



**DISTSS**

Disability In-Service Training Support Service

**DISTSS Inc  
Strategic Development Project  
2007**

**DISABILITY WORKFORCE LEARNING AND  
DEVELOPMENT**

**A LITERATURE REVIEW**

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## EXECUTIVE SUMMARY

This paper reviews some of the literature relating to the Victorian disability sector and its workforce, the disability policy context and training issues, as well as disability directions and workforce issues in three countries overseas.

The vision articulated in the Victorian State Disability Plan poses a training challenge to both the workforce and people with disabilities. A review of the Victorian workforce shows that it is divided between government and non-government disability services, employs over 11,000 staff, is predominantly female, has less ethnic diversity than the community as a whole, and is an ageing workforce. Much of the work is part time or casual. One third to half of workers have TAFE qualifications whilst around a fifth of the workforce have no qualifications.

Since the early 1990s, there have been a series of training initiatives directed to the sector. However recent reports indicate that there are major issues with the quantity, consistency and quality of at least some of this training. There is call for industry wide initiatives in learning and development to equip the sector to meet the challenges of new ways of working with people with disabilities, and to reposition itself as an 'industry of choice' and address emerging workforce capacity issues. The training being undertaken by people with disabilities is limited, or subject to barriers which impact on their potential success.

Studies of what factors impact on training effectiveness indicate that the two most important factors are: the presence of a learning culture in the workplace; and management support for training evidenced in the business strategy.

A review of disability directions and workforce issues in the United Kingdom, United States and New Zealand indicate that both the UK and NZ have recently developed national strategic visions for disability, and in both cases these have led to current workforce reviews with attention to training. In the US, the country is facing similar workforce issues to Australia, UK and NZ, but has not yet adopted a national strategic vision for people with disabilities.

# 1. Introduction

The development of training for disability services and the way training is delivered reflects the impact of a range of factors; including shifts in government policy and arrangements; the structure and history of the various non government agencies which provide a wide range of disability services; the diverse preferences, needs and requirements of people with disabilities; the existing social and political context; and the broad social ethos around how society responds to people with disabilities.

This paper reviews some of the literature relating to the Victorian disability sector and its workforce, the disability policy context and training issues; as well as disability directions and workforce issues in three countries overseas.

## 2. Disability Policy Context

### 2.1 AUSTRALIAN HISTORICAL CONTEXT

The past forty years have seen major developments in disability policy in Australia. Myrianthis provides a timetable of events relevant to the development of services for people with a disability<sup>1</sup>. In the 1970s and 1980s people with disabilities and advocacy groups pushed for the community to recognize that people with disabilities have the same fundamental rights and privileges as other citizens. Emphasis was placed on trying to eliminate discrimination, encourage those with disabilities to participate fully in community life, and move from institutional to community based care. Australian governments at both State and Commonwealth level have introduced programs and legislation to reflect and realize this approach.

### 2.2 CURRENT COMMONWEALTH GOVERNMENT POLICY CONTEXT

The Commonwealth Government has a strategic framework for inclusion and participation by people with disabilities in Government policies, programs and services. The current Disability Strategy is based on the following broad principles:

*Equity:* people with disabilities have the right to participate in all aspects of the community including the opportunity to contribute to its social, political, economic and cultural life;

*Inclusion:* all mainstream Australian Government programs, services and facilities should be available to people with disabilities. The requirements of people with disabilities should be taken into account at all stages in the development and delivery of these programs and services;

*Participation:* people with disabilities have the right to participate on an equal basis in all decision-making processes that affect their lives;

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<sup>1</sup> 'The Brokerage Model of Training Provision: An Evaluation', N.Atherton Day, N. Myrianthis, J. Owen, Centre for Program Evaluation, University of Melbourne. 1997. p92

*Access:* people with disabilities should have access to information in appropriate formats about the programs and services they use; and

*Accountability:* all areas of Australian Government organisations should be clearly accountable for the provision of access to their programs, facilities and services for people with disabilities. This includes specifying the outcomes to be achieved, establishing performance indicators and linking reporting on outcomes of the Strategy to mainstream reporting mechanisms<sup>2</sup>.

### 2.3 CURRENT VICTORIAN POLICY CONTEXT

Within the context of policy platforms *Growing Victoria Together* and *A Fairer Victoria*, the Victorian Government passed the Disability Act 2006. Guided by the principles of human rights and social justice, this Act provides a framework to enable people with a disability to actively participate in the life of the community. When it comes fully into effect in 2007, this Act will replace the Intellectually Disabled Persons' Services Act 1986 and the Disability Service Act 1991.

The Victorian State Disability Plan 2002 – 2012 and related State Disability Implementation Plan 2002 – 2005 articulates the vision that: 'By 2012, Victoria will be a stronger and more inclusive community – a place where diversity is embraced and celebrated, and where everyone has the same opportunities to participate in the life of the community, and the same responsibilities towards society as all citizens of Victoria.'<sup>3</sup>

The Plan sets out the following guiding principles for the delivery of supports for people with disabilities:

*Making Choices and Decisions* - People can make choices about what they want to do, with whom and when, in all aspects of their lives.

*Developing Skills* - All people are capable and resourceful in their own right and should be supported to enhance these skills, such as social, communication, household and independent living skills.

*Making a Contribution in the Household* - People living in shared accommodation should be supported to participate in and contribute to the decision-making and management of the household, to the extent of their ability and/or interest.

*Making Community Connections* - People should be actively supported to access, participate and contribute in their local community, to the extent of their ability and/or interest.

*Having Other People Involved in Their Lives* - Families, advocates or significant others should be recognised as being important in the lives of people with disabilities, able to make significant contributions.

*Enjoying Their Lives* - People who are happy and leading fulfilling lives contribute to a better quality and more rewarding work environment for staff.

This vision for people with disabilities heralds new ways of working and of providing more inclusive support to people with disabilities. Workforce planning issues are acknowledged

<sup>2</sup> Commonwealth Disability Strategy website, [www.facs.gov.au/disability/cds](http://www.facs.gov.au/disability/cds), 7 August 2006

<sup>3</sup> Victorian State Disability Plan 2002 – 2012, Department of Human Services. 2002. p5.

with one of the Plan's aims being to 'strengthen the workforce, across government and non-government sectors, to ensure a skilled and stable workforce into the future'<sup>4</sup>.

