



SKILLSIQ

CAPABLE PEOPLE MAKE CLEVER BUSINESS

AN EVIDENCE-BASED
DISCUSSION PAPER
ON THE ISSUE OF
DISABILITY EDUCATION DELIVERY

EXECUTIVE SUMMARY



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

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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. **This paper is focussed on delivery of education within the VET sector** and includes the *Certificate III in Individual Support* and *Certificate IV in Disability*.

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 Executive Summary briefly outlines models of training delivery and barriers and enablers to current delivery; explores some exemplar programs and indicators of successful training delivery; considers the preparation of students for the workplace and current challenges in implementing best practice training; and poses key questions for consideration by the Disability Support Industry Reference Committee (DSIRC). For full details please refer to the full [Discussion Paper](#).

This document reports information gained from a rapid review of existing literature, a survey of Australian Registered Training Organisation (RTO) representatives, and a group interview with other stakeholders who volunteered their views. The content of this paper does not necessarily represent all models of training delivery currently in use or all views on this topic.

DISABILITY SUPPORT WORKERS IN THE CONTEXT OF TRAINING DELIVERY

TRAINING REQUIREMENTS

In Australia, disability support workers do not require formal training to gain employment in the sector, creating a lack of a specified minimum skills requirement for these workers. 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. Support workers are not required to maintain a registration or licence to work, unlike other health care workers.

TRAINING PROGRAM USAGE AND DURATION

In 2019, the Certificate III (any stream) was offered by 489 Registered Training Organisations (RTOs), and 221 offered the *Certificate IV in Disability* (hereafter referred to as 'Certificate IV') (SkillsIQ 2018). A survey of newly recruited disability support workers found approximately one in five had a formal disability-related qualification. Forty-six percent of disability care providers recruited a mix of people with and without disability-specific qualifications. Twenty-four per cent of recruits had a disability-related qualification, while 20% of the providers recruited people with no formal qualifications (NDS 2018).

The duration of training courses delivered between 2015 and 2017 varied greatly: the Certificate III (all streams) varied from 1–13 months, while the Certificate IV ranged from 2–10 months (Misko & Korbel 2019).

MODELS OF TRAINING DELIVERY FOR DISABILITY CARE WORKERS

Australia currently offers two models of VET in disability support: Certificate qualifications through classroom-based technical learning, and traineeships. Classroom-based technical learning can be delivered online or face to face. However, both require 120 hours of work placement for the purposes of assessment in order to complete the qualification. Survey responses suggest that for both the Certificate III and Certificate IV, the majority of courses are delivered via a mixed delivery of online and face-to-face training. Some courses are face to face only, and very few are delivered online only. Disability care worker traineeships are rare in Australia, but have been noted to produce very high-quality workers who usually find work quickly.

There is a preference on the part of employers for face-to-face training that is 'interactive', 'practical' and 'hands-on', including the use of real-life experiences and case studies. However, many service providers recognise the value of online learning for certain content areas, and as a more flexible option for existing staff and those in regional or remote areas. Online learning models are considered complementary to face-to-face learning but are generally thought insufficient to develop students' skills in the 'human element' of disability work (Ryan & Stanford 2018).

FUNDAMENTAL COMPONENTS OF SUCCESSFUL ONLINE AND FACE-TO-FACE PROGRAMS

Survey respondents indicated that relationships, agreements or partnerships with industry; the provision of strong and accessible student supports; flexibility and blended learning models; trainers that currently work in the industry; access to well-equipped facilities; and supported work placements are aspects that work well in their programs. In addition to these aspects, components considered essential to online training programs are resources that are engaging, relevant and regularly updated; clear instructions in simple language; a mix of different types of content; easy access to trainers; strong interactive elements; and group activities. Aspects specifically linked to high-quality face-to-face training programs are interactive and fun classes with real-time engagement; industry simulations and practical hands-on training; class discussions and group work; and good industry engagement and relationships.

Questions to consider:

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?

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

BARRIERS TO AND ENABLERS OF TRAINING DELIVERY

Knowledgeable trainers with current sector experience, strong relationships with industry and employers, and funding have been reported as enabling RTOs to deliver quality training. In the case of traineeships, paying lower worker wages, government incentives and payroll tax rebates have been identified as additional enablers.

Commonly identified barriers to high-quality training delivery include the lack of a 'culture of training' in the disability sector; the availability of placements; limited staff resources to provide quality supervision; difficulty transitioning to placement from theory-based teaching; misaligned expectations and understanding of roles and responsibilities in relation to placements; a lack of English language proficiency; and outdated, inflexible aspects of Training Packages. There is also evidence that industry might question the currency and relevance of RTO instructors' vocational experience, and that a preference for shorter, cheaper courses might contribute to a lack of faith in the quality of the VET system overall. Barriers related to traineeships include a lack of awareness; poor financial incentives for part-time traineeships; low trainee wages; and stigma for mature students.

