



Accredited Training for Planned Activity Group Staff Initiative

December 2008

Bendigo Loddon Primary Care Partnership
Ageing Framework

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- Bendigo and District Aboriginal Cooperative
- Bendigo Health
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- City of Greater Bendigo
- Loddon Shire Council
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- Inglewood and Districts Health Service
- McIvor Health and Community Services
- Vision Australia
- Lynn Southwell, HACC Regional Training Coordinator
- Margaret McDonald, Manager Aged Care, Loddon Mallee Region, Department of Human Services
- Dr Sandra Davis, Monash University School of Rural Health

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Members of the Reference Group of the Bendigo Loddon Ageing Framework 2007-2009 Action Plan are:

Barry Secombe (Chair)	City of Greater Bendigo
Sue Clarke	Bendigo Community Health Services
Liz Hamilton	Bendigo Health
Peter Abraham	Boort District Hospital
Rod Flavell	City of Greater Bendigo
Mike Parker	Inglewood and Districts Health Service
Jude Holt	Loddon Shire Council
Jeff Scoble	McIvor Health and Community Services
Margaret McDonald	Department of Human Services (Loddon Mallee Region)
Jeanette Grant	Bendigo Loddon Primary Care Partnerships

The author and researcher was Cheryle Barker, Bendigo Regional Institute of TAFE.

ABBREVIATIONS

ABI	Acquired Brain Injury
CALD	Culturally and Linguistically Diverse
DHS	Department of Human Services
HACC	Home and Community Care
PAG	Planned Activity Group
PCP	Primary Care Partnership
RTO	Registered Training Organisation

EXECUTIVE SUMMARY

Introduction

The Bendigo Loddon Ageing Framework Reference Group (of the Bendigo Loddon Primary Care Partnership) has adopted an Action Plan for 2007-2009. One component of this Action Plan was to resource a Registered Training Organisation (RTO) to provide workforce development in partnership with organisations delivering Planned Activity Group (PAG) programs in the City of Greater Bendigo and the Loddon Shire. This was to be achieved through the identification of the key training needs of PAG staff and volunteers and the development of a suite of accredited training units.

A Mapping Project for Planned Activity Groups in the Bendigo Loddon catchment conducted by the Primary Care Partnership (PCP) in 2008 identified the following areas of skill development as priority areas of training for PAG staff:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours including dementia, mental illness and Acquired Brain Injury (ABI).
- Program Planning and Evaluation
- Working with Older People
- Promoting Health and Wellbeing in Older Persons
- Cultural Awareness
- Submission writing
- Occupational Health and Safety including Manual Handling, First Aid, CPR and standard precautions/infection control

The general aim of the first phase of the project was to validate with industry the proposed suite of accredited units and develop a flexible delivery model based on industry feedback. This involved both a consideration of the skills and knowledge individuals had already developed and identification of strategies for addressing the barriers that may prevent individuals from participating in training programs. Ultimately the aim of the initiative is to provide training that will enable PAG staff to provide innovative and diverse activities for social support groups.

For this initiative to be effective it was viewed as imperative that team leaders, paid staff and volunteers of PAG programs in the City of Greater Bendigo and the Loddon Shire have input into designing the training program. Interviews were undertaken with managers, coordinators, paid staff and volunteers of PAG programs in the Bendigo Loddon catchment area. A total of 12 managers, 11 staff and seven volunteers were interviewed. Input was also sought from the Ageing Framework Reference Group of the Bendigo Loddon PCP.

In 1991 The HACC national service standards were introduced to provide agencies with a common reference point for internal quality controls by defining particular aspects of service quality and expected outcomes for consumers in seven key areas:

1. Access to Services
2. Information and Consultation
3. Efficient and Effective Management
4. Coordinated, Planned and Reliable Service Delivery
5. Privacy, Confidentiality and Access to Personal Information
6. Complaints and Disputes
7. Advocacy

The Standards are in all service agreements and monitoring and compliance with the Standards is a major part of service reviews. Embedded within the National HACC Standards is an emphasis on service coordination; the provision of a smooth and seamless pathway between services for consumers. Service coordination places consumers at the centre of service delivery. Since 1999-2000 one of the main vehicles for improving service coordination in the Victorian community care sector has been Primary Care Partnership initiatives. HACC agencies have been supported by their local PCP through the development of tools to assist with local protocols, practices, processes and systems to ensure effective service coordination. The key elements of service coordination are initial contact, initial needs identification, assessment and care planning. It is critical that these standards and benchmarks are embedded in the training delivered to PAG staff.

Current Victorian Government policy also reinforces the importance of aged care service delivery being based on a person centred and participatory approach. Both the Active Service Model and Well for Life initiatives highlight the shift from a 'dependency' model to a 'restorative' and 'capacity building' model¹. The Active Service Delivery Model is based on the premise that clients have the potential to make gains in their well being and the HACC service system can improve its capacity to support this. The Well for Life initiative aims to improve nutrition and physical activity for frail older people through HACC funded social support services and public sector residential care services. The basis of these policy initiatives involves a:

- Strength focused approach, aimed at building the older person's capacity to improve their functioning
- Holistic-person centred approach to care, whereby the client is viewed as a partner and having the ability to actively participate in making decisions about and implementing their own care plan
- Health promotion focus

¹Speech by Jeannine Jacobson, Manager HACC and Assessment, Department of Human Services Victoria, 11th April 2006

It is important that the above approaches also underpin all training delivered to PAG staff. This framework emphasises the client as active planners and organizers of the service or program being delivered.

Findings

A vast majority of both managers/coordinators and staff validated the following as core skills for staff working in PAG programs:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours including dementia, mental illness and ABI.
- Program Planning and Evaluation
- Working with Older People
- Promoting Health and Wellbeing in Older Persons
- Cultural Awareness
- Occupational Health and Safety including Manual Handling, First Aid, CPR and Infection Control

There was strong support for training to be based on accredited units of competency. Therefore the above core skills have been mapped to accredited units in the Health (HLT07) and Community Services (CHC08) Training Packages. A vast majority of respondents also suggested that submission writing was not relevant for general staff, but certainly relevant for coordinators or managers.

All respondents acknowledged the need to continue to be innovative and responsive to the needs of consumers. The responses from managers/coordinators and staff was similar for Mental health issues, ABI, Program planning and evaluation, Occupational, health and safety, Manual handling, First aid, CPR and Infection control. The responses from Managers/coordinators was slightly higher for Group work, Challenging behaviours, Dementia, Working with older people and Cultural awareness training in relation to their perception of training need.

Though Cultural Awareness was recognised as a core skill for PAG staff, it was not reported as an area of high training need. Similar comments were made in relation to the training requirements associated with working with individuals with ABI.

It was recognised by those interviewed that within the broader HACCC target population there are some special needs groups that require additional attention to ensure appropriate access and service delivery is provided. These include people:

- From culturally and linguistically diverse backgrounds
- From Aboriginal and Torres Strait Islander backgrounds
- With mental health issues
- With dementia

- With a disability
- Living in remote and isolated areas and so on

Regardless of numbers, HACC services have a commitment and requirement to ensure their services are able to be used by all members of the HACC target group on an equitable basis. Though Cultural Awareness was not reported as an area of high training need, it may be appropriate to incorporate skills relevant to working with this and other special need groups in other higher priority training areas, such as Program planning and evaluation.

The skills viewed by over half the respondents as being a higher priority of training need and required to be delivered by external providers were; Group work and facilitation skills, Dealing with challenging behaviours, Dementia, Mental health issues, Program planning and evaluation and Promoting health and well being in older people.

Five other skills were suggested as areas staff required training in but were also cited as those areas more likely to be delivered internally by the organisation. These skills generally related to compliance issues and included Occupational health and safety, Manual handling, First aid, CPR and Infection control.

Additional areas cited by several respondents as skills that staff required training in were:

- Documentation, assessment and case file notes/care plans
- Professional boundaries
- Information technology skills in relation to data collection

Currently the Loddon Mallee HACC Training Calendar includes training in some of the areas identified as priority areas of training need. These include:

- Dementia
- Cultural awareness
- Occupational health and safety, manual handling and risk assessment
- Active Clients – Active Choice
- Professional boundary setting

In addition, Bendigo Health deliver a range of ABI training events aimed at developing staff ability to identify common features of ABI, identify common barriers to establishing and maintaining working relationships with people with ABI and applying strategies to overcoming these barriers.