The Victorian Government has recently released a disability Industry Plan to 'provide the blueprint for reshaping the industry', and is currently working on an implementation strategy. Developed in consultation with the sector, the Industry Plan<sup>5</sup> commits industry and government to achieving significant change in the structure and nature of support provision, via actions in the following five areas:

- creating individualized support response(s)
- workforce planning and development
- increasing community awareness and valuing of diversity
- community strengthening through partnerships
- industry governance, management, planning and investment.

The Industry Plan includes a number of actions related to learning and development, including development of a sector wide staff training and development strategy; development of the sector as an 'industry of choice'; development of a 5 year workforce planning strategy; and increased opportunities for workforce flexibility<sup>6</sup>.

## 2.4 IMPLICATIONS OF THIS POLICY CONTEXT FOR THE VICTORIAN DISABILITY SECTOR

The Victorian State Plan articulates a vision for people with disabilities which will require significant change in the structure and nature of support provision. This poses challenges for the disability sector, its workforce, service providers, training providers, policy makers and funders, as well as for people with disabilities and the wider community.

The changing service models and greater emphasis on individual choice mean that 'in addition to providing personal care to their clients, disability support workers are being required to support individuals in creating and maintaining relationships with family and friends, assist individuals to create and pursue their own personal goals, to facilitate the participation of the client in the workforce, to teach empowerment skills and to facilitate the access of clients to recreational and community activities'<sup>7</sup>. The National Administrators Report on Workforce Capacity (2006) argues that workers will be required to have more complex skills to effectively undertake these roles, and the industry will need to provide education, training and professional development to achieve this<sup>8</sup>.

Changing service models may also pose challenges for some people with disabilities, who may need development of confidence and skills to effectively manage their support workers and engage in the opportunities of their choice.

People with a disability, families, carers and support providers consistently identify the most significant barrier to inclusion as being the attitudes of individuals and the community at large. In addition, social, physical and linguistic barriers further compound inclusive participation in the community. Achievement of the State Plan vision will require a shift in community attitudes, and increased valuing of diversity.

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<sup>4</sup> Victorian State Disability Plan 2002 – 2012, Department of Human Services. 2002. p17

<sup>5</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006.

<sup>6</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006. p6.

<sup>7</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, 2006. p4

<sup>8</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, 2006. p5

## 3 The Victorian Disability Sector

This section of the literature review presents an overview of the Victorian disability sector, including a profile of people with disabilities; a profile of disability service providers, a profile of the workforce and current training and education levels; and an outline of some of the challenges facing the sector.

### 3.1 PEOPLE WITH DISABILITIES IN VICTORIA

People with disabilities are a diverse group, made up of people with different types of disabilities, at different ages and stages in life, from all walks of life, from different cultural and linguistic groups, living in metropolitan and rural areas, and experiencing many different barriers to their participation in the community.

Approximately 20% of the Victorian population have a disability, with 5.8% of the State population having a severe or profound disability<sup>9</sup>. On a snapshot day in May 2002 approximately 19,000 people with a disability received CSTDA<sup>10</sup> services<sup>11</sup>. About two thirds of people receiving services have an intellectual disability, 13% a physical disability, 5% a sensory disability, 4% acquired brain injury, 4% neurological disability and 8% other disabilities<sup>12</sup>.

When compared to the wider population, people from culturally and linguistically diverse backgrounds and people from indigenous communities are less represented in the service recipient population than other groups<sup>13</sup>.

The numbers of people with a disability are expected to rise with the aging of the population, and Victorians with a profound or severe disability, ages 0 to 64, are expected to increase by 18.6% between 1996 and 2011.

### 3.2 DISABILITY SERVICE PROVIDERS

The disability sector is divided between government and non-government services. Traditionally government services have focused on meeting the needs of people with intellectual disabilities, while non-government agencies provide services across the range of intellectual, physical, sensory and neurological disabilities<sup>14</sup>. In 2005/06 392 agencies received Victorian government funding to provide support for people with a disability<sup>15</sup>.

In 2005/06 50% of the disability services budget was targeted at accommodation support, 30% for community support and access programs, and the remaining funds were distributed across respite, advocacy, information and other support services. The Industry Plan 2006 highlights the disproportionate balance of this funding, towards accommodation support services, and argues this is due not only to the higher unit cost of provision, but an historical preference for this service<sup>16</sup>.

<sup>9</sup> ABS 2004, quoted p2, Victorian Industry Development Plan

<sup>10</sup> Commonwealth State and Territory Disability Agreement

<sup>11</sup> Partnering for the Future (Draft), prepared by KPMG for Department of Human Services, 2006. p 6.

<sup>12</sup> State Disability Plan 2002-2012, Implementation Plan 2002-2005, Department of Human Services, 2002. p85-88.

<sup>13</sup> Partnering for the Future (Draft), prepared by KPMG for Department of Human Services, 2006. p 13.

<sup>14</sup> 'Redevelopment of DisAbility Induction and In-service Training Final Report', Precision Consultancy for DisAbility Services, Department of Human Services, 2001

<sup>15</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006. p2.

<sup>16</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006. p2.

The Atherton Day, Myrianthis, Owen 1997 study of the non government sector, noted that the key strength of the sector was its diversity. 'Agencies vary in size, history, ethos, type of organization, fuction and countless other factors'<sup>17</sup>. Of the 194 non government agencies then funded by the NDTU, a small number received very large amounts of funding and a large number received much lower levels. There were far more agencies outside the metropolitan area than the total population distribution would lead one to expect, and the metropolitan areas included some large agencies which have branches in many locations. The study found that 60% of agencies were in the metropolitan area, 12% in provincial towns, and 28% in rural areas. This compared to the non metropolitan population of the time comprising 29% of the Victorian population<sup>18</sup>.

Another distinctive feature of the sector is that the industry provides much of its own training and development, with many support organisations being registered training organisations. This complements the formal pre-service training for qualified disability staff provided by the Vocational Education and Training sector and the higher education sector, and the training provided by various private organisations and individuals to the sector<sup>19</sup>.