Questions to consider:

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 / stigma for certain population groups?

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 that meets industry expectations?

INNOVATIVE PROGRAMS AND INITIATIVES

Exemplar programs and training ideas highlighted in this paper point to the value of partnerships; pre-enrolment experiences; mentoring and supervision models; industry-specific training electives; state-level and national-level solutions to placement and regulatory issues; flexibility in training modes; and the use of simulation training or other methods of theory/practice integration. These initiatives have been successfully implemented by one or more organisations in Australia (refer **Table 1**) and are possible considerations for other services and RTOs across all jurisdictions.

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

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

Innovative programs from other countries include a minimum of 280 hours of practical experience for long-term care disability support workers in Canada [8], and the underpinning of nationally recognised disability qualifications by an in-house or embedded model of training in New Zealand (Te Pou o Te Whakaaro Nui 2011).

Questions to consider:

What needs to be considered when implementing successful innovations in 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 student outcomes of Certificates III and IV?

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

STUDENT PREPARATION FOR THE WORKPLACE

The majority of survey respondents felt their training courses produced students who were very well or well prepared for the workplace. In the survey and throughout the literature, work placements were considered the critical element for preparing students for the workplace, along with a strong emphasis on practical training and simulated work environments during classwork and high-quality, engaging trainers with industry-relevant skills. Many of the potential reasons behind why training delivery modes might not prepare students for the workplace also related to placement (e.g. a lack of placement opportunities or lack of support on placements). Another issue perceived to be a problem for student preparation was differences between what is taught in the Certificate versus the reality in the workplace. Employers suggested that ways in which training delivery might better prepare students were by being flexible to fit in with staff rostering and by integrating the work and study components of training (Jobs Queensland 2018).

CHANGES TO TRAINING TO BETTER PREPARE STUDENTS

Many survey respondents reported that feedback from employers led to changes in education delivery and improved the training outcomes for students. Industry feedback often led changes to documentation and resources (e.g. updating case studies based on real situations/organisations); using different student assessment tools for existing versus new entry workers; adding content (e.g. first aid, manual handling); and changing placement induction or orientation processes.

Aspects of training delivery that RTO survey respondents felt they would like to change in the future to better prepare students for the workplace included course content (e.g. increasing NDIS-related content and teaching specific personal care skills); placement aspects (e.g. increasing the number of hours, enhanced supervision and more simulated experiences); increased industry networking; and assessment of student core attributes. The barriers cited to making these changes matched those earlier discussed as barriers to current delivery, with the addition of general barriers caused by corporatisation, auditing methods, standards and regulatory culture.

INDICATORS OF SUCCESS

Success of training delivery is usually indicated by employment rates of graduates, course completion rates, and positive industry and student feedback. 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 also function as indicators of success. The development of an industry-approved ranking system, or other methods of providing students and employers with assurance about the quality of training delivery at individual RTOs, was seen as a possible future indicator for training program success.

Questions to consider:

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?

‘GOOD FIT’ – ATTRIBUTES REQUIRED FOR A DISABILITY SUPPORT WORKER

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 VET qualifications. While the list of central attributes in the literature is extensive, most employers and people with disabilities identified respect as being of the highest importance. Other common elements included good communication and problem-solving skills, active listening, and a passion for the work (refer **Table 2** for a comprehensive list). Other attributes or values that most RTO survey respondents ranked as core for disability support students included a desire to work with people living with a disability; patience; the ability to empower others; adaptability; and empathy. Without these attributes, researchers suggest a person is unlikely to be considered suitable for the sector, and so will not find employment (Goodwin & Healy 2019; Jobs Queensland 2018; Laragy et al. 2013; Davies & Matuska 2018; Dept. of Jobs and Small Business 2017).

TABLE 2. CRITICAL QUALITIES AND ACTIONS PEOPLE WITH DISABILITIES AND EMPLOYERS ARE LOOKING FOR IN A DISABILITY CARE WORKER, AS LISTED IN THE LITERATURE (LARAGY ET AL. 2013; DAVIES & MATUSKA 2018; RYAN & STANFORD 2018; GOODWIN & HEALY 2019D; SKILLSIQ 2018; COMMUNITY SERVICES & HEALTH INDUSTRY SKILLS COUNCIL 2014; DEPT. OF JOBS AND SMALL BUSINESS 2017).

Desired action
• 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
Desirable quality
• 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

The literature highlighted a great variation in the sector regarding the perception of the value of formal disability qualifications (Jobs Queensland 2018; Laragy et al. 2013; Goodwin & Healy 2019d). However, all agree that, regardless of the training pathway, the 'right fit' remains a necessary requirement. This emphasises the need to find ways for people who think they might like to work in the sector to be able to check their 'fit' before they, or the government, spend money on training. Our interviewees suggested that industry-based education would be better than online or classroom-based training for identifying those that want to do the job; who are a good fit; and who are able to cope with the sometimes confronting reality of disability support work.

Questions to consider:

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 the sector be beneficial?

QUALITY OUTCOMES LINKED TO STRONG PARTNERSHIPS

Most RTO representatives who responded to the survey believe that their relationships with potential employers impacted their ability to produce work-ready graduates. RTO representatives and the literature both indicate that strong partnerships between service providers and RTOs allow training to be integrated with industry needs and processes; ensure the teaching is relevant and up-to-date; provide guaranteed placement opportunities; and increase downstream employment. Programs that have such partnerships are perceived by the industry to be those which deliver high-quality, valuable training. Disability traineeships, although infrequent, were also associated with very high-quality workers who tended to find work quickly, and, again, this was most associated with strong partnerships between RTOs and employers which are necessary to the success of the traineeship model.

Questions to consider:

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/partnerships help improve training quality and guarantee that all students have adequate placement opportunities?

CHALLENGES OF IMPLEMENTING BEST PRACTICE IN TRAINING DELIVERY

Time and the costs associated with piloting and implementing new training approaches; misalignment of the care providers' policies and expectations versus the RTO or Training Packages; differences in the expectations of students versus employers; difficult transitions between classroom and workplace aspects of training; 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 all indicated as challenges which make it more difficult to implement best practice training.

Interviewees proposed that ongoing monitoring and registration would be of value in ensuring best practice, providing independent oversight of disability workers and RTOs; and that certification or registration of disability workers would be one way to assure employers and the general public that all workers are adequately skilled, and that checks and balances are in place to ensure best practice delivery of education and care.

Questions to consider:

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?

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

REFERENCES

- Community Services and Health Industry Skills Council, 2014, '*New roles in community services and health scoping project: report on consultation findings*', Community Services and Health Industry Skills Council, Sydney.
- Davies, J, & Matuska, G 2018, '*Workforce development: perspectives from people with learning disabilities*'. Tizard Learning Disability Review, 23(4), 165-172. doi: <http://dx.doi.org/10.1108/TLDR-04-2017-0018>
- Department of Jobs and Small Business, 2017, '*The labour market for personal care workers in aged and disability care: Australia 2017*', Canberra: Department of Jobs and Small Business.
- Goodwin, S, & Healy, R, 2019a, '*NDIS training and skills support strategy advice project: RTO quality and benchmarks report*'. Brisbane: WorkAbility Queensland.
- Goodwin, S, & Healy, R, 2019b, '*NDIS training and skills support strategy advice project: technical advice report*'. Brisbane: WorkAbility Queensland.
- Goodwin, S, & Healy, R, 2019d, '*NTSSS advice project: research report no. 1*', Brisbane: WorkAbility Queensland. Available at: <http://workabilityqld.org.au/wp-content/uploads/2019/07/NTSSS-research-report-No-1-updated-June-2019-FINAL.pdf> accessed 18 June.
- Jobs Queensland 2018, '*Building the NDIS workforce through traineeships*'. Ipswich: Jobs Queensland.
- Kelly, C, 2017, '*Exploring experiences of Personal Support Worker education in Ontario, Canada*', Health & Social Care in the Community, 25(4), 1430-1438. doi: <https://dx.doi.org/10.1111/hsc.12443>
- Laragy, C, Ramcharan, P, Fisher, K, McCraw, K, & Williams, R, 2013, '*Making it work: a workforce guide for disability service providers*', RMIT and Social Policy Research Centre, University of New South Wales.
- Misko, J & Korbel, P 2019, '*Do course durations matter to training quality and outcomes?*', National Centre for Vocational Education Research (NCVER). Australia.
- NDS 2018b, '*Australian Disability Workforce Report: 3rd Edition - July 2018*'. Available at: https://www.nds.org.au/images/workforce/ADWR_Third_Edition_July_2018.pdf accessed 16 July.
- Ryan, R, & Stanford, J, 2018, '*A portable training entitlement system for the disability support services sector*', Centre for Future Work, Australia Institute, Canberra.
- SkillsIQ 2019, '*2018 Direct Client Care and Support Industry Reference Committee industry skills forecast*', SkillsIQ, Sydney.
- State Training Board, 2018, '*Social assistance and allied health workforce strategy*', State Training Board, Osborne Park, Western Australia.
- Te Pou o Te Whakaaro Nui, 2011, '*Disability support services workforce training needs and barriers*', National Centre of Mental Health Research, Information and Workforce Development, Auckland.

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