Feedback from volunteers, managers and staff indicated that a majority of volunteers are unlikely to participate in formally accredited training. However, it is important that

agencies continue to support and offer opportunities for volunteers to expand their skill and knowledge base.

Delivery Model

Demographic data gathered indicated that a significant majority of PAG staff have extensive life and work experience. The model of training delivery needs to reflect this by encouraging participants to apply for recognition of prior learning. In addition the training needs to reflect adult learning principles and focus on encouraging participants to share their knowledge and experience while providing opportunities for extending their knowledge and skill base.

Consistently both staff and managers reinforced that the value of training was partly based on peer education and networking. Therefore the model of delivery needs to be based on face to face delivery complemented by learning guides. Additional support may be required by some participants to increase their confidence and ability to use self paced learning resources.

Another significant theme presented by both managers and staff related to the need for training to be practical and relevant to the PAG work context. In particular, content needs to reflect the group as opposed to one to one focus of PAG work. In addition respondents emphasised the need for the model of delivery to incorporate strategies that facilitate the integration of ongoing learning into work practice. Ensuring that the training is practical and relevant to the participants' work contexts will assist integration of learning into participants' day to day work practice.

Educationalists also acknowledge that integration of learning into the workplace (or behavioural change) requires attitudinal change. Training therefore needs to challenge participants' beliefs and attitudes as well as having a practical focus on skills. An evaluation of the training program should incorporate feedback on the strategies implemented to assist in the integration of learning into practice.

Tuesday followed by Thursday was the preferred days for face to face delivery. There was also a preference for morning sessions.

The most significant barriers to PAG staff being able to attend training were work load, part time employment base and back fill issues. Advanced notice and delivering training at different times and at different locations will improve the ability of PAG staff to access training. A consistent theme was that travel of less than one hour duration would not be perceived as a barrier. If Bendigo and Serpentine were used as the locations for face to face training events, all PAG staff in the City of Greater Bendigo and the Loddon Shire would have access to training within one hour of travel from their workplace.

All respondents confirmed that there was significant support for staff and volunteers to attend training, if relevant to the PAG staff role and if there was sufficient funds available in the organisation's professional development budget. However, as support was partially based on available funds and some staff and managers commented on cost being a barrier to attending training, Bendigo Loddon PCP may consider assisting organisations with the cost of staff attending training. This

strategy would be consistent with the responsibility PCP's have to assist the capacity building of member organisations.

Recommendations

Recommendation 1

It is recommended that organisations delivering PAG programs in the City of Greater Bendigo and the Loddon Shire endorse this report and that the findings that the following core skills and knowledge are confirmed as highly relevant and important for the PAG staff job role:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours
- Dementia
- Mental Health Issues
- ABI.
- Program Planning and Evaluation
- Working with Older People
- Promoting Health and Wellbeing in Older Persons
- Cultural Awareness
- Occupational Health and Safety including Manual Handling, First Aid, CPR and Infection Control

A significant majority of PAG staff have extensive life and work experience. Providing an effective training program needs to include opportunities for current skill levels of staff to be recognised. This would then ensure subsequent training focuses on new skill development.

The Victorian Government recently introduced Skills Stores in both metropolitan and rural regions across the state. The service has been designed to make Victoria's vocational education and training system accessible and easy to understand. Their main aim is to assist individuals to gain recognition of their current skills and provide guidance on how to best update, improve or achieve a qualification. The Skills Store consultant assists individuals to identify skills that can be mapped to nationally accredited units and then refers them to a RTO to have the skills formally assessed. All Skill Stores services are free of charge. There may be fees associated with the assessment process by the RTO.

Recommendation 2

It is recommended that the Loddon Mallee Regional HACC Training Coordinator encourage PAG staff to approach local Skills Stores to complete a recognition of current competency (RCC) assessment. The aim is to formally recognise the skill and knowledge level of staff and to ensure that future training delivery focuses on skill and knowledge gaps. The units of competency that staff would be encouraged to RPL would be those that are either compulsory or electives in the Certificate III in

HACC (or an equivalent qualification) or management/service coordination qualifications. Staff may also be encouraged to apply for RPL for those units of competency that have been validated by the research as core skill and knowledge areas. This would support the further development and maintenance of a consistently competent and professional PAG workforce.

Recommendation 3

It is recommended that the Loddon Mallee Regional HACC Training Coordinator incorporate findings from this study in the planning for 2009 HACC Training Program. In particular the focus of discussions would be based on the following areas:

- Inclusion of training needs identified in this report in 2009 HACC Training Calendar
- Further incorporation of the PAG work context in training content (in terms of PAG staff predominately having a group as opposed to individual service delivery approach)
- Facilitating the link between HACC Regional Training Calendar and 'in-house' training delivered by local agencies and accredited training

In order to facilitate a link from HACC Regional Training Calendar and 'in-house' training delivered by local agencies to accredited training a partnership arrangement will need to be established with a RTO. The aim of the partnership will be to establish a strategy for supporting PAG staff to complete accredited units of competency mapped to current 'in-house' training and training delivered as part of the HACC Regional Training Calendar. The strategy would include both off-campus workbooks and/or RCC processes. Other key stakeholders, including organisations that deliver PAG programs, would also need to be involved in the development and implementation of the 'strategy' and the sourcing of funding options. Accredited training would be mapped to the following areas:

- Occupational health and safety (including risk assessment)
- Manual handling
- Infection control
- Dementia
- Cultural awareness

The responsibility for ongoing marketing and promotion of this initiative would be shared by the RTO, organisations delivering PAG programs and the HACC Training Coordinator, Loddon Mallee Region.

Recommendation 4

It is recommended that Bendigo Loddon PCP, in partnership with the HACC Training Coordinator, Loddon Mallee Region, approach a RTO with the view of delivering

accredited units of competency that were perceived as a training need and not part of the HACC Regional Training Calendar. This may include:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours
- Mental Health
- Program Planning and Evaluation
- Promoting Health and Wellbeing in Older Persons
- Documentation, assessment and client files/case plans

Training will be based on the delivery of accredited units of competency and the delivery model would incorporate the following key elements:

- Content will be based on a strength focused, holistic centred and health promotion approach
- Face to face delivery complemented by flexible learning guides
- Support for participants to build their skills and confidence to use flexible delivery guides
- Strong practical focus
- Inclusion of strategies for integrating learning into participants' current work practice

Currently there are a vast range of training providers that are being accessed by PAG staff to complete or upgrade their First Aid and CPR competencies. There does not appear to be a gap in training provision. In relation to ABI, a diverse range of training opportunities are currently delivered by Bendigo Health. It may be appropriate to facilitate the distribution of these training events to PAG staff. Currently there is no nationally accredited unit of competency that solely focuses on ABI. The skills and knowledge relevant to working with people with ABI is often one of many skill and knowledge areas that underpin a specific unit of competency.

The location of training should be based on ensuring participants are only required to travel a maximum of one hour within the Bendigo Loddon catchment area, while encouraging a mixture of attendees from different PAG programs to support networking opportunities. Training and dates need to be negotiated in light of those on the HACC Regional Training Program for 2009. The RTO will be required to undertake an evaluation of the training program that includes feedback on the successful integration of learning into participants' work practice.

1. INTRODUCTION, SCOPE AND BACKGROUND

The Bendigo Loddon Ageing Framework Reference Group (of the Bendigo Loddon PCP) has adopted an Action Plan for 2007-2009. One component of this Action Plan was to resource a Registered Training Organisation (RTO) to provide workforce development in partnership with organisations delivering Planned Activity Group (PAG) programs in the City of Greater Bendigo and the Loddon Shire. This was to be achieved through the identification of the key training needs of PAG staff and volunteers and the development of a suite of accredited training units.

The purpose of developing a suite of accredited training units for PAG staff was to:

- Enable PAG staff to select the Units from the Program that will most benefit each individual, taking into account Units that may have previously been completed.
- Enable PAG staff to overcome barriers to attending accredited courses due to transport issues, family or work commitments, distance, affordability and training times.
- Provide training that will enable PAG staff to provide innovative and diverse activities for social support groups.
- Recognise the experience and knowledge that the PAG staff can bring to training and peers.
- Challenge and develop participants in training and to enable the enhancement of PAGs in the Bendigo Loddon PCP catchment.
- Provide flexible delivery of training.

A Mapping Project for Planned Activity Groups in the Bendigo Loddon catchment conducted by the PCP in 2008 identified the following areas of skill development as priority areas of training for PAG staff:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours including dementia, mental illness and ABI.
- Program Planning and Evaluation
- Working with Older People
- Promoting Health and Wellbeing in Older Persons
- Cultural Awareness
- Submission writing
- Occupational Health and Safety including Manual Handling, First Aid, CPR and standard precautions/infection control

The general aim of the first phase of the project was to validate with industry the proposed suite of accredited units and develop a flexible delivery model based on industry feedback. This involved both a consideration of the skills and knowledge individuals had already developed and identification of strategies for addressing the barriers that may prevent individuals from participating in training programs. Ultimately the aim of the initiative is to provide training that will enable PAG staff to provide innovative and diverse activities for social support groups.

2. METHODOLOGY

For this initiative to be effective it was viewed as imperative that team leaders, paid staff and volunteers of PAG programs in the City of Greater Bendigo and the Loddon Shire have input into designing the training program.

Interviews were undertaken with managers, coordinators, paid staff and volunteers of PAG programs in the Bendigo Loddon catchment area. A minimum of one manager/coordinator, one frontline staff member and one volunteer (if volunteers were part of the service delivery model) from each organisation was interviewed where appropriate. Not all PAG programs utilize volunteers. It is recognized that the information gathered may not necessarily be representative of the total population of PAG staff. However, the sample size was viewed as sufficient to validate the skill set and gather further details of an appropriate delivery model.

The draft content and delivery model for training was distributed to organisations for feedback and validation. The Ageing Framework Reference Group of the Bendigo Loddon PCP was also provided with the opportunity for feedback on the draft content and delivery model recommended.

Consultation with key stakeholders focused on the following broad topics:

- Is the skill cluster (based on Bendigo Loddon PCP 'data') relevant to staff role in coordinating and planning activities?
- Are staff currently accessing training related to these topic areas?
- What are the barriers to staff accessing training?
- What factors would support staff to access training?
- What is the most appropriate delivery model for this skill cluster?

A questionnaire was developed and used in face to face or telephone interviews with managers, staff and volunteers (See Appendix A for a copy of the questionnaire for Managers/Coordinators and Appendix B for PAG staff and volunteers survey tool). All staff and volunteers interviewed were provided with background information about the project (See Appendix C).

3. FINDINGS

3.1 Management/Coordinators Feedback

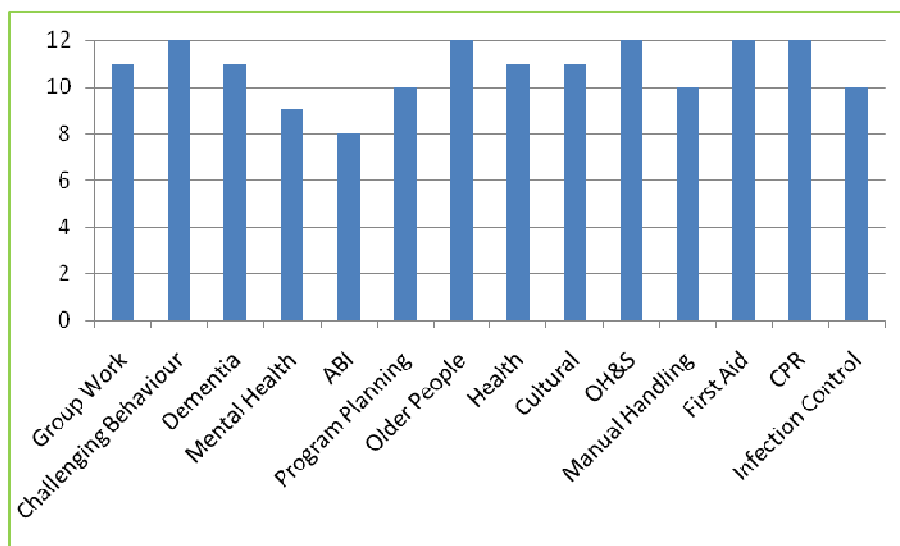
Twelve managers/coordinators of PAG programs were interviewed. All agencies in the Bendigo Loddon PCP catchment area were represented in this sample.

3.1.1 Training Needs

All organizations have Certificate III in Home and Community Care (HACC) or an equivalent (such as Certificate III in Aged Care or Certificate III in Disability) as a minimum qualification for PAG staff. In addition, coordinators and other staff involved in planning programs were being encouraged to complete the Certificate IV or Diploma in Lifestyle and Leisure because of the programming specific units contained within these qualifications. Many respondents acknowledged that the information provided was a snap shot of current training needs, and that this may alter significantly if there was a turnover of staff and new staff had not yet completed the minimum qualification. In addition, agencies highlighted changes in service delivery approaches that may also have implications for future training needs. For example, AMICUS may be working with clients with higher needs in the future which will have implications for the skill base required of staff. Additional personal care skills may be required, for example assisting with toileting.

The following provides an overview of Managers/Coordinators' views on which skills/knowledge areas were perceived as relevant to PAG staff.

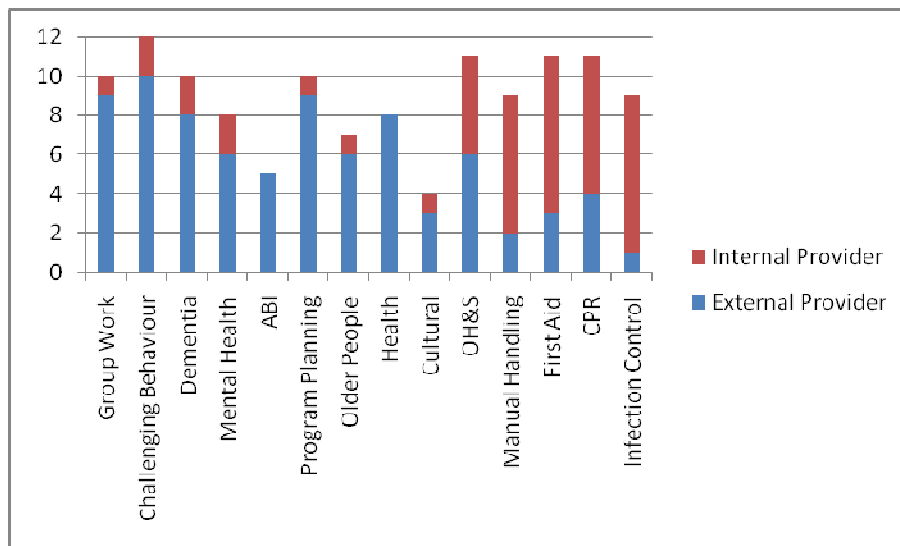
Figure 1: Relevancy of Skill area to PAG staff according to Managers/Coordinators.



Feedback from managers/coordinators validated the relevancy of the skills and knowledge identified from the previous study as being core skills for working in PAG programs. A vast majority of respondents also suggested that submission writing was not relevant for general staff, but certainly relevant for coordinators or managers.

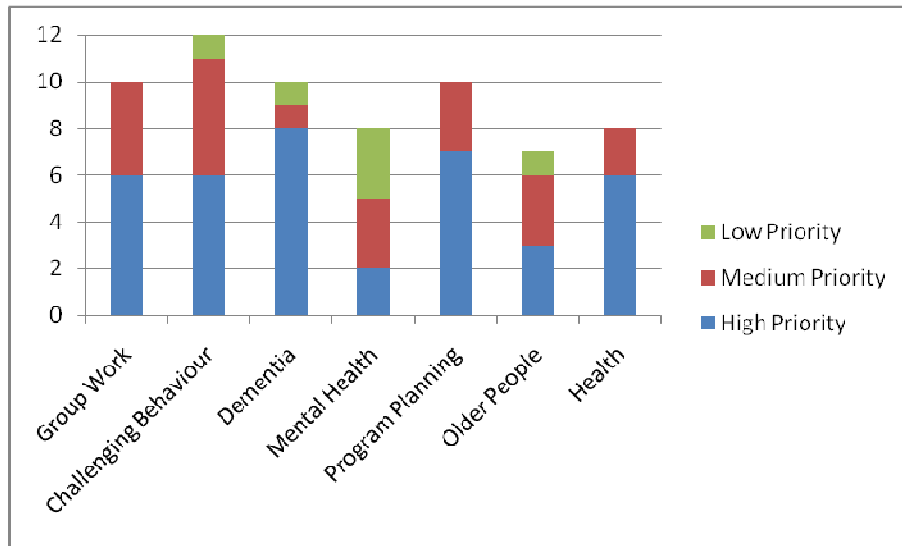
Managers/coordinators were asked to indicate if they believed their staff required training in the core skill areas and whether this training is currently delivered by their own organization (internally) or whether it is or would be sourced by an external training provider.

Figure 2: Training needs of PAG staff according to Managers/Coordinators and the source of delivery.



The skill areas that over 50% of respondents suggested their staff required training in, and that would be sourced through an external training provider was Group Work and Facilitation Skills, Dealing with Challenging Behaviours, Dementia, Mental Health issues, Program Planning and Evaluation, Working with Older People and Promoting Health and Well being in Older People.

Figure 3: Training needs stated as being provided externally and according to Managers/Coordinators perception of priority.



As indicated in Figure 3 the skills viewed by Managers/Coordinators as being a higher priority of need were Group Work and Facilitation Skills, Dealing with Challenging Behaviours, Dementia, Program Planning and Evaluation and Promoting Health and Well Being in Older People.

Five other skills were also suggested as areas where staff required training but were also cited as those areas that were more likely to be delivered internally by the organisation. These skills generally related to compliance issues and included Occupational Health and Safety, Manual Handling, First Aid, CPR and Infection Control.

Though Cultural Awareness was recognised as a core skill for PAG staff, it was not reported as an area of high training need. A consistent comment made by respondents in relation to Cultural Awareness training was that currently very few PAG participants were from a culturally and linguistically diverse background (CALD). The exception being participants attending PAG programs based at the Bendigo and District Aboriginal Co-operative. Respondents felt that because of the low number of participants with CALD backgrounds it was not viewed as a high priority area of training need. It is not clear whether the low numbers of CALD participants in PAG's is only related to a lower number of people from CALD backgrounds living in the City of Greater Bendigo and the Loddon Shire, or if participation is also influenced by access issues. Similar comments were made in relation to the number of clients with ABI that were currently participating in PAG programs.

Additional comments by respondents included:

- Group Work and Facilitation Skills, Program Planning and Evaluation and Occupational Health and Safety units should include examples of activities that are centre based and “out and about” activities.
- Training should include social inclusion and how to engage people who may not “want to initially get involved “ in planning processes
- Training related to Promoting Health and Well Being in Older People needs to include a focus on nutrition and physical activity and the challenge in supporting self determination while offering alternatives to clients.
- The content of Program Planning and Evaluation needs to be based on a client focused participatory approach and explore both current and future needs of participants in PAG programs
- The content of Program Planning and Evaluation needs to be linked to the Department of Human Services guidelines

The following outlines additional areas where PAG staff require training as stated by Managers/Coordinators:

- Professional boundaries (5 respondents)
- Documentation and writing client notes/case plans (4 respondents)
- Information technology, particularly in relation to data systems (4 respondents)
- Grief and loss (2 respondents)
- Palliative care (2 respondents)
- Advocacy training (1 respondent)

The comments made in reference to the need for training in documentation and writing case notes/case plans were based on the recognition of the importance of meeting accreditation and the National HACCC Standards requirements in relation to care planning.

Though some Managers/Coordinators mentioned medication as a potential training need, a majority stated that this was not an area they currently wanted training in but rather was an area that required further discussion within the sector.

Special Note:

The PAG programs offered at Bendigo Health focus primarily on Strength Training. Facilitators of these programs are employed on a casual basis and are required to be qualified fitness instructors (Certificate III in Fitness, including an elective on delivering recreational programs to older adults). A physiotherapist develops the program that is delivered by the Fitness Instructor. The casual employment basis of staff and structured nature of the PAG programs has implications for staff skill base

and training needs. Staff are encouraged to access training to broaden the breadth of their skills and knowledge base.

Vision Australia offers a vast range of training in-house for all staff and volunteers. This includes both an induction program and ongoing updates every 12 months. In addition to the training areas that many agencies delivered internally, Vision Australia also delivered the following compulsory training topics: -Vision impairment induction, Food Hygiene, CALD and harassment and bullying training. CALD and harassment and bullying training are also compulsory for volunteers.

Volunteers

Four of the 10 service providers stated that they did not currently use volunteers. Most volunteers are over 50 years of age. There are a small number of young volunteers, some of whom participate in the program as a career path to paid work. Volunteers are encouraged to undertake training but it was acknowledged that there was minimal uptake, beyond compulsory areas. Often compulsory areas related to compliance issues, such as First Aid and Occupational Health and Safety. Respondents suggested that the low uptake was partly related to a lack of confidence and partly due to the reasons for volunteering. A majority of volunteers are retired and their motivation was based on a desire to “give back to the community”. Hence their interest was in attending the PAG program, rather than attending training. The most common topics covered in induction programs for volunteers included:

- Occupational health and safety (including fire and evacuation)
- Manual Handling
- Food handling
- Working with older people (understanding the ageing process and treating clients with respect)
- Infection control
- Transporting clients
- First aid

Apart from First aid, this training was not assessed or linked to nationally accredited units of competency. Generally respondents felt that volunteers were not interested in accredited training and undertaking assessments. Respondents also acknowledged that there is sometimes a “grey line between participant and volunteer.”

3.1.2 Delivery Model

Eight of the 12 managers/coordinators stated that they viewed accredited training as a high priority, one as medium priority and one as a low priority. Two stated that it would depend upon the topic and staff member.

A vast majority of respondents stated PAG staff would prefer face to face delivery. Hard copy workbooks that people could complete at their own pace were viewed as

viable if seen to complement face to face delivery. One respondent (outside of Bendigo) suggested video conferencing as a delivery method that would assist with removing the barrier of distance while maintaining the interaction that staff value and state as being critical to their learning.

Common feedback from managers/coordinators in relation to delivery included:

- Face to face is easier
- “Training has to be very relevant and practical. Need to be able to use what you learn in your day to day work.”
- Important to mix with people from other agencies to hear their ideas as it “enriches the training”. Networking is important to reinforce you are not working in isolation.
- Off campus is more difficult even if you are capable and motivated
- Many staff are not ‘IT’ literate
- Online delivery can be a very isolating experience

One respondent stated that online delivery and workbooks was positive in that it provided an opportunity to study in your own time. This is particularly relevant given work commitments and difficulty experienced in “getting time off work”. However, the manager also stated that if the topic related to working with people it would be important to have face to face delivery with a practical focus.

Figure 4: Manager/Coordinator preferences in relation to preferred day for training delivery

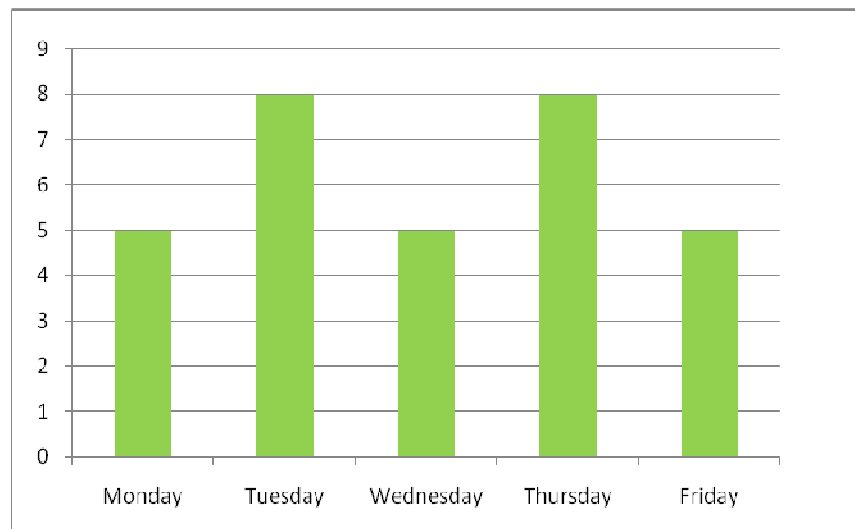
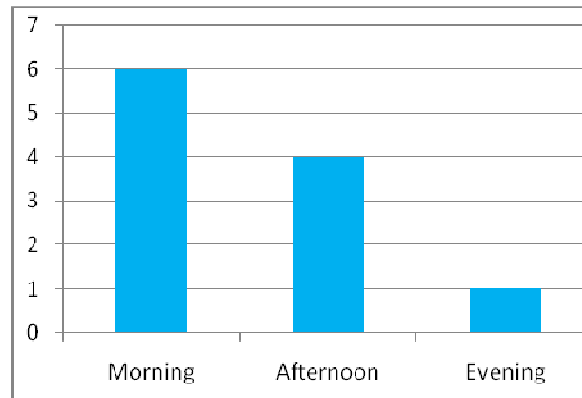


Figure 5: Manager/Coordinator preferences in relation to preferred time of delivery



All managers preferred weekdays for training. Even though some PAG programs operate on weekends, it was suggested staff would still prefer to attend training on a week day. Generally participants preferred to attend training during the day. One respondent stated between 9 am and 3 pm, while another stated after 2 pm as suitable times for training. There was a vast array of responses in terms of the most preferred day and whether a morning or afternoon session would be preferred. However, there appears to be a preference for mornings on either a Tuesday or Thursday. Two managers did not cite any particular days or times as being preferable because they felt it would vary from among workers. Consideration may need to be given to delivering the same training topic at different times to increase access to training.

Barriers

Managers stated that one of the most significant barriers to staff attending training was the availability of appropriate staff to back fill. One respondent stated that though they had developed a pool of staff to provide back fill, the turnover still resulted in some difficulty. Two respondents also stated that the cost of back fill was an issue. This reinforced the need to ensure participants are given sufficient notice in relation to future training events.

Another consistent theme was that travel beyond 1 hour would be considered as a barrier. It was also suggested that staff are more likely to travel as a group than individually, even though this could create further difficulties with meeting back fill requirements. Managers also acknowledged the importance of networking with staff from other PAG programs. Suggestions from respondents included organizing a mixture of local and Bendigo based training events. It may also be feasible to begin with separate training days that conclude with a combined day to facilitate networking across the sub-region. Serpentine was suggested as the preferred location for training for staff employed by Loddon Shire. The marketing of the program was also recognized as important. There was a need to get people excited about training to encourage them to attend.

Other factors stated as potential barriers included:

- Work commitments (5 respondents)
- Confidence of staff (5 respondents)
- Cost of training (4 respondents)
- Family commitments (2 respondents)
- Time of training (2 respondents)
- Travel costs (2 respondents)

Organisational Support

All respondents confirmed there was significant support for staff and volunteers to attend training. This included registration fees, back fill, accommodation, time attending and travelling to training and travel costs. The proviso was that the training topic was viewed by management as relevant and important to the staff members' job role and that there were sufficient funds available in the organization's professional development budget. Many organizations also supported a shared approach to covering the cost of attending training. The assumption was that this would promote a stronger commitment and valuing of training by the participant.

The following are additional comments made in relation to delivery model:

- A majority of the respondents stated that the training needs to be practical and "hands on"
- Training needs to be relevant to the staff work role. Two respondents stated that though the HACC Training Calendar is valuable it tends to focus on the one on one role of HACC workers. PAG workers tend to work in a group and this should be reflected in training delivery content.
- Important to involve supervisors in assessment as it facilitates the integration of learning into practice
- Assessment also needs to be linked to current work practice
- Two respondents stated that it was important to include processes in the delivery model that supported the dissemination of information and integration of learning in the training participant's workplace. Suggestions included supervisors completing a report as one assessment task, provide agencies/supervisors with a list of tips to assist participants to integrate learning into workplace, for example including questions in supervision or staff appraisal processes

3.2 Staff Feedback

Eleven staff were interviewed. Bendigo Health is the only agency not represented in this sample.

Background Information

Nine of the staff interviewed were employed on a part time basis in PAG programs and two on a casual basis. Ten of the eleven respondents were over 50 years of age (three of these were over 60 years of age). A majority of staff had either been working in the PAG program for over ten years or were new to the program (employed for less than two years).

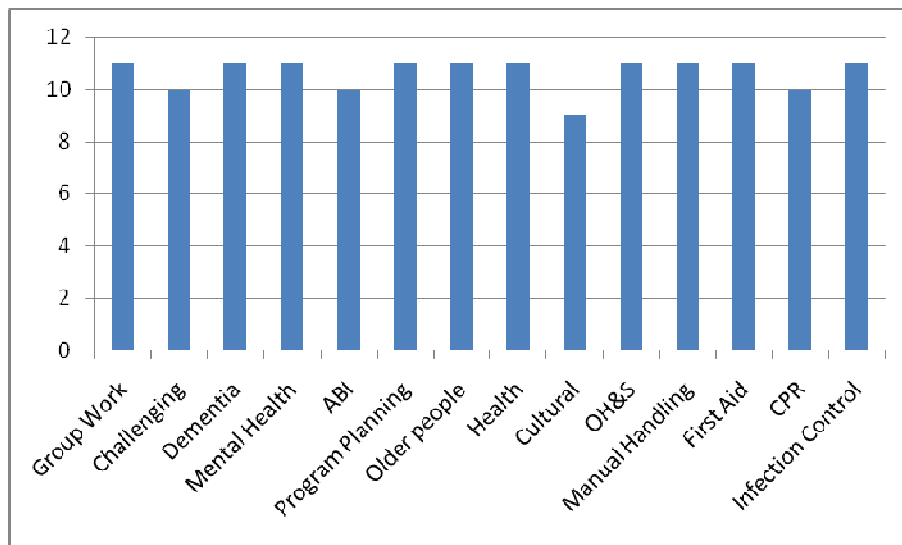
Staff had completed a range of qualifications with the most common being the Certificate III in HACCC and Certificate III in Aged Care. The most common professional development activity attended by staff in the last twelve months was Dementia Training.

3.2.1 Training Needs

Many respondents acknowledged that other PAG staff may have different training needs, particularly those that were new to the program area and had not yet completed the minimum qualification. It was felt that their need for training in the core areas would be higher.

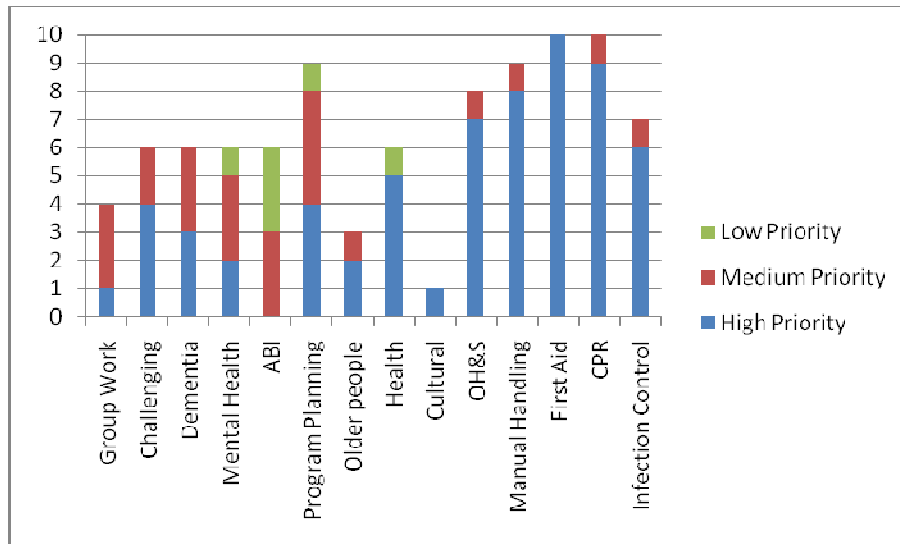
The following provides an overview of staff views on core skill areas for PAG work.

Figure 6: Staff perspective on relevancy of Skill area to PAG staff core skill base.



Feedback from staff validated the relevancy of the skills and knowledge identified from the previous study as being core skills for working in PAG programs. A vast majority of respondents also suggested that submission writing was not relevant for general staff, but certainly relevant for coordinators or managers.

Figure 7: Staff perspective on training need and priority.



The above data indicates that the skills related to compliance were rated highest in terms of both training need and priority by PAG staff. This includes Occupational Health and Safety, Manual Handling, First Aid, CPR and Infection Control. These are also the areas that are predominately delivered in-house by organisations.

Program Planning and Evaluation was also rated as an area of high training need. Additional comments by respondents emphasised the need for training to cover:

- Developing a good understanding of your local community, their values and interests
- Developing strategies for engaging with and meeting participant needs
- Being flexible and responsive to different PAG groups

The lower rating associated with Dementia training may have been influenced by the high number of respondents who had already attended this type of training in the past 12 months. A majority of respondents stated that this was a very important skill and knowledge area for PAG staff.

Similar to manager feedback, staff felt that though ‘Cultural awareness’ was important, because of the low number of participants with CALD backgrounds it was not viewed as a high priority area of training need. Again the exception was in relation to the PAG programs delivered by staff at the Bendigo and District Aboriginal Co-operative.

Staff believed that understanding the ageing process and having appropriate attitudes for working with older people ('Working with older people' unit) were critical but that many of them had already covered this in previous training and felt confident in this area.

Nutrition and promoting a healthy lifestyle was acknowledged as important and often required a subtle approach by staff. Respondents suggested that the unit on Promoting health and well being in older people needs to incorporate skills or ideas on how to promote healthy eating and a healthy lifestyle while respecting client self determination.

The following outlines additional areas where PAG staff stated they required training:

- Documentation, case file notes and assessment (5 respondents)
- Information Technology (3 respondents)
- Professional boundary setting (2 respondents)
- Teaching PAG participants IT skills (1 respondent)
- Food handling (1 respondent)
- Grief and loss (1 respondent)

Similar to feedback from managers/team leaders the comments made in reference to the need for training in documentation, assessment and writing case notes/case plans were based on the recognition of the importance of meeting accreditation and the National HACCC Standards requirements in relation to care planning.

Staff who attended the Loddon Mallee PAG Network conference early in 2008 were extremely positive about this experience. They stated that it was an excellent opportunity to hear new ideas and gather new resources. The conference was viewed as an important 'training' event that they would be eager to participate in again. As the conference is a two day event held bi-annually it is important to consider the amount of training that PAG staff might on a practical level be able to participate in during the same year the conference is held.

3.2.1 Delivery Model

A majority of staff (seven) interviewed stated that accredited training was a high priority. Three stated that it was a medium priority and one stated that it was a low priority. Generally staff felt that accredited training was important because it provided a benchmark or standard to assess skill and knowledge level against, rather than merely attending training. There was also the satisfaction associated with achieving a certain level of competency. As one respondent stated they were "proud of their bit of paper". It was also acknowledged that the 'topic' may influence whether they viewed accredited training as important or not, and possibly younger staff may value accredited training more.

Delivery method

All respondents stated their first preference would be face to face delivery. In addition, eight staff members stated that written workbooks that people could complete at their own pace were viewed as suitable if seen to complement face to face delivery. Three respondents stated that they would be prepared to complete training via online delivery, if it included a component of face to face delivery. One person stated that a small group (of 12) would be suitable.

Another consistent theme from staff about the benefits of face to face delivery related to the positive value associated with networking with other people and the subsequent sharing of information, ideas and experiences. As one respondent stated “sharing our knowledge is a good learning tool”. Another respondent stated that it was important to tap into other peoples’ resources to maintain “freshness and a positive attitude”. Another common response from staff was that face to face delivery provided them with more opportunities to ask questions and discuss responses. Respondents also suggested that face to face delivery would help to alleviate apprehension associated with participating in training, particularly if training included an assessment component. This is an important consideration given one of the barriers stated by both managers and staff related to their confidence to attend training.

In addition, some respondents stated that the delivery model needed to incorporate strategies to build participant skills and confidence to use work books.

Figure 8: Staff preferences in relation to preferred day for training delivery

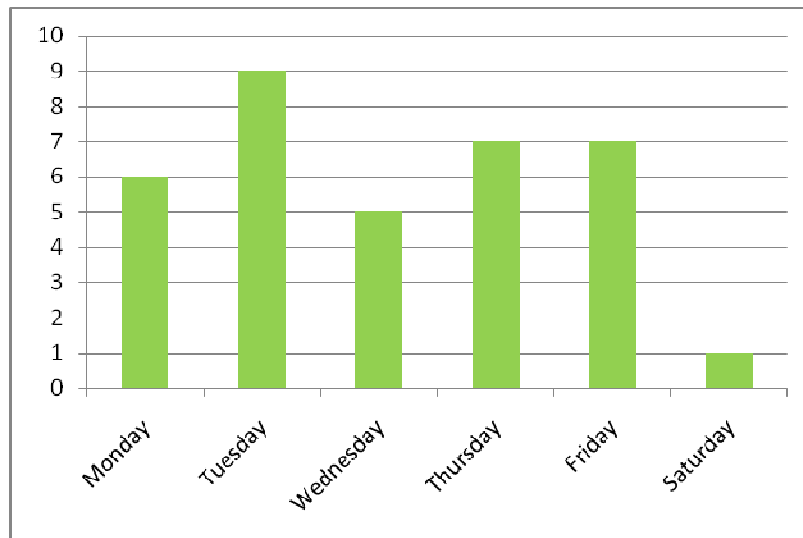
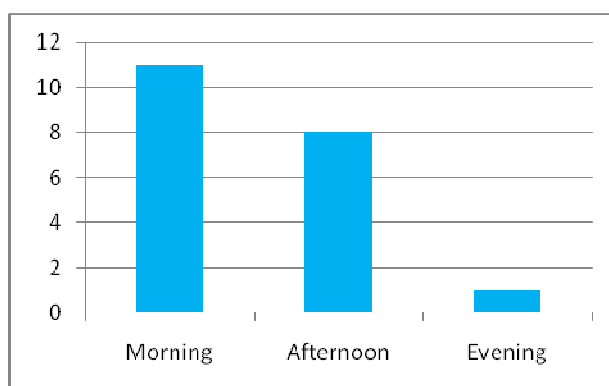


Figure 9: Staff preferences in relation to preferred time of delivery



Generally weekdays were preferred to weekends. Staff stated that even if they undertook paid work on weekends they would prefer **not** to access training during this time. The most common day cited as being preferable was Tuesday, though the responses were relatively evenly spread across all weekdays. Generally participants preferred to attend training during the day. Mornings were suggested by a majority of staff as being preferable as “you are fresher”. However some staff stated they would only be able to attend after the PAG program finished (after 3 pm).

Barriers

One of the consistent themes from staff related to work load commitments and the difficulty therefore in being able to access training. This is particularly relevant given most staff were employed on a part time basis or were employed to work across a range of programs. The second most significant barrier was the difficulty in getting appropriate staff to back fill them while they attended training. Both issues support the need to ensure staff are given sufficient notice of training events in order to assist in organizing rosters, workload and backfill. Other potential barriers included:

- Cost of training (3 respondents)
- Low confidence / self esteem (3 respondents)
- Child Care (2 respondents)
- Time (1 respondent)
- Location of training (1 respondent)
- Low literacy/Jargon (1 respondent)

Bendigo staff generally attended training in Bendigo and therefore did not see travel or location of training as an issue. One participant stated that they had travelled from Bendigo to Serpentine and that this was reasonable in that 45 to 50 minutes of travel was acceptable. Two respondents stated that a barrier would be travelling at night. They would be prepared to travel to Bendigo from the Loddon Shire if no night time travel was required. Their concern related to accidents involving kangaroos.

Attending training with another staff member from their agency was also suggested as building a participants' confidence

Organisational Support

All staff interviewed confirmed that there was significant support from their employers to attend training. This included registration fees, time attending and travelling to training and travel costs. The proviso was that the training was viewed by management as relevant and important to their job role and that there were sufficient funds available in the organizations' professional development budget.

Additional Feedback in relation to delivery model

The most common comment made by respondents was that training needed to be "practical, hands on" and "dynamic", including demonstrations that assist participants to relate theory to current work practice. The following are additional comments that respondents made in relation to the delivery model:

- Acknowledge that different people learn in different ways
- Acknowledge work life balance
- Acknowledge most current workers have not attended accredited training for a long period of time
- Feedback is important (including the opportunity to give feedback about the facilitator, content and overall quality of the training program)
- Need to include workbooks so participants can concentrate on material being presented rather than taking notes. These also provide an opportunity to reinforce learning if participants are required to refer back to workbook after the completion of training. Also valuable to have access to additional reading or a reading list.

3.3 *Volunteers Feedback*

Seven volunteers from the six agencies were interviewed. All volunteers interviewed generally stated that they volunteered because of their interest in working with aged people, enjoyed older peoples' company and wanted to "give something back to the community".

A majority of volunteers participated in an induction training program when they first became a volunteer. The most common topics covered in induction programs included:

- Occupational health and safety
- Manual Handling (including the transporting of clients)
- Food handling
- Working with older people (understanding the ageing process and treating clients with respect)
- First aid

These topics reflect the most common training areas that respondents participate in on an ongoing basis. Some of the areas were compulsory upgrades (such as food handling, First aid, manual handling and occupational health and safety) and based on compliance and quality assurance policies. Dementia was also mentioned as an area of interest. Generally volunteers did not feel that a number of the training topics were relevant to them. Rather they felt their role was to be guided by staff. Hence topics like program planning and evaluation, group work and facilitation and submission writing were not seen as relevant or of interest. Important to note there was the odd exception. As one volunteer stated "you do not have to be an expert but it is important to have an understanding as it helps you work better with clients". Volunteers who attended the Loddon Mallee PAG Network conference early in 2008 were extremely positive about this experience.

Volunteers stated that they were given opportunities and encouraged to participate in training on an ongoing basis. Accredited training was not viewed as a priority by a majority of volunteers. One volunteer stated that other volunteers would be "scared of tests" and though he would be interested in accredited training many of the older volunteers would not. This was confirmed by the other volunteers interviewed.

All volunteers stated they preferred face to face delivery. One respondent stated they would not be interested in completing a workbook, and another two stated they

would not be interested in online delivery. A majority were not interested in training that involved assessment (the exception being First Aid Training).

Comments in relation to the positive components of face to face delivery included:

- “Any training is helpful”
- “Going to training is more about being there and learning a little more knowledge”
- “Not sure about my ability to do assessment tasks”

Generally weekdays were preferred to weekends and daytime to evening sessions. Cost is the most significant factor or barrier to attending training. However, a number of respondents reinforced that their main focus was attending the day program rather than attending any training.

Organisational Support

Volunteers were aware that the organization provided some training in-house and were prepared to support them to attend other training such as that provided by the HACCC Regional Training Program.

4. SUMMARY AND RECOMMENDATIONS

4.1 *Training Needs*

In 1991 The HACC national service standards were introduced to provide agencies with a common reference point for internal quality controls by defining particular aspects of service quality and expected outcomes for consumers in seven key areas:

1. Access to Services
2. Information and Consultation
3. Efficient and Effective Management
4. Coordinated, Planned and Reliable Service Delivery
5. Privacy, Confidentiality and Access to Personal Information
6. Complaints and Disputes
7. Advocacy

The Standards are in all service agreements and monitoring and compliance with the Standards is a major part of service reviews. Embedded within the National HACC Standards is an emphasis on service coordination; the provision of a smooth and seamless pathway between services for consumers. Service coordination places consumers at the centre of service delivery. Since 1999-2000 one of the main vehicles for improving service coordination in the Victorian community care sector has been Primary Care Partnership initiatives. HACC agencies have been supported by their local PCP through the development of tools to assist with local protocols, practices, processes and systems to ensure effective service coordination. The key elements of service coordination are initial contact, initial needs identification, assessment and care planning. It is critical that these standards and benchmarks are embedded in the training delivered to PAG staff. As previously highlighted in Section 3 of the report, the skills and knowledge associated with documentation, assessment and care planning were also identified by both managers and staff as areas where further training was required.

Current Victorian Government policy reinforces the importance of aged care service delivery being based on a person centred and participatory approach. Both the Active Service Model and Well for Life initiatives highlight the shift from a 'dependency' model to a 'restorative' and 'capacity building' model². The Active Service Delivery Model is based on the premise that clients have the potential to make gains in their well being and the HACC service system can improve its capacity to support this. The Well for Life initiative aims to improve nutrition and physical activity for frail older people through HACC funded social support services

²Speech by Jeannine Jacobson, Manager HACC and Assessment, Department of Human Services Victoria, 11th April 2006

and public sector residential care services. The basis of these policy initiatives involves a:

- Strength focused approach, aimed at building the older person's capacity to improve their functioning
- Holistic-person centred approach to care, whereby the client is viewed as a partner and having the ability to actively participate in making decisions about and implementing their own care plan
- Health promotion focus

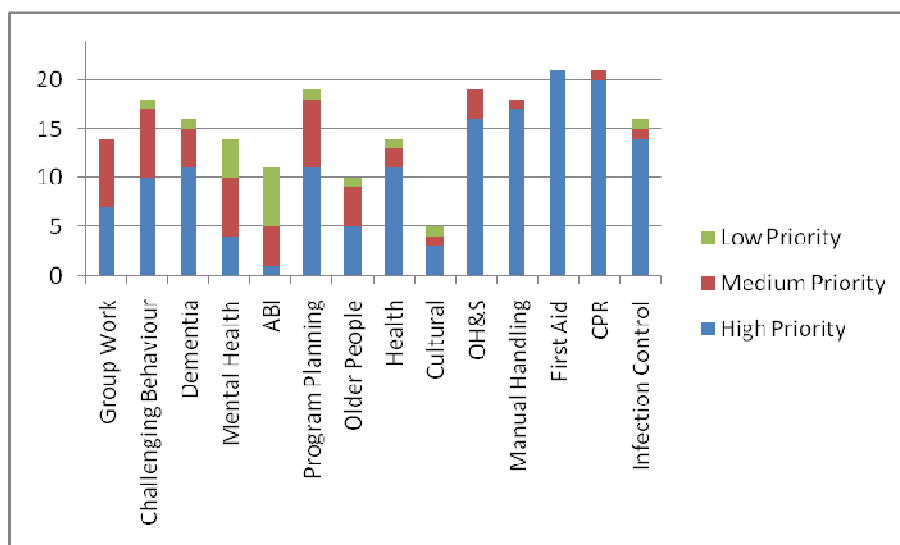
It is important that the above approaches also underpin all training delivered to PAG staff. This framework emphasises the client as active planners and organizers of the service or program being delivered.

A vast majority of both managers/coordinators and staff validated the following as core skills for staff working in PAG programs:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours including dementia, mental illness and ABI.
- Program Planning and Evaluation
- Working with Older People
- Promoting Health and Wellbeing in Older Persons
- Cultural Awareness
- Occupational Health and Safety including Manual Handling, First Aid, CPR and Infection Control

There was strong support for training to be based on accredited units of competency. Therefore the above core skills have been mapped to accredited units in the Health (HLT07) and Community Services (CHC08) Training Packages (see appendix 4 for mapping of skill/knowledge areas to accredited units of competency). A vast majority of respondents also suggested that submission writing was not relevant for general staff, but certainly relevant for coordinators or managers.

Figure 10: Staff and Managers rating of current training need and priority



All respondents acknowledged the need to continue to be innovative and responsive to the needs of consumers. The responses from managers/coordinators and staff was similar for Mental health issues, ABI, Program planning and evaluation, Occupational, health and safety, Manual handling, First aid, CPR and Infection control. The responses from Managers/coordinators was slightly higher for Group work, Challenging behaviours, Dementia, Working with older people and Cultural awareness training in relation to their perception of training need.

Though Cultural Awareness was recognised as a core skill for PAG staff, it was not reported as an area of high training need. A consistent comment made by all respondents in relation to Cultural Awareness training was that currently very few PAG participants were from a culturally and linguistically diverse (CALD) background. The exception being participants attending PAG programs based at the Bendigo and District Aboriginal Co-operative. Respondents felt that because of the low number of participants with CALD backgrounds it was not viewed as a high priority area of training need. It is not clear whether the low numbers of CALD participants in PAG's is only related to a lower number of people from CALD backgrounds living in the City of Greater Bendigo and the Loddon Shire, or if participation is also influenced by access issues. Similar comments were made in relation to the number of clients with ABI that were currently participating in PAG programs.

It was recognised by those interviewed that within the broader HACC target population there are some special needs groups that require additional attention to ensure appropriate access and service delivery is provided. These include people:

- From culturally and linguistically diverse backgrounds
- From Aboriginal and Torres Strait Islander backgrounds
- With mental health issues

- With dementia
- With a disability
- Living in remote and isolated areas and so on

Regardless of numbers, HACC services have a commitment and requirement to ensure their services are able to be used by all members of the HACC target group on an equitable basis. Though Cultural Awareness was not reported as an area of high training need, it may be appropriate to incorporate skills relevant to working with this and other special need groups in other higher priority training areas, such as Program planning and evaluation.

The skills viewed by over half the respondents as being a higher priority of training need and required to be delivered by external providers were; Group work and facilitation skills, Dealing with challenging behaviours, Dementia, Mental health issues, Program planning and evaluation and Promoting health and well being in older people.

Five other skills were suggested as areas staff required training in but were also cited as those areas that were more likely to be delivered internally by the organisation. These skills generally related to compliance issues and included Occupational health and safety, Manual handling, First aid, CPR and Infection control.

Additional areas cited by several respondents as skills that staff required training in were:

- Documentation, assessment and case file notes/care plans
- Professional boundaries
- Information technology skills in relation to data collection

Currently the Loddon Mallee HACC Training Calendar includes training in some of the areas identified as priority areas of training need. These include:

- Dementia
- Cultural awareness
- Occupational health and safety, manual handling and risk assessment
- Active Clients – Active Choice
- Professional boundary setting

In addition, Bendigo Health deliver a range of ABI training events aimed at developing staff ability to identify common features of ABI, identify common barriers to establishing and maintaining working relationships with people with ABI and applying strategies to overcoming these barriers.

Feedback from volunteers, managers and staff indicated that a majority of volunteers are unlikely to participate in formally accredited training. However, it is important that agencies continue to support and offer opportunities for volunteers to expand their skill and knowledge base.

4.2 Training Delivery Model

Demographic data gathered indicated that a significant majority of PAG staff have extensive life and work experience. The model of training delivery needs to reflect this by encouraging participants to apply for recognition of prior learning. In addition the training needs to reflect adult learning principles and focus on encouraging participants to share their knowledge and experience while providing opportunities for extending their knowledge and skill base.

Consistently both staff and managers reinforced that the value of training was partly based on peer education and networking. Therefore the model of delivery needs to be based on face to face delivery complemented by learning guides. Additional support may be required by some participants to increase their confidence and ability to use self paced learning resources. Participants may be encouraged to submit activities in workbooks on an ongoing basis to receive timely feedback (rather than only when they complete assessment tasks at the end of the training program).

Another significant theme presented by both managers and staff related to the need for training to be practical and relevant to the PAG work context. In particular, content needs to reflect the group as opposed to one to one focus of PAG work. In addition respondents emphasised the need for the model of delivery to incorporate strategies that facilitate the integration of ongoing learning into work practice. Ensuring that the training is practical and relevant to the participants' work contexts will assist integration of learning into participants' day to day work practice. Additional strategies include:

- Role plays and work based projects as examples of practical exercises that are both more engaging and facilitate learning by doing
- Development of learning activities that encourage participants to reflect on their learning subsequent to completing training workshops. This could include a critical reflection session with the training facilitator (either face to face or over the phone). Alternatively participants may be required to complete a reflective journal or critical reflection session with their workplace supervisor as an assessment task.
- Participating in an activity within the face to face delivery component of training that enables participants to see the relevance of research (evidence based practice) and that encourages them to continue to search for evidence on an ongoing basis
- Providing workplace supervisors with a list of tips for assisting their staff to integrate learning from training into practice. This will act as a reminder to supervisors about their critical role in supporting staff to integrate their learning into their day to day practice.

- Trainers emailing team leaders and training participants for feedback about any change in the staff members practice. This could occur one month after the face to face delivery component of training has been completed.
- Discussing during training some of the resistance participants may experience in integrating new ideas and approaches into their workplaces and strategies for supporting change of practice

Educationalists also acknowledge that integration of learning into the workplace (or behavioural change) requires attitudinal change. Training therefore needs to challenge participants' beliefs and attitudes as well as having a practical focus on skills. An evaluation of the training program should incorporate feedback on the strategies implemented to assist in the integration of learning into practice.

Tuesday followed by Thursday was the preferred days for face to face delivery. There was also a preference for morning sessions.

The most significant barriers to PAG staff being able to attend training were work load, part time employment base and back fill issues. Advanced notice and delivering training at different times and at different locations will improve the ability of PAG staff to access training. Further investigation into video conferencing as an alternative to face to face delivery may be warranted. A consistent theme was that travel of less than one hour duration would not be perceived as a barrier. If Bendigo and Serpentine were used as the locations for face to face training events, all PAG staff in the City of Greater Bendigo and the Loddon Shire would have access to training within one hour of travel from their workplace.

All respondents confirmed that there was significant support for staff and volunteers to attend training, if relevant to the PAG staff role and if there was sufficient funds available in the organisation's professional development budget. However, as support was partially based on available funds and some staff and managers commented on cost being a barrier to attending training, Bendigo Loddon PCP may consider assisting organisations with the cost of staff attending training. This strategy would be consistent with the responsibility PCP's have to assist the capacity building of member organisations.

4.3 Recommendations

Recommendation 1

It is recommended that organisations delivering PAG programs in the City of Greater Bendigo and the Loddon Shire endorse this report and that the findings that the following core skills and knowledge are confirmed as highly relevant and important for the PAG staff job role:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours

- Dementia
- Mental Health Issues
- ABI.
- Program Planning and Evaluation
- Working with Older People
- Promoting Health and Wellbeing in Older Persons
- Cultural Awareness
- Occupational Health and Safety including Manual Handling, First Aid, CPR and Infection Control

A significant majority of PAG staff have extensive life and work experience. Providing an effective training program needs to include opportunities for current skill levels of staff to be recognised. This would then ensure subsequent training focuses on new skill development.

The Victorian Government recently introduced Skills Stores in both metropolitan and rural regions across the state. The service has been designed to make Victoria's vocational education and training system accessible and easy to understand. Their main aim is to assist individuals to gain recognition of their current skills and provide guidance on how to best update, improve or achieve a qualification. The Skills Store consultant assists individuals to identify skills that can be mapped to nationally accredited units and then refers them to a RTO to have the skills formally assessed. All Skill Stores services are free of charge. There may be fees associated with the assessment process by the RTO.

Recommendation 2

It is recommended that the Loddon Mallee Regional HACC Training Coordinator encourage PAG staff to approach local Skills Stores to complete a recognition of current competency (RCC) assessment. The aim is to formally recognise the skill and knowledge level of staff and to ensure that future training delivery focuses on skill and knowledge gaps. The units of competency that staff would be encouraged to RPL would be those that are either compulsory or electives in the Certificate III in HACC (or an equivalent qualification) or management/service coordination qualifications. Staff may also be encouraged to apply for RPL for those units of competency that have been validated by the research as core skill and knowledge areas. This would support the further development and maintenance of a consistently competent and professional PAG workforce.

Recommendation 3

It is recommended that the Loddon Mallee Regional HACC Training Coordinator incorporate findings from this study in the planning for 2009 HACC Training Program. In particular the focus of discussions would be based on the following areas:

- Inclusion of training needs identified in this report in 2009 HACC Training Calendar
- Further incorporation of the PAG work context in training content (in terms of PAG staff predominately having a group as opposed to individual service delivery approach)
- Facilitating the link between HACC Regional Training Calendar and 'in-house' training delivered by local agencies and accredited training

In order to facilitate a link from HACC Regional Training Calendar and 'in-house' training delivered by local agencies to accredited training a partnership arrangement will need to be established with a RTO. The aim of the partnership will be to establish a strategy for supporting PAG staff to complete accredited units of competency mapped to current 'in-house' training and training delivered as part of the HACC Regional Training Calendar. The strategy would include both off-campus workbooks and/or RCC processes. Other key stakeholders, including organisations that deliver PAG programs, would also need to be involved in the development and implementation of the 'strategy' and the sourcing of funding options. Accredited training would be mapped to the following areas:

- Occupational health and safety (including risk assessment)
- Manual handling
- Infection control
- Dementia
- Cultural awareness

The responsibility for ongoing marketing and promotion of this initiative would be shared by the RTO, organisations delivering PAG programs and the HACC Training Coordinator, Loddon Mallee Region.

Recommendation 4

It is recommended that Bendigo Loddon PCP, in partnership with the HACC Training Coordinