially unsuited students usually elected to enrol in a different course). Several of the responses appeared to focus on the learner's needs and learning abilities (e.g. assessment used to identify where students may need more assistance as they proceed through the course) rather than the personal attributes required to be successful in the sector.

According to Stevens and Deschepper (2018), assessing learner needs is a routine part of education delivery and establishes that the learner is enrolling in the course most appropriate for their background knowledge and skills, and for their aspirations for further learning and employment. Assessment confirms whether or not the learner has the foundation skills required to undertake and successfully complete the nominated program, and documents whether the learner is likely to be eligible for credit transfer or Recognition of Prior Learning (RPL) for competencies. However, most of these assessments do not cover the qualities or personality attributes that people with disabilities, and the services that supply their care needs, are looking for in support workers.

The literature around the core attributes and values inherent in disability support workers has focused very little on assessment of these core attributes prior to enrolment in training, and extensively on what core attributes employers and people with disabilities identify as critical to a good disability support worker. A Workability Queensland report (Goodwin & Healy 2019a) of NDIS trial site evaluations indicated participants and service providers viewed support workers' skills and qualifications as important, but secondary to personal attributes. This view was supported by further research suggesting a respectful attitude, shared values and respect for the service user, or having a worker who is the right fit are more reliable indicators of suitability for disability support work than a qualification (Goodwin & Healy 2019a; Jobs Queensland 2018; Chenoweth & Ward (cited in Goodwin & Healy 2019d)). A survey conducted by the Department of Jobs and Small Business (2017) identified that employers in the disability sector rated good personal qualities as most important (37%), followed by experience (32%) and then relevant qualifications (31%).

**Assessment for desirable attributes at enrolment would ensure new students have the core attributes required by people living with a disability, and focus expenditure on training those likely to succeed in the sector**

This concept of 'the right fit', which we introduced earlier, is linked to values, integrity and ethics. Critical attributes highlighted in the literature included 'soft' skills, such as relating to a person with disability 'as a human being'; understanding person-centred and human rights approaches to disability support; being friendly and open minded; being able to manage challenging behaviours while having respect for the client; resilience; passion; common sense; and interpersonal skills (Laragy et al. 2013; Davies & Matuska 2018; Ryan & Stanford 2018; Goodwin & Healy 2019b). Without these attributes, researchers suggest a worker is unlikely to be considered suitable for the sector, and so will not find employment (Goodwin & Healy 2019b; Jobs Queensland 2018; Laragy et al. 2013; Davies & Matuska 2018; Ryan & Stanford 2018). In addition, the introduction of the NDIS and the principles of choice and control require support workers to be the right fit, not just for the sector in general, but also for the particular person they are going to support (Goodwin & Healy 2019b; Laragy et al. 2013; Davies & Matuska 2018; Ryan & Stanford 2018).

In a study looking at what people with learning disabilities felt are the necessary qualities for their support workforce, the most popular qualities were that the worker would look at and listen to them (77%), be patient (75%), and have a happy or positive attitude (72%) (Davies & Matuska 2018). When selecting the top two qualities, 50% said a happy/

positive attitude was the most important thing, while 29% selected letting people speak up for themselves, and 25% selected listening to them. Refer **Table 4** for a more comprehensive list of the critical qualities that have emerged from the literature. These are notably similar to those listed by respondents in our survey.

**TABLE 4. CRITICAL QUALITIES AND ACTIONS PEOPLE WITH DISABILITIES AND EMPLOYERS ARE LOOKING FOR IN A DISABILITY CARE WORKER, AS LISTED IN THE LITERATURE\*.**

<b>Desired action</b>
• Look at and listen to the person with disability
• Be open to the ideas of the person with disability
• Let people speak up for themselves
• Have a happy or positive attitude / outlook
• Keep promises and be reliable
• Encourage independence
• Be able to boost confidence
• Be able to look beyond the disability to the person
• Encourage the person with disability to be involved in the community
• Support the person with disability to lead a full life
• Respect the rights of the person with disability to be self-determining
• Be able to act as an advocate
• Be able to see opportunities, possibilities and strategies
<b>Desirable quality</b>
• Effective communication skills
• Humour
• Respect
• Empathy
• Patience
• Flexibility
• Resilience
• Ability to be person-focussed / person-centred
• Cultural awareness / inclusivity
• Honesty / ethics
• Open-mindedness
• Determination / self-discipline
• Ability to be collaborative / supportive nature
• Ability to use analytical / problem-solving skills
• Creativity / ability to be innovative

\*List extrapolated from Laragy et al. 2013; Davies & Matuska 2018; Ryan & Stanford 2018; Department of Jobs and Small Business 2017; Goodwin & Healy 2019d; SkillsIQ 2019; Community Services & Health Industry Skills Council 2014.