The range and numbers of organisations providing services to people with disabilities is increasing, and set to expand further. The Industry Plan 2006 notes that as the generic service sector becomes more important in providing support to people with a disability, the definition of 'industry' will become more diffuse and involve an ever broadening range of support providers, across a range of health, education and community services<sup>20</sup>.

### 3.3 THE DISABILITY WORKFORCE IN VICTORIA

#### 3.3.1 Demographics

The 2005 'Disability Services Workforce Study'<sup>21</sup>, brings together material on both the government and non-government sectors of the workforce. The Study draws heavily on the Victorian Disability NGO Workforce Analysis Project, 2002-2003<sup>22</sup>, the first sector wide analysis of the non-government workforce.

These documents describe the workforce as follows:

- The workforce is divided between government funded and non-government disability services, with pay, workplace conditions, and many training initiatives reflecting this divide.
- The majority of the Disability Services workforce in Victoria is employed in the delivery of day activity, accommodation and individual support services.
- There are between 11,000 and 12,000 staff working in the disability workforce. As of June 2005, the Department of Human Services (DHS) directly employed 4,675 staff in Disability Accommodation Services, whilst in non-government services, an estimated 8,600 staff were employed in accommodation, day program and individual support services<sup>23</sup>.

<sup>17</sup> 'The Brokerage Model of Training Provision: An Evaluation', N.Atherton Day, N. Myrianthis, J. Owen, Centre for Program Evaluation, University of Melbourne. 1997. p65

<sup>18</sup> 'The Brokerage Model of Training Provision: An Evaluation', N.Atherton Day, N. Myrianthis, J. Owen, Centre for Program Evaluation, University of Melbourne. 1997. pp19-20

<sup>19</sup> 'Redevelopment of DisAbility Induction and In-service Training Final Report', Precision Consultancy for DisAbility Services, Department of Human Services, 2001

<sup>20</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006. p1.

<sup>21</sup> 'Disability Services Workforce Study', Department of Human Services, 2005.

<sup>22</sup> M. Cleary and R. Flynn of Precision Consultancy Pty Ltd, 'Victorian Disability NGO Workforce Analysis Project', VICRAID, ACROD and CIDA, 2003.

<sup>23</sup> Precision Consulting 2003, p21

- The workforce is predominantly female. Women account for 69% of the government sector, and 75% of the non government workforce. By contrast, only 25% of all clients were female and aged 45 or above. In total, 31% of clients were male, with around two thirds of these aged under 45 years.
- Over 30% of government and 40% of non-government staff are aged 45 or over. The Congregate Care workforce is particularly old, with 55% of its workforce estimated to be 45 years or older. The workforce has aged over the past 10 years<sup>24</sup> and high numbers of people are expected to retire within the next decade, leaving the sector with a shortage of available workers.
- Much of the employment is part time. 69% of Shared Supported Accommodation staff and 89% of Congregate Care staff work part time within the non-government accommodation services; whilst in the government workforce, 49% of people work on a part time basis, with 34% employed full time and the remaining 17% employed on a casual basis. The proportion of part-timers and casuals increases at the lower classification levels. In the non government Home Support area, full time staff account for less than 10% of the workforce.
- Approximately a quarter of the non-government workforce work for more than one employer<sup>25</sup>.
- The disability workforce tends to be fairly stable, with 47% of the government workforce having between 6-15 years of service, and 31% of staff in the non-government workforce having more than 10 years experience<sup>26</sup>.
- 77 % of the government workforce is Australian born, with 7% born in Europe, 6% in Asia and 5% in the United Kingdom and Ireland. In the non-government sector, recent attempts to obtain a robust estimate of CALD staffing levels were unsuccessful<sup>27</sup>, however the study did identify that of the 19% of the Australian population with a disability, almost 5% are from a CALD background.

### 3.3.2 Training and Education Levels

In the Victorian government accommodation services, there has been a strategy to encourage all Disability Development and Support Officers (Level 1) to achieve Certificate IV in Community Services (Disability Work). As of 2003, the number of qualified staff exceeded the number of unqualified staff. Managers and supervisors have also been offered accredited training opportunities.

In the non-government sector, there are marked variations in the qualifications of the workforce and the training provided to staff varies from unaccredited courses through to accredited Certificate III or IV level qualifications. Around one third of staff have a TAFE qualification, one third have an undergraduate or postgraduate qualification, whilst 19% have no qualification. Many agencies offer training that fits within the National Training Framework as part of the Community Services Training Package, via either traineeships or sponsored study<sup>28</sup>.

The National Disability Administrators report (2006) makes that point that at a national level, the disability sector is notable in its lack of a minimum requirement for entry level positions<sup>29</sup>.

<sup>24</sup> in 1993, 29% of staff were aged over 40, in 2001 49% were aged over 40 and in 2003, 49% were aged over 45, Precision Consulting 2003.

<sup>25</sup> Precision Consulting 2003, pp50-53

<sup>26</sup> Precision Consulting, 2003, pp43-44

<sup>27</sup> M. Bini, 'A Culturally Diverse Workforce: Cultural and Linguistically Diverse Background Staff Recruitment and Retention for Disability Services', DISTSS, 2003. p27.

<sup>28</sup> Precision Consulting 2003.

<sup>29</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, 2006.

### 3.3.3 Challenges facing the Disability Sector

There are a number of reports highlighting the challenges arising from the current workforce profile in the face of the changing nature of disability support work and emerging workforce capacity issues (linked to the ageing of the population).

The 2005 Victorian Workforce Report<sup>30</sup> argued that:

- The current workforce does not reflect the diversity of people with disabilities, in terms of age, cultural diversity or gender, and this limits the choices people with disabilities have for the backgrounds of their support workers.
- The relatively high numbers of casual staff (17% in government services and 27% in non-government services) provide flexibility that is critical to providing client-focused support to people with disabilities. However casual staff may have little ongoing training; their use may result in less continuity of support; and the high turnover of casual staff has an impact on organisational knowledge and expertise.
- The relatively low staff turnover in the sector can be seen as a positive. However some staff turnover is helpful to keep stimulating the organisation, and offering people with disabilities a wider pool of potential support staff. A very low turnover rate can sometimes indicate that workers remain because they have nowhere else to go.
- Feedback from staff indicates concerns about limited access to learning and development opportunities; a perceived lack of professional status, reward or recognition; inadequate induction and/or supervision ; workplace safety; difficulties in obtaining sufficient hours; use of casual staff; and lack of opportunities for career progression.

The 2003 Study<sup>31</sup> of non-government services voiced many of the same concerns, including dissatisfaction with:

- Shift work, unsatisfactory rosters and lack of regular hours for casuals.
- Burnout and stress, work demands, requirements to use private vehicles.
- Lack of training and development.
- Lack of career structure, status or recognition, low wages.

In a consultation with staff in development of the 2006 Industry Plan, the most frequently identified current workforce issues were:

- pay and award conditions;
- lack of qualifications of staff, particularly new staff; and
- lack of appropriate training.

For the longer term, people were concerned about:

- the impact of an increasingly aging workforce impacting on turnover rates and the risk of injury;
- retention of staff relating to the need for career development opportunities; and
- the need for more proactive recruitment of skilled staff.

The Industry Plan also notes that disability service providers will come under significant pressure as the population ages and the supply of labour reduces. 'As an industry, it ranks poorly on a number of criteria in attracting and retaining the workforce it requires for the future.'<sup>32</sup>

<sup>30</sup> Disability Services Workforce Study', Department of Human Services, 2005

<sup>31</sup> Precision Consulting 2003.

<sup>32</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006. p8.

The reports also present an array of strategies and recommendations to address the challenges facing the disability sector.

The Victorian Workforce paper (2005) suggests the following strategies:

- Expanding occupational and peer support mechanisms through cross-sector staff forums and increased use of technology.
- Improving the quality and consistency of supervision.
- Supporting a sector-wide approach to staff learning and development.
- Exploring options to improve workplace safety across the sector, having reference to existing initiatives and learnings across human services.

Disability staff consulted as part of the 2006 Industry Plan recommended:

- accreditation programs for the industry;
- increased training opportunities; and
- development of clear career structures and skills development opportunities.

And for the longer term:

- improved pay, conditions and career development opportunities;
- incentives for staff around training and development and performance; and
- strategies to improve the qualifications base and attract skilled employees to the disability industry<sup>33</sup>.

The strategies recommended by the Plan aim at transforming the disability sector into an 'industry of choice', to enable it to attract and retain sufficient quality workers to meet the needs of people with disabilities.

Many of the concerns and strategies identified in the Victorian Industry Plan reflect those articulated in the National Disability Administrators report on workforce capacity issues (2006). This recommends attraction, recruitment, retention strategies and employment models for the disability sector taking account of the aging of Australia's population and broader fiscal, labour force and policy trends. The report argues that the disability sector is likely to experience shortages of available workers sooner than other industries, given the number of worker who are due to retire in the next decade. It advocates the sector positioning itself as an industry of choice, and implement strategies to specifically target the motivations and aspirations of younger workers, in 'generations X and Y'. It envisions workers requiring more flexibility, having more complex skills and new ways of working, all of which have implications for training approaches. This report also highlights the challenges raised by Australia's cultural diversity, which is not reflected in the current workforce profile<sup>34</sup>.

The ACROD Limited Workforce Management Project (2006) examines the disability workforce from the perspective of a 'skills ecosystem'. It profiles the workforce, identifies issues around workforce planning, awareness, recruitment and training, and documents possible and existing strategies being used to address each of these areas<sup>35</sup>.

Another report, prepared by KPMG in 2006 for State and Federal governments, and not yet released, recommends the development of a national 15-20 year disability workplan, with the aim of making the sector an industry of choice. It advocates improved recruitment and employment practices, better career pathways, stronger links with the education sector, and training and professional development targeted to providing disability workers with the more complex skills required by changing service models<sup>36</sup>.

<sup>33</sup> Partnering for the Future (Draft), prepared by KPMG for Department of Human Services, 2006. p 26.

<sup>34</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, 2006. p2

<sup>35</sup> ACROD Limited Workforce Management Project Discussion Paper, ACROD Qld Division, November 2006.

<sup>36</sup> ACROD News Update, [www.acrod.org.au](http://www.acrod.org.au), 23 October 2006

## 4 Training Context and Issues

This section of the literature review looks briefly at the broader training context; and then at training in relation to the Victorian disability workforce (including disability training developments in Victoria prior to the State Plan and the current training situation); as well as training for people with disabilities.

### 4.1 BACKGROUND

As part of the changing disability context, there has been a growing awareness of the need for training, for the disability workforce and for people with disabilities. In part, this has reflected a broader community interest in training.

The landmark Karpin Committee Report 'Enterprising Nation'(1994)<sup>37</sup> argued that the nation had to skill up its managers in order to meet the demands of an increasingly complex environment. Managers needed to move from a controlling and directing approach to being leading and enabling, with people skills, strategic thinking, visioning, flexibility and the capacity to work with a much more diverse workforce.

The Karpin Report foreshadowed the National Training Reform Agenda, which introduced competencies, competency development, standards, assessment and training as an approach to skill acquisition for the workplace across all industries.

### 4.2 TRAINING THE VICTORIAN DISABILITY WORKFORCE

#### 4.2.1 Training Developments prior to the State Plan

Since the early 1990s, there has been a range of initiatives and activities attempting to improve the skills and expertise of the Victorian disability workforce, as reflected in various reports and evaluations.

In 1993, the Social and Community Services Industry Training Board of Victoria, commissioned development of Competency Standards for Disability Services and development of a competency based training strategy<sup>38</sup>.

The Victorian Government established the NDTU (Non-Government Disability Training Unit) in 1994 in response to the perception that 'the sector and individual agencies lacked a systematic and comprehensive approach to training staff. The few training opportunities that did exist tended to be ad hoc and based on the interests of individual workers'<sup>39</sup>, with few agencies offering formal induction. A 1997 evaluation of the NDTU's Brokerage model found that the model 'increased the salience of training in non government disability agencies; established a strategic and planned approach to training in these agencies; increased the amount of training; and improved the quality and targeting of activities'<sup>40</sup>. However the Evaluation also found that the level of consumer involvement in planning training remained low.

<sup>37</sup> Best practice in Management Education: Karpin Committee Report, 'Enterprising Nation', 1994.

<sup>38</sup> 'A Training Strategy for the Physical, Sensory and multiple Disability Sector', prepared by M. Burgess for the Social and Community Services Industry Training Board Victoria, 1994.

<sup>39</sup> Agency Training Plan Evaluation, John McLeod, Non-Government Disability Training Unit, undated. p3

<sup>40</sup> 'The Brokerage Model of Training Provision: An Evaluation', N.Atherton Day, N. Myrianthis, J. Owen, Centre for Program Evaluation, University of Melbourne. 1997. p1

During the existence of the NDTU, there were various initiatives relating to training of non-government disability workers, for example in relation to induction training<sup>41</sup> and training for supervisors and managers<sup>42</sup>, both in 1996.

In 1998 the NDTU was closed and DISTSS (the Disability In-Service Training Support Service) was created with the aim of promoting and furthering learning and development in Victorian non-government Disability Services. Non-government agencies receive a staff training and development budget, and are supported in accessing resources through DISTSS.

In 1998, the Victorian Government initiated competency based training for managers working within government disability services, and in 1999 undertook a skills audit of government workers covered by the HSUA Award<sup>43</sup>. Following the election of the Bracks government in 1999, the Disability Services Branch began working on the Learning and Development Strategy and the Workforce Management Plan<sup>44</sup>. In 2001, there was a call for more consistency in the type, quality and methodology of training received by DHS employees and government funded agencies<sup>45</sup>. In a review of induction and training, Precision Consultancy proposed the establishment of a new agency with responsibility for industry wide disability induction and in-service training<sup>46</sup>. For various reasons, this was not adopted.

#### 4.2.2 Current Training Situation

Since the introduction of the State Plan, the Victorian Government has looked at workforce training issues through development of a Learning and Development Strategy<sup>47</sup>. This 'focuses upon developing tailored, competency based training solutions for individuals that address skills gaps identified via a self assessment process.'<sup>48</sup>

The linking of skilled staff with achieving positive outcomes for people with disabilities has been documented by studies such as the Report on Best Practice in the sector: 'The requirement to attract, employ, develop & keep skilled staff – including the necessity for development opportunities for existing staff – were significant determinants of how well services responded to people with a disability'<sup>49</sup>

Within the government workforce, recent emphasis has been primarily upon up-skilling disability support staff to a minimum of Certificate IV qualifications in Community Services (Disability Work) via a competency-based model. Other training opportunities, such as supervision training, are also offered to staff.

The Department has also tried to work more closely with education providers, to develop courses tailored to meet the needs of the sector; a pre-service induction model to promote consistent service quality and safety; and developed the Online Training Assessment Package (OnTap) through which information regarding current staff competencies and workforce planning data can be collected.

41 M. Burgess, K. Howlett, 'Induction and Orientation Training: A Strategy for the Non-Government Disability Sector', Non-Government Disability Training Unit, Department of Human Services, 1996.

42 K.Honey & S.White, 'Supervisor and Management Training Needs Analysis', Non-Government Disability Training Unit, Department of Human Services, 1996.

43 Skills Audit, Disability (Government) Sector, Precision Consultancy, 1999, prepared for Disability Services Training Unit, Department of Human Services. p90

44 'Redevelopment of DisAbility Induction and In-service Training Final Report', Precision Consultancy for DisAbility Services, Department of Human Services, 2001. p19

45 'Redevelopment of DisAbility Induction and In-service Training Final Report', Precision Consultancy for DisAbility Services, Department of Human Services, 2001.

46 'Redevelopment of DisAbility Induction and In-service Training Final Report', Precision Consultancy for DisAbility Services, Department of Human Services, 2001.

47 Disability Learning and Development Unit (DLDU), Department of Human Services website, [www.dhs.vic.gov.au/ds/disabilitysite](http://www.dhs.vic.gov.au/ds/disabilitysite), 7 August 2006.

48 'Disability Services Workforce Study', Department of Human Services, 2005.

49 C. Fyffe, 'Report on the Towards Best Practice Forum', prepared for the Quality Improvement Reference Group, Department of Human Services, 1999. p9

There appears to have been increasing awareness of the inadequacies of both existing induction and supervisor training.

The 2003 Non Government workforce report found a lack of consistency in approach to induction within non-government services, largely due to the size and diversity of the sector. Many staff begin to work and some continue to work without any induction. Some staff interviewed noted that lack of timely or sufficient staff induction contributed to reduced staff satisfaction and also had the potential to impact on service quality.

The 2005 Workforce Report highlights the lack of consistency in both induction and post-induction training, particularly in the non-government sector, where there may be few training opportunities and the level of training offered can vary from unaccredited courses to Certificate III or IV qualifications.

This Report also notes that limited access to appropriate and/or insufficient supervision has been a significant driver of job dissatisfaction within the Disability Services workforce<sup>50</sup>, and comments that the current level of supervision varies widely in terms of frequency, duration and quality.

At a national level, the disability sector is notable in its lack of a minimum requirement for entry level positions. The National Disability Administrators report (2006) argues 'the sector needs to move to a situation, as nursing and the aged care sectors have done relatively recently, where new entry workers are pre-qualified prior to their employment in direct care work. The disability sector needs to resolve and agree to a national position on what the pre-entry standard should be'<sup>51</sup>.

Recent Victorian and National reports concerned with the disability workforce are unanimous in identifying the need to ramp up training and development for the disability workforce. They argue for learning and development programs to upgrade and re-skill managers and workers to meet the array of challenges facing the sector.

### 4.2.3 Is Current Training Effective?

How effective is the training provided to support workers to enable them to meet the needs of people with disabilities? A study commissioned by the Attendant Care Coalition in 1993 voices the concerns of people with disabilities in regard to their support workers.

Consumers wanted attendants to treat them as individuals, give them more control over their own lives, be committed to promoting the rights of people with disabilities, treat them with respect and flexibility, and actively listen and keep open the lines of communication<sup>52</sup>. The Aspirations study (2000) commissioned by the Department of Human Services<sup>53</sup>, involved a detailed study of the aspirations of over 500 people with disabilities. This identified barriers to the attainment of these aspirations, including attitudes, access, financial and resources and services. The issues and descriptions bear a strong similarity to those described in the earlier work, and raise questions as to the extent to which recent training initiatives are impacting on the quality of support being provided to people with disabilities. This is particularly pertinent given the changing service provision models which will require more staff to have the skills to work to support rather than manage people with a disability, and to do this without direct organisational supervision.

The 1998 evaluation of management training for disability sector government staff found a generally positive impact, but noted that under 50% of the program participants felt that

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<sup>50</sup> Precision Consulting, 2003. pp7-9

<sup>51</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, April 2006. p6.

<sup>52</sup> A. Healy, 'Ask Us for a Change: People with disabilities voice their expectations of Training for Support Workers', Attendant Care Coalition Inc, 1993.

<sup>53</sup> 'The Aspirations of People with a Disability within an Inclusive Victorian Community', DisAbility Services, Department of Human Services, 2000.

conditions in their workplace supported their application of learning. The cited reasons included the routine and reactive nature of the work, high workload, impact of rosters and working in a bureaucracy<sup>54</sup>.

The 2003 study identified very strong criticism from staff in non-government services about the training offered to them by their employer. 24% of staff claimed that they did not believe that they were adequately trained to perform effectively and efficiently in their duties<sup>55</sup>.

The National Disability Administrators report (2006) notes that the competency framework for disability qualifications is 'heavily weighted towards skills and knowledge rather than values and attitudes'<sup>56</sup>. 'There is a need to identify and include the personal attributes required for disability work as an integral part of working towards gaining a qualification'<sup>57</sup>.

Thus it appears that there are concerns with the quality of training, as well as quantity.

### 4.3 TRAINING FOR PEOPLE WITH DISABILITIES

Another issue within the disability and training arena, is that of training for people with disabilities.

Approximately 20% of people with a disability over the age of 15 have not attended school or have only progressed to year 8, compared to 5% of the general population<sup>58</sup>. The National Centre for Vocational Education Research recently published a study of people with disabilities in vocational education<sup>59</sup> which found that people with a disability, as a whole, have the lowest levels of educational achievement and employment outcomes from VET.

The changing models of service provision, with their emphasis on more one-to-one support in the home and the community requires people with a disability to have the confidence and skills to effectively manage staff. There are some recent training initiatives designed to provide people with disabilities with the skills to effectively operate in this changing environment, such as the LeadershipPlus program<sup>60</sup> and 'Becoming the Boss'.

## 5. Training Effectiveness

This section of the paper examines what factors impact on training effectiveness.

There have been a number of studies into what makes training effective. This is particularly pertinent given that the literature indicates that transference of new skills and knowledge decreases dramatically over time. Newstrom (quoted in Garavaglia, 1993) argues that 40% of skills learnt in training are transferred immediately, with 25% of the total remaining after 6 months, and only 15% after a year. Garavaglia notes that only 20% of critical skills are learned from formal training, with the other 80% on the job<sup>61</sup>.

<sup>54</sup> J M Dixon & Associates, 'Meeting the Management Challenge Training Program', July 1999, for Disability Services Training Unit, Department of Human Services, p10

<sup>55</sup> Precision Consulting 2003.

<sup>56</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, 2006. p8.

<sup>57</sup> 'Investigation into Workforce Capacity Issues', Summary Report, prepared by KPMG for National Disability Administrators, 2006. p6.

<sup>58</sup> Partnering for the Future - The Victorian Industry Development Plan, Department of Human Services, 2006. p8.

<sup>59</sup> T. Cavallaro, P. Foley, J. Saunders, K. Bowman, 'People with a disability in vocational education and training: A statistical compendium' 2005, National Centre for Vocational Education Research website, [www.ncver.edu.au](http://www.ncver.edu.au), 7 August 2006.

<sup>60</sup> 'Leadership Program 2006', Leadershiplus pamphlet.

<sup>61</sup> Agency Training Plan Evaluation, John McLeod, Non-Government Disability Training Unit, undated. p13

The Karpin Report looked at some of the issues which impact on the transfer of learning to the workplace. The Report quotes Cascio<sup>62</sup>, emphasizing the importance of workplace feedback and support for training to be effective.

R. Curson undertook a detailed study of 'Effective Learning in the Workplace' in 2004, summarizing much of the relevant literature from Australia and New Zealand<sup>63</sup>. She concluded that the key factors which influence learning in the workplace are:

- The presence of a learning culture;
- Whether management recognises the value of training and support this with the development of policies and inclusion of training in the business strategy;
- Administration processes that effectively monitor and track an employee's progress;
- A structured approach to meeting the training needs of the employee;
- Providing incentives to learn;
- Providing support to trainees in the workplace;
- Time to allow for training and learning to occur; and
- Recognition that there is not a one-size-fits-all formula to learning in the workplace.

The first of these factors is the presence of a learning culture. Johnston and Hawke define a learning culture as 'the existence of a set of attitudes, values and practices with an organisation which support and encourage a continuing process of learning for the organisation and/or its members'<sup>64</sup>.

In order to develop and maintain an effective learning culture in the workplace, enterprises need to:

- Promote more communicative and collaborative environments;
- Introduce new systems, structure and processes which enhance production or service and increase learning opportunities;
- Increase opportunities for employees to contribute to decisions about practices within the workplace;
- Develop systems and structures that support learning; and,
- Establish partnerships and associations with external stakeholders and other partners to increase learning opportunities and introduce new ideas (Johnston & Hawke 2002, in Dawe 2003).

The Australian Centre for Vocational Education Research (NCVER 2003) additionally identifies the following features as important in learning cultures:

- the role of the workplace trainer in initiating and supporting different types of learning
- the role of informal learning to enhance performance, and
- the importance of fostering generic skills.

Curson concludes that 'it is evident that many of the ingredients of a learning culture can in themselves influence learning, such as good communication practices and having systems and processes in place which foster learning. It is what makes up a learning culture that is at the centre of facilitating effective learning in the workplace'.

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<sup>62</sup> Karpin Committee Report, 'Enterprising Nation: Best practice in Management Education', 1994.p39

<sup>63</sup> R. Curson, Completion Issues in Industry Training and Effective Learning in the Workplace 2004, Industry Training Federation website, New Zealand, [www.itf.org.nz/documents/Publications](http://www.itf.org.nz/documents/Publications)

<sup>64</sup> Quoted in Dawe, S, Determinants of Successful Training Practices in Large Australian Firms, National Centre for Vocational Education Research, 2003

The second key factor is management support of learning. Research has shown that enterprises that have training and learning included in their formal strategic business planning process are likely to have more training occurring in the workplace which improves performance<sup>65</sup>.

## 6. International Issues and Directions

This section of the paper briefly looks at disability directions and workforce issues in three countries, the United Kingdom (UK), the United States (US) and New Zealand (NZ); selected for their dominance and influence (UK and US) and proximity and similarity (NZ). Many of the issues noted have resonance to the Victorian situation, and interestingly, both the UK and NZ, which have adopted national 'visions' for the future of disability services, are currently conducting major workforce reviews.

### 6.1 UNITED KINGDOM

#### 6.1.1 Government Policy

The United Kingdom is experiencing trends similar to those in Australia. The Department of Health UK identifies 'modernising social services' as 'a national priority'<sup>66</sup>, and aims to 'give service users more independence, choice and control'<sup>67</sup>. These aims are detailed in the recent Green Paper 'Independence, Well-being and Choice: our vision for the Future of Social Care for Adults in England' which looks ahead 10 to 15 years<sup>68</sup>.

The Green Paper outlines various key proposals to achieve this vision, including 'wider use of direct payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want'. The UK government is currently funding pilots of Individual Budgets for various groups, including for people with disabilities, and if successful these will be rolled out nationally. Direct payments are provided to individuals so they can 'have greater choice and control over their lives, and decide how care is delivered'.

The Government is also conducting a review of the standards and associated legislative framework for adult social care, with changes planned for implementation in early 2007.

The UK enacted a Disability Discrimination Act in 1995. This was amended in 2001 with the 'Special Educational Needs and Disability Act', reviewed on the website of Skill: Nation Bureau for Students with Disabilities. This Act covers all education institutions and makes it 'unlawful for them to treat a disabled person 'less favourably' than they treat, or would treat non-disabled people for a reason which relates to the person's disability'.

#### 6.1.2 The Social Care Workforce

A 2001 paper on Recruitment and Retention in Social Care and Social Work<sup>69</sup> describes the social services industry in England as 'highly fragmented'. It is dominated by part-time, female staff, with independent employers employing about two thirds of the total workforce. The industry has changed greatly in the past decade, due to demographic and societal changes, rising customer expectations, advances in medical technology and changes in

<sup>65</sup> A. Smith, 'Creating a Training Culture', Australian Training Review, no. 30, National Centre for Vocational Education Research, 1997

<sup>66</sup> UK Department of Health website, [www.dh.gov.uk](http://www.dh.gov.uk), 7 August 2006

<sup>67</sup> Note: In the UK, the term 'social care' is used to cover services such as providing support and home help for people with disabilities.

<sup>68</sup> **Green Paper 'Independence, Well-being and Choice: our vision for the Future of Social Care for Adults in England', UK Department of Health, [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare), 7 August 2005.**

<sup>69</sup> C. Eborall & K. Garmeson 'Desk Research on Recruitment and Retention in Social Care and Social Work', Prepared for COI Communications for the Department of Health, 2001.

Government policy. The authors identify social care recruitment as an issue, with low pay, competition from other service industry jobs, unattractive terms and conditions of employment, low status, menial perception of the work, the lack of prospects and career progression as factors. Retention is also problematic with the 'development of a low paid and casualised workforce, lacking job security and regular guaranteed work. Workforces of this type tends to attract transient, temporary workers and to have relatively high staff turnover'.

In terms of training, the authors found that around 20% of social care staff had relevant qualifications in 2000, with a target that all staff gain qualifications by 2005, under the National Training Strategy. The authors identified various constraints on training, including tight training budgets; training content not relevant to specific demands of work; literacy issues for some staff; a lack of learning culture among care staff; and a belief by some employers that caring is a natural attribute and cannot be taught. The authors also highlighted some positive examples of 'integrated induction, training & career development, training staff in partnership working and coping with stress, violence and abuse, establishing links with local university/colleges to create a learning culture, funding study leave and training in HR, staff management and workforce planning training for senior staff'.

### 6.1.3 Social Care Workforce Review

The UK government has recently conducted a major review of the social care workforce. This is in response to the widespread perceptions that the sector 'has always suffered from recruitment difficulties, high staff turnover and high levels of absence due to stress'<sup>70</sup>.

The review, led jointly by the UK Department of Health, and Department for Education and Skills, was tasked to:

- improve the quality of social care practice,
- increase the supply of all workers within the sector, and address recruitment and retention issues;
- define the role of social workers, and
- develop a vision for the social care workforce in 2020 and a socio-economic case for investment in the workforce.

The report 'Options for Excellence'<sup>71</sup> identified a number of emerging themes:

- The need to have users at the centre of the process. Exploring ways of increasing the involvement of users, carers and families in training and development of the workforce.
- Strengthen leadership and management skills across the wider social care workforce.
- Improve the ability of staff to understand desired outcomes for users and how practice might deliver these outcomes.
- Ensure skills and competencies cover the ability to raise standards of HR practice across the workforce, a wider understanding of all commissioning activity and the use of new technologies.
- New ways of working - defining and identifying roles within the social care workforce and looking at new ways of working.
- Supporting quality within the workforce. Exploring the drivers for improved quality within the workforce and improved outcomes for service users.
- The need for workforce planning and the role of leaders and managers within the sector.

<sup>70</sup> Social Care Institute for Excellence website, 2006 media release, [www.scie.org.uk](http://www.scie.org.uk), 7 August 2006

<sup>71</sup> Options for Excellence, Building the Social Care Workforce of the Future, Department of Health & Department of Education and Skills, UK. 2006.

- How best we can ensure services are commissioned according to user needs?
- Gaining further understanding of recruitment and retention. Looking at ways to support the workforce and employers.

The Reports recommends detailed options and actions in the relation to these themes, for both the short term and longer term.

## 6.2 UNITED STATES

### 6.2.1 Policy Framework

Gould from the American Center for Workers with Disabilities reviews the American disability policy framework over the past 40 years<sup>72</sup>. He describes how the theme for the 1980s involved extending civil rights' anti discrimination protections in areas of peoples' lives, whilst the 'fourth generation' of disability legislation began during the 1990s with the themes of consumer empowerment and individual choice.

In 1990 Congress passed the landmark Americans with Disabilities Act (ADA) under which it is illegal to discriminate against individuals with disabilities in both the public and private sectors; employment, access to public accommodation, transportation and telecommunications. Since then a raft of programs and services have been reformed so as to place the emphasis on the individual rather than on the system. However Gould argues that it is now time for the US to agree on national goals and a vision for the future, and then to develop a disability policy framework to address that agreed-upon vision. At present the country has hundreds of individual federal disability programs, and there are no national goals for people with disabilities in a host of critical areas of life.

### 6.2.2 Workforce Issues

Stone and Wiener provide an overview of the issues facing the employers of 'paraprofessional workers', an American term which covers nursing assistants, home health and home care aides, personal care workers, and personal care attendants<sup>73</sup>. They note there are unprecedented vacancies and turnover rates for these paraprofessionals, due to low wages and benefits, hard working conditions, heavy workloads, and a job that has been stigmatized by society. The paraprofessional workforce is overwhelmingly female, includes high proportions of black and Hispanic workers, and most workers are relatively disadvantaged economically and have low levels of educational attainment.

Stone and Wiener review a number of strategies organizations have implemented to address the recruitment and retention issues. They conclude with a call for research to gain a better understanding of the front line workforce, its demographics and levels of education, the causes of the problem, the effects of policy interventions, and which elements in different approaches succeed and fail.

## 6.3 NEW ZEALAND

New Zealand is grappling with similar issues to the UK and Australia, and demonstrating strong similarities in current work and concerns.

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72 M. Gould, 'The Road Behind: The Road Ahead', Center for Workers with Disabilities, National Council on Disability (US) website, [www.ncd.gov/newsroom/testimony/2004/gould\\_11-17-04](http://www.ncd.gov/newsroom/testimony/2004/gould_11-17-04), 7 August 2006.

73 R. Stone, J.Wiener, 'Who Will Care For Us? Addressing the Long-Term Care Workforce Crisis' 2000, The Urban Institute (U.S.) website, [www.urban.org](http://www.urban.org), 7 August 2006.

### 6.3.1 Government Policy

In 2001, the New Zealand government released the first New Zealand Disability Strategy. 'Making a World of Difference, Whakanui Oranga' aims to remove the barriers which prevent disabled people from participating fully in society<sup>74</sup>. The strategy provides a framework to address disability issues across agencies, policies, services, and legislation. The Strategy includes objectives on 'creating long-term support systems centred on the individual', 'providing the best education for disabled people' and 'providing opportunities in employment and economic development for disabled people'

Key principles of the Disability Strategy are:

- the administration of support services should concentrate on long-term, whole-of-life needs and outcomes, and on the participatory roles of disabled people within their community
- the provision of supports by central and local government should use and build upon supports occurring naturally within the family and local environment
- funding systems should be centred on disabled people and their families, not the provider, allowing for stable and lasting support for active community living
- funding should be applied at the individual level in an equitable manner
- rules governing the allocation of funding and resources should be consistent in their approach and application, and flexible enough to address individual circumstance
- systems for providing supports should be simple to understand, straightforward to access and easy to interact with throughout the length of engagement
- disabled people and their families should be appropriately supported and empowered to make decisions for themselves, and to exercise choice, control and responsibility over these choices
- disabled people and their families should be supported and encouraged to advocate for themselves or, if they choose, have access to quality advocacy services
- innovation and forward thinking should be celebrated - overall quality of life should be a measure of success

### 6.3.2 Disability Support Services

Following a recent review the Government found a clear consensus amongst the disability community that the current framework for providing disability support services is still unable to support the whole-of-life outcomes disabled people aspire to. This is largely due to the following factors:

- control rests disproportionately with the delivery system and those who administer it rather than with disabled people and their families
- there is no common logic for providing supports across different agencies, resulting in diverse delivery mechanisms, inconsistent entitlements, an associated inability to transfer support across different settings, life stages or regions, and inequities in terms of the level of support available to different individuals.

In response to this analysis additional funding has been directed to the sector, plus a review of policy and purchase frameworks. The Office for Disability Issues is currently leading a cross-sector review of long-term disability support services. The first phase has focused on identifying the issues with existing support services. It has also developed a picture of what a system that was working well would look like and what the key components might be to achieve this.

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<sup>74</sup> 'Disability Strategy A First For New Zealand', 30 April 2001 media release, New Zealand Office of Disability Issues, website

**6.3.3 Current Review of Community Support Services** The Ministry of Health is currently seeking comment on a Discussion Paper 'Care and Support in the Community' dealing with priorities for investment and action to develop the non-regulated aged care and disability support workforce which delivers services in the community<sup>75</sup>. This paper outlines proposals for reform of the purchase model for home based support services, making compliance with the Home and Community Support Sector Standard mandatory, improving training for disability support workers and co-ordination of workforce development activity.

## 7. Conclusion

This paper provides a broad overview from some of the literature of key directions and issues pertaining to training and the Victorian disability sector. The literature review highlights that there continue to be concerns about the quantity and quality of training for the disability workforce, especially in the non-government sector, and particularly in the light of the vision articulated in the State Plan. The workforce and sector have characteristics that pose particular challenges for upskilling workers to better meet the needs of people with disabilities. The Victorian initiatives to address these issues, from development of a State Plan, the State Government's Learning and Development Strategy, and the current review by DISTSS, all share similarities of issues and approaches to those highlighted in the UK, New Zealand, and to a lesser extent, the United States.

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<sup>75</sup> 'Care and Support in the Community Setting: Discussion Paper', Health Workforce Advisory Committee, New Zealand Ministry of Health, July 2006

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