In line with the views presented above, qualifications were often seen as a useful bonus for those that were the right fit, or as a choice workers might make for the purpose of their own career development (Jobs Queensland 2018). Given the importance of good fit for employment in the sector, it was argued that fit should be ascertained prior to student enrolment in nationally recognised training (Jobs Queensland 2018). As already undertaken by many survey respondents, assessment for the desired attributes could form part of the education enrolment process, ensuring new students have the core attributes required by people living with a disability, and minimising unnecessary expenditure on training people who are unlikely to find employment in the sector.

One training provider shared how they select trainees for their program. Firstly, they hold group interviews for potential students and shortlist those found to be good potential candidates. This is followed by individual interviews with shortlisted applicants to select their final trainees. During the two-phase interview process, the provider seeks common sense, the right attitude and values, and diversity amongst their applicants. They find that they can be more flexible in their selection of trainees than other industries because it is all about the match between worker and client, and clients naturally vary greatly (Jobs Queensland 2018).

The move towards consumer-directed care necessitates well-developed communication skills among support workers who must relate directly with clients and families; strong problem-solving skills; and accurate assessment of clients' needs as support workers are increasingly providing solo support (Community Services & Health Industry Skills Council 2014). Other authors emphasise the need for high-level skills in problem solving, critical and analytical thinking, and creative thinking. Goodwin and Healy (2019c) suggest that it is challenging but possible to teach these types of skills. However, it requires training designed explicitly for this purpose.

In the present study, there were some concerns raised around using core attribute assessment for enrolment purposes. Interviewees and one survey respondent felt this was probably not possible due to issues with equity and access, suggesting that even if it were clear to an RTO or trainer that a student was not suitable, they felt that if they did not accept them they would be seen as discriminatory. In addition, they felt that some of the key attributes can be taught depending on the reasons why the person wants to work in the sector. Enrolment decisions would therefore need to take into account aspects broader than simply the presence of the necessary core attributes.

#### **How do employer relationships with training providers impact the quality and suitability of graduates?**

Fifty-seven RTO respondents believed their relationships with potential employers impacted their ability to produce work-ready graduates. When asked to nominate how they engaged with industry and/or potential workplaces from a list of options, most responses were centred around arranging work placements, including securing placements, the assessment of students on placements, and defining roles and responsibilities of all the parties involved in the work placements (refer **Table 5**). Communicating with industry regarding their training requirements was also selected by most respondents. Another common theme cited by those who suggested other ways they engaged with industry was the contextualisation of education delivery to a specific workplace.

**TABLE 5. WAYS IN WHICH THE RTO SURVEY RESPONDENTS ENGAGE WITH INDUSTRY (N = 77).**

\*Survey respondents could choose more than one option

<b>Method of engagement with industry:</b> Arranging or negotiating work placements	Number of responses: 73*
<b>Method of engagement with industry:</b> Communicating with industry or workplaces regarding their requirements and training needs	Number of responses: 66
<b>Method of engagement with industry:</b> Collecting third party assessment evidence	Number of responses: 58
<b>Method of engagement with industry:</b> Negotiating the roles and responsibilities of the workplace, RTO and student prior to work placements	Number of responses: 54
<b>Method of engagement with industry:</b> Communicating with employers regarding desirable student attributes or values	Number of responses: 54
<b>Method of engagement with industry:</b> Coordinating assessment requirements	Number of responses: 52
<b>Method of engagement with industry:</b> Negotiating learning objectives prior to student placements	Number of responses: 47
<b>Method of engagement with industry:</b> Supervising support or training for industry mentors	Number of responses: 41

Survey respondents were asked how their relationship with potential employers impacts their students. The most common responses were around placement opportunities and downstream employment opportunities. This was closely followed by ensuring the teaching and learning is relevant and up to date, and that students are trained for workplace readiness courtesy of industry input into the development of training resources. Interviewees added that since they perceived that employer relationships with training providers had significant impact on the quality and outcomes of training, it was critical that potential students should know this when choosing an RTO in order to make choices in the best interests for their future employment.

The literature only briefly touched on the impact that employer/training provider relationships may have on the quality of graduates. However, there was some consideration about the impact these relationships have on employers' perceptions of accredited training, the targeting of that training, and on recruitment success. Similar to the survey responses, the literature suggested that the level of engagement and interaction an RTO has with employers is an important indicator of the quality of training, and that improved understanding of the industry resulting from strong links between trainers and employers leads to better delivery. Examples of this include the integration of real-life examples from a service provider or client's experience into classroom learning; RTOs selecting and delivering the most suitable electives for their students; and an increase in delivery of traineeships which closely link the on- and off-the-job learning components (Goodwin & Healy 2019a). Employers who reported being happy with accredited training were the ones with well-established relationships with a particular RTO or a specific trainer, and who ensured their workers received the training they needed through this connection. However, service providers with positive attitudes towards accredited training for their employees still commonly supplemented accredited training with non-accredited training to guarantee their employees had all the training they considered essential (Goodwin & Healy 2019a, 2019b).

In terms of employers' recruitment success, numerous reports from the NDIS training and skills support strategy advice project (Goodwin & Healy 2019a; 2019b; 2019d) reported that employers had little success in recruiting suitable candidates through Jobactive providers, but that working closely with RTOs to identify suitable workers and to develop strategic workforce development approaches was beneficial. In addition to working directly with RTOs, many service providers found that taking students on work placements or otherwise engaging with job seekers provided a valuable pathway for recruiting new employees.

## WHAT ARE THE CURRENT CHALLENGES WITH RESPECT TO IMPLEMENTATION AND ADOPTION OF BEST PRACTICE IN TRAINING DELIVERY IN AUSTRALIA?

With regards to accessing best practice guidance in delivering disability carer education, survey respondents used a variety of resources, with most stating these came from industry consultants, NDIS documents, or were internally developed informal guidance documents. More formal resources that were mentioned included National Disability Services CPD programs and quality practice guides; Government and State Department guides, publications and protocols; resources provided by ASQA and disability peak bodies; and international learner and trainer guides.

Challenges noted by survey respondents regarding implementing best practice training delivery methods focused on time and cost to pilot and implement new training approaches, the misalignment of the organisation's policies and expectations versus the RTO or Training Packages, and different expectations of students versus those of employers. Outdated Training Packages, workplace politics and poor staff morale, difficulties with remote training delivery and COVID-19 were also listed as challenges by a few respondents.

In the literature, Goodwin & Healy (2019d) identified some recommended approaches for successful NDIS worker training and workforce development. These included challenging workers to examine their own values and assumptions; providing mentoring, supervision and collaboration; learning in partnership with people with disability, staff and families; providing wide and varied learning opportunities to match the varied needs of people with disability; catering to different learning and delivery methods; and accommodating the preference for face-to-face training with time for space and reflection.

One major challenge identified by Kelly (2017) was that disability support worker training programs teach to the 'ideal', and that graduates find that this is not reflective of the pace or constraints of work in the field. Support workers in this study in Canada expressed an inability to apply their training in practical settings because the classroom curriculum was unable to fully reflect the experiences of working as a disability support worker. One participant shared how, as a student on work placement, she was pressured into abandoning the knowledge of health and safety protocols she had learnt in her training in order to work more quickly. Basic principles taught to support workers, such as reviewing care plans and person-centred care, may be abandoned to get everything done 'in time'. In addition, the participants in this study discussed how, despite being taught to recognise and respond to different forms of abuse, they often felt unable to report everything they saw on placement because supervisors and colleagues did not consider these incidents important (Kelly 2017). While this is more an issue relating to the implementation of best practice in the workplace rather than best practice in training delivery, it does highlight some aspects to consider in order to ensure that delivery approaches minimise the disconnect between training and practice realities and prepare students for what they may face.

Interviewees in the present study felt that a lack of independent, proactive regulation was the key challenge to implementation and adoption of best practice in training delivery in Australia. They perceived that, across all States and jurisdictions, the qualifications should be equivalent regardless of the RTO at which they are provided. However, as noted in the background to this paper, there is currently a large variation in the duration of training and the methodology of delivery, making consistency in training delivery impossible. In addition, interviewees proposed that ongoing monitoring and registration would be of value in ensuring best practice by providing independent oversight for every disability worker and every RTO all the time, not just when a major problem is flagged. It was perceived that the certification or registration of disability workers has the potential to raise the status of disability work in general, as employers and clients could be confident that all workers were skilled to a regulatory standard and that there were checks and balances in place to ensure best practice education (or care) delivery. This was also reflected in the literature in calls for personal care worker registration. Registration with a separate regulatory body (such as is seen in Nursing) may lead to the independent regulation of Training Packages and RTOs, providing another check to ensure quality training delivery. Pathways for advancement beyond Certificate IV were similarly identified as a possible and desired future development that would contribute to raising the perception of the value of disability work as a profession.



## SUMMARY – IMPLICATIONS AND KEY QUESTIONS

### ENABLERS OF AND BARRIERS TO TRAINING DELIVERY

According to the RTO survey respondents, knowledgeable trainers with industry experience, strong relationships with industry and employers, and funding were important to enable them to deliver quality training. In the case of traineeships, lower wages, government incentives and payroll tax rebates were highlighted. The literature suggested that, in relation to the Certificates III and IV, the common skills required across aged, community and disability care could enable the transferability of skills and efficiencies in training delivery.

Barriers focused on the lack of a ‘culture of training’ in the disability sector, the availability of quality placements, and limited staff resources within organisations to ensure appropriately qualified supervisors. RTO survey respondents also flagged outdated, inflexible aspects of Training Packages as a barrier. Barriers related to traineeships included a lack of awareness; part-time traineeships with poor financial incentives; low trainee wages; and stigma which may cause issues for mature students. The literature reported that the availability of RTO instructors with current vocational experience is questioned by the industry, and a preference for shorter, cheaper courses may contribute to a lack of faith in the quality of the VET system overall. Finally, interviewees identified difficulty transitioning to placement from theory-based teaching, a lack of English language proficiency, inconsistent assessment methodologies, and the reality of employers having preferred RTOs (and this being unknown to students) as barriers to quality training delivery.

#### Key Questions for Discussion

What could be done to promote a culture of training in the disability sector?

What could be done to promote traineeships and address the barriers and stigma for certain population groups?

What could be done to encourage enterprise RTOs to continue delivering nationally recognised qualifications?

Can processes around the supervision of students and the availability of placements be optimised?

What could be done to encourage trainers to maintain industry currency to meet industry expectations?



## INNOVATIVE PROGRAMS AND INITIATIVES

Exemplar programs and training ideas highlighted in this paper have included partnerships between RTOs and service providers to organise and assist in finding suitable candidates for traineeships; providing opportunities pre-enrolment for potential students to see if they like working in the industry (e.g. student volunteers at disability camps, videos showing a day in the life of a person with a disability, or industry-wide promotion of a disability induction skill); two-way mentoring between younger and older disability support workers to share different types of knowledge and experience; setting up State-wide systems to help connect students, jobseekers and trainers with workplace learning opportunities offered by local employers; and considering workforce licensing systems. All of these ideas have been successfully implemented by one or more organisations and are possibilities for other services, RTOs, and States to consider. RTO respondents highlighted the importance of simulation training in education delivery. International points for consideration are the minimum of 280 hours of practical experience for long-term care disability support workers in Canada, and the underpinning of nationally recognised disability qualifications by an in-house or embedded model of training, as used in New Zealand.

### Key Questions for Discussion

What needs to be considered when implementing successful innovations across to a different setting?

How can we use innovative models to the benefit of individual RTOs, students and the workplace?

How could changes to available electives, aimed at targeting disability skills over administration or generic electives, improve the student outcomes of Certificates III and IV?

Could the inclusion of additional work placements improve the work-readiness of graduates?

## INDICATORS OF SUCCESS

The success of training delivery was usually indicated by the percentage of graduates employed in the sector within a certain timeframe after completing their training. Survey respondents also suggested high completion rates and positive industry and student feedback as key indicators of success. The literature added other possible indicators, including the extent to which a graduate fits well in the sector; their confidence in undertaking work tasks, such as the ability to work safely; and the number of complaints received about RTOs; and disability support graduates' behaviour. Service providers rely on word of mouth, the observation of, and feedback from, graduates, and the reputation of trainers to determine the excellence of RTOs. Many stakeholders in the sector have expressed an interest in the development of an industry-approved ranking system for RTOs to give students and employers more information about the quality of training delivery at individual RTOs, and this was seen as a possible future indicator of training program success.

### Key Questions for Discussion

What are the key benchmarks of a successfully delivered training program?

What needs to change for potential students or future employers to see value in VET for disability support?

How can we measure the impact successful training has on improved outcomes for people with disability?

## IMPACT OF DELIVERY MODEL ON PREPARATION FOR THE WORKPLACE

There is a preference in the sector, reflected in both survey responses and literature findings, for face-to-face training that is 'interactive', 'practical' and 'hands-on', including the use of real-life experiences and case studies. However, despite some strong industry concern around the impact online learning may have on the volume and quality of training delivered and the employability of graduates, many service providers recognise the value of online learning for certain content areas as an affordable, flexible option for staff to work through over time, and as being a critical mode of learning in areas where quality face-to-face options are not available or easily accessible. Online learning models are usually considered as complementary to face-to-face learning but are generally thought to be insufficient to develop student skills in the 'human element' of disability work. It is likely that a range of different learning and delivery methods are appropriate in different situations to cater to the diversity of the sector.

### Key Questions for Discussion

In what situations or for what components is it critical that training be delivered face to face?

In what situations or for what components can training delivered online provide quality outcomes?

What checks and balances are required to ensure that all training providers and all models deliver quality training programs?

What are the key indicators of a quality training program?

During disability VET course development, how can industry be better engaged to ensure training aligns with employer expectations?

## 'GOOD FIT' – ATTRIBUTES REQUIRED FOR A DISABILITY SUPPORT WORKER

One key finding consistent across the wider literature was that employers and people with disabilities are looking for graduates and workers that are a good fit for the sector more than they are looking for workers with good qualifications. While the list of central attributes in the literature is extensive, most identified respect as having highest importance. Other common elements included good communication and problem-solving skills, active listening, and a passion for the work. RTO survey respondents rated a desire to work with people living with a disability and patience, closely followed by the ability to empower others and be adaptable and/or flexible, as the most important attributes. In terms of training delivery, the necessity of a good fit suggests that screening for suitability before investing in training could be an important strategy to ensure that those training for this industry are likely to find employment and stay in the sector at the end of their study. However, issues of equity and access must be considered around such screening. Other strategies, such as having work-based learning from the beginning of training, providing volunteer opportunities with people with a disability, or instigating a Certificate II which introduces students to the reality of working in the sector before continuing on to Certificate III training, could equally contribute to ensuring that students entering the qualification are suitable for employment in the industry.

### Key Questions for Discussion

What attributes are essential for disability support workers and which of these can be taught?

What is the best way to screen an applicant's 'fit' for working in the sector?

How could work-based learning be better integrated into classroom and online training early on?

Would a pre-Certificate III course or Unit which introduces students to the reality of working in the sector be beneficial? What could it look like?

## QUALITY OUTCOMES LINKED TO STRONG PARTNERSHIPS

The literature suggested that service provider perceptions of the quality of training relate strongly to their level of engagement with training providers. For example, service providers who supported their employees to gain a qualification, or who worked closely with an RTO to find suitable workers, were much more positive about the quality of training. This was in part because employers used their connections with specific RTOs to ensure that the training provided was well aligned to the needs of their workers, including providing real-life examples from their clients or documents from their organisation for use in class. These sorts of partnerships allowed training to be more integrated with industry needs and processes and were perceived to produce quality graduates who were more ready for employment. Disability traineeships, although infrequent, were also associated with very high-quality workers who could find work quickly, and this again was most associated with strong partnerships between RTOs and employers. RTO survey respondents provided similar links between industry engagement and student outcomes, highlighting the fact that strong partnerships provided placement opportunities and downstream employment opportunities; ensured the teaching was relevant and up-to-date; and enabled resources to be contextualised to address the needs and clients of local service providers/employers.

### Key Questions for Discussion

In what ways can RTOs initiate and maintain strong partnerships with industry?

How can training providers integrate real-life industry-specific examples and processes into courses?

Could regulation or auditing of RTO and service provider agreements help create improve training quality and guarantee that all students have adequate placement opportunities?

## CHALLENGES OF IMPLEMENTING BEST PRACTICE IN TRAINING DELIVERY

Challenges noted by survey respondents regarding implementing best practice training delivery focused on the time and cost to pilot and implement new training approaches, misalignment of the care provider organisation's policies and expectations versus the RTO or Training Packages, and the different expectations of students versus employers. Outdated Training Packages, workplace politics and poor staff morale; a lack of regulation in the sector; difficulties with remote training delivery; and COVID-19 were also listed as challenges by some respondents and interviewees. The literature also emphasised the major challenge around mismatched expectations, with students finding that the 'ideal' taught in training is not reflective of the pace or constraints of work in the field.

### Key Questions for Discussion

What needs to change to ensure the expectations of care providers, students and RTOs are in alignment?

What aspects of training delivery could change to better prepare students for the field?

What time constraints are there around updating national Training Package requirements?

What changes to regulation could improve the quality of training delivery and graduate outcomes?

Is registration of disability support workers a valuable option for ensuring best practice in this workforce nationally?

### **GAPS IN THE INFORMATION AVAILABLE**

The findings of the literature reviewed for this paper were in line with the conclusions reported in the NDIS training and skills support strategy advice project, which concluded that while we can report on NDIS and other disability workforce characteristics, skill needs and factors affecting training uptake, there is little specific research around the suitability of qualifications, training products, and training pathways (Goodwin & Healy 2019d). The surveys and interviews completed for the purpose of this discussion paper have made some contribution to increasing the knowledge base around these critical areas.

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## APPENDIX 1. RESEARCH METHODOLOGY

### BACKGROUND

The Disability Support Industry Reference Committee (DSIRC) is one of the 19 Industry Reference Committees (IRC) supported by SkillsIQ and was established to respond to the increasing demand for disability support workers, driven in particular by the rollout of the National Disability Insurance Scheme (NDIS). Its mission is to lead strategic, high-level reform of training provided to the disability services industry and to advise the Australian Government via the Australian Industry and Skills Committee (AISC). The DSIRC is responsible for reviewing and updating national Training Package qualifications, skill sets and Units of Competency needed by the disability support sector, and for working with other IRCs that have an interest in qualifications relevant to the disability support sector to ensure industry needs are considered and met. To support the DSIRC, SkillsIQ now requires a discussion paper to be used for broader industry engagement and feedback.

Current challenges in the disability education sector include criticisms of the qualifications, which highlight issues concerning how the training is implemented, as opposed to the content that is being delivered. The content of the qualifications is under a major review post-implementation of NDIS, consumer-directed care and the current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability ('the Disability Royal Commission'). This discussion paper will therefore focus on the implementation issues related to the delivery of education.

### AIM

The discussion paper will aim to provoke discussion regarding implementation issues with respect to training in the *Certificate III in Individual Support and Certificate IV in Disability* in the Australian Disability sector on behalf of the DSIRC. The discussion paper will identify key issues concerning the implementation of the current qualifications.

The overarching questions directing this discussion paper are:

How could disability training delivery be reformed to improve outcomes for its workforce and the people they support, and what challenges would need to be overcome to ensure a sound implementation of any required reform?

This discussion paper was informed by:

- i) an evidence check rapid review; a systematic approach to synthesising information from published peer-reviewed and grey literature sources on a topic structured around key review questions;
- ii) a survey of disability training providers; and
- iii) stakeholder interviews.

A multi-faceted discussion paper that seeks to explore numerous avenues in order to build a picture of the state of the sector in terms of the delivery of training and the implementation of this training into work-ready skills, it aims to interrogate:

1. The different models/modes of training delivery for disability care workers in Australia
  - 1.1. The barriers and enablers to delivery of the current training in Certificate III in Individual Support and Certificate IV in Disability for the Australian disability sector

- 1.2. Any exemplar programs of training delivery
- 1.3. Indicators of success for high quality/exemplar program delivery
2. The current training delivery models' preparation of students for the workplace
  - 2.1. The experiences of workplaces/employers regarding the preparation of potential employees after training in different models of training delivery
  - 2.2. Assessment of the core attributes/values inherent in disability support workers prior to enrolment in training
  - 2.3. The impact of the relationships of employers with training providers on the quality/suitability of graduates
3. Current challenges with respect to implementation and adoption of best practice in training delivery in Australia.

## METHODOLOGY AND RESULTS

### Scoping Review

The RBRC proposes to undertake the development of the review using an adapted version of the gold-standard approach for undertaking scoping reviews: an extension of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses - Scoping Reviews (PRISMA-ScR). The overarching questions and sub-questions for the disability training discussion paper were discussed, negotiated and finalised with SkillsIQ.

A systematic search was conducted across key databases including the Career & Technical Education database, ERIC; VOCEDplus, the tertiary education research database; Medline (Ovid); Ovid Emcare; the Cochrane Database; and Google. To enhance the utility of the report for policy decision makers, a hierarchical approach to the inclusion of evidence was adopted with higher quality sources of evidence (e.g. systematic reviews, high-quality research reports) included. English language evidence produced over the last 10 years was included to provide the most up-to-date information on the topic. Evidence was sought from national and international sources, and journals with a focus on education and disability care were targeted for additional searching. Grey literature will also be searched for relevant documents (government reports and policy papers, industry papers and reports, etc.).

The following key words and MeSH terms were used in the peer-reviewed databases:

<b>Disability:</b>	Disability
<b>Workforce:</b>	"support worker", "individual support", "care worker", "paid carer" workforce
<b>Education:</b>	education OR training OR certificate
Limit to 2010-present	

Grey literature searching incorporated the above search terms.

The above key words and MeSH terms were combined in various formats in an iterative approach to give search results for any type of disability care education. These were then assessed for relevance to the question using the following pre-defined inclusion criteria:

<b>Inclusion:</b>	2010-current (June 2020)	<b>Exclusion:</b>	Protocols, abstracts, opinion papers
<b>Inclusion:</b>	Disability care worker education - any country	<b>Exclusion:</b>	not English
<b>Inclusion:</b>	VET/TAFE/Vocational training models	<b>Exclusion:</b>	Pre-2010

The search looked for information regarding good guiding principles for existing programs, including delivery of training relating to format of delivery, usefulness of delivery style to work-ready skills, and any exemplar models of training delivery that have been noted.

The search process resulted in a total of 1,114 sources of evidence from published evidence databases, grey literature sources, and from examination of reference lists. Duplicate results (122) were screened out, leaving 992 unique sources of evidence for screening. Sources of evidence were screened for relevance to the review via consideration of the title, abstract (if available), and other descriptors of the source, resulting in the exclusion of 922 sources. The remaining 70 sources of evidence were assessed for their relevance to the review in relation to inclusion/exclusion criteria, resulting in the inclusion of 22 sources of evidence.

The included papers were extracted into a custom-built spreadsheet and key information was used to inform the development of the discussion paper and the key concepts and talking points proposed for discussion.

### **Training Provider Survey**

A survey of Australian training providers who deliver either one or both of the *Certificate III in Individual Support* or *Certificate IV in Disability* was conducted to assess the models of delivery on offer in Australia, and the barriers to and enablers of delivering training in the Disability Support sector. Survey participants were invited from a pool of participants supplied by SkillsIQ as those registered to provide one of the two VET qualifications.

The survey included questions (refer **Table 6**) on the training models provided; barriers to or enablers of training delivery; and any elements that might impact students' outcomes in relation to workplace-ready skills (i.e. relationships with workplaces or care providers, different models of training delivery, and student values or attitudes). The survey was available online for two weeks. Invitations and reminders were sent via email over the course of the two weeks at which point the survey was closed and data analysis began.

The training provider survey was sent to 471 participants whose email addresses were supplied by SkillsIQ. These participants were all listed as delivering one or both of the *Certificate III in Individual Support* and/or *Certificate IV in Disability*. A total of 450 emails were recorded as successfully sent, with the remaining 21 being unable to be delivered or being duplicate email addresses. A total of 113 survey responses were received. However, 36 survey responses were incomplete, leaving 77 valid survey responses for inclusion in the discussion paper. Incomplete surveys were removed as participants were informed that to withdraw consent for inclusion in the survey, they were to close their browser window without submitting their responses in the final screen, thus not completing the survey.

Analysis of survey responses was completed separately for quantitative and qualitative responses. Free-text responses were extracted for each survey question, with all responses included and themed in a custom table in order to determine the common and unique answers across all participants. The themes and sub-themes developed under each question were then summarised for discussion in the paper.

### **Stakeholder Interviews**

One interview was conducted with a group of three stakeholders from an independent peak body. The interview protocol followed the main review questions and sub-questions and was conducted by two researchers. The interview was recorded with permission, and the recording was used to cross-check responses. All training providers who completed the survey were invited to contact the researchers to further discuss the topic in an interview. Two interviews were requested, and one was successfully booked. However, the RTO representatives did not attend at the booked interview time.



**TABLE 6. SURVEY QUESTIONS AND HOW THEY LINK TO THE REVIEW QUESTIONS:**

This survey aims to assess the models of delivery on offer for the *Certificate III in Individual Support* and *Certificate IV in Disability* in Australia, and the barriers and enablers to delivering education in the Disability Services sector. Your input will be used to inform the Disability Support Industry Reference Committee in its review of the *Certificate III in Individual Support* and *Certificate IV in Disability*. Your input is important to help inform the upcoming changes to these qualifications.

The following questions relate to the courses you deliver
<p><b>1. Question:</b> Which current training courses for disability care workers do you offer? Select all that apply</p> <p><b>Answer type:</b> Drop down menu.</p> <p><b>Answer option:</b> (Certificate III in Individual Support; Certificate IV in Disability)</p> <p><b>Map to main Q:</b> -</p>
<p><b>2. Question:</b> What mode of delivery do you offer in disability care worker training? Select all that apply. If combined- Please indicate approximately how much of your Certificate III in Individual Support is delivered online?* Please indicate approximately how much of your Certificate IV in Disability is delivered online?*</p> <p>*Only the Certificate selected in Q1 will appear.</p> <p><b>Answer type:</b> Drop down menu, Slider</p> <p><b>Answer option:</b> Online only, Face-to-face only. Online and F2F combined, 0-100%</p> <p><b>Map to main Q:</b> 1</p>
<p><b>3. Question:</b> What do you think are three fundamental components of delivering a high-quality training program?</p> <p><b>Answer type:</b> Text box</p> <p><b>Answer option:</b> Free text</p> <p><b>Map to main Q:</b> 1, 2</p>
<p><b>4. Question:</b> Please describe any innovative or unique aspects of the training you offer (e.g. what sets your training apart from other providers?)</p> <p><b>Answer type:</b> Text box</p> <p><b>Answer option:</b> Free text</p> <p><b>Map to main Q:</b> 1.2</p>
<p><b>5. Question:</b> Please describe up to three aspects of your disability care worker training delivery that you think work well</p> <p><b>Answer type:</b> Text box</p> <p><b>Answer option:</b> Free text</p> <p><b>Map to main Q:</b> 1.1</p>
<p><b>6. Question:</b> What do you think enables you to deliver the current training for disability care workers? (these could be aspects relating to government, organisation, workforce, training delivery etc.)</p> <p><b>Answer type:</b> Text box</p> <p><b>Answer option:</b> Free text</p> <p><b>Map to main Q:</b> 1.1</p>
<p><b>7. Question:</b> What barriers do you face in providing the current training for disability care workers?</p> <p><b>Answer type:</b> Text box</p> <p><b>Answer option:</b> Free text</p> <p><b>Map to main Q:</b> 1.1</p>

CONTINUES NEXT PAGE

**The following questions relate to the way these training courses prepare students for the workplace**

**8. Question:** To what extent do you think your current training delivery mode prepares students for the workplace? (Likert scale). Why do you think the mode does or does not prepare students for the workplace? (i.e.: Have you had any feedback or information to suggest your graduates are/are not doing well in the workplace?)

**Answer type:** Scale, Text box

**Answer option:** Very well > not at all, Free text

**Map to main Q:** 2

**9. Question:** Are there aspects of the current disability care worker training you would change to better prepare students for the workplace? If yes What would you change? What are the barriers, if any, to making these changes?

**Answer type:** Radial buttons, Text box

**Answer option:** Y/N, Free text

**Map to main Q:** 1.1, 2

**10. Question:** Have you received any feedback from workplaces/employers which lead to changes in the training you provide to students? i.e.: to better prepare students for the workplace. If yes, have you changed the way you deliver the training based on this feedback? If yes, Do you think these changes have improved the training outcomes for your students?

**Answer type:** Radial buttons

**Answer option:** Y/N

**Map to main Q:** 2.1

**11. Question:** What core attributes or values do you think makes a student a good candidate to undergo disability support work training?

**Answer type:** Multiple choice, text box for other option

**Answer option:** Caring, Supportive, Able to empower others and foster independence, Patience, Passionate about helping others, Desire to work with people living with a disability, Has empathy/compassion, High functioning written and verbal skills, Able to problem solve, Can think "outside the box", Adaptable/flexible, Other, please list

**Map to main Q:** 2.2

**12. Question:** Do you assess potential students for core attributes or values that may make them suited to disability support work prior to their enrolment in training? If yes, How do you assess these attributes? How does this assessment effect their enrolment application?

**Answer type:** Radial buttons, Multiple choice and Text box

**Answer option:** (Yes/no), Interviews, psych scales, personality tests, other (please describe), And free text

**Map to main Q:** 2.2

CONTINUES NEXT PAGE

**13. Question:** In what ways do you engage with industry/potential employers? If other, How else do you engage with industry/potential employers?

**Answer type:** Multiple choice, text box for other option

**Answer option:**

- 1, Arranging or negotiating work placements
- 2, Coordinating assessment requirements
- 3, Supervision support or training for industry mentors
- 4, Collecting third party assessment evidence
- 5, Negotiating learning objectives prior to student placements
- 6, Negotiating roles and responsibilities of workplace, RTO and student prior to work placements
- 7, Communication with industry or workplaces regarding their requirements and training needs
- 8, Communication with employers regarding desirable student attributes or values
- 9, Other please list

**Map to main Q:** 2.3

**14. Question:** Does your relationship with potential employers impact your provision of work-ready graduates? If yes, How does your relationship impact your students?

**Answer type:** Radial buttons, Text box

**Answer option:** Y/N

**Map to main Q:** 2.3

#### The following questions relate to current best practice models of disability carer training delivery in Australia

**15. Question:** What would you propose as indicators of successful training provision in the Australian VET sector?

**Answer type:** Text box

**Answer option:** Free text

**Map to main Q:** 1.3

**16. Question:** Do you have access to guidance around best practice processes in delivering disability carer training in Australia? If yes, Who developed this guidance? Has it helped you implement best practice training delivery? What challenges do you face with respect to implementing and adopting these best practice training delivery methods?

**Answer type:** Radial buttons

**Answer option:** Y/N, Text box if yes, and second Y/N buttons

**Map to main Q:** 3, 1.2

**17. Question:** Are there any other aspects of training you wish to share that you have not had an opportunity to mention in this survey?

**Answer type:** Text box

**Answer option:** Free text

Thank you for participating in this survey, we appreciate the time you have taken to assist in our analysis of VET delivery in Australia.

If you wish to discuss this topic further please leave your contact details below, or contact Kate Kennedy at the Rosemary Bryant AO Research Centre

Email: [rbrchitheval@unisa.edu.au](mailto:rbrchitheval@unisa.edu.au) or

[Kate.Kennedy@unisa.edu.au](mailto:Kate.Kennedy@unisa.edu.au)

Ph: (08) 8302 2059

**Answer type:** Text box

**Answer option:** Free text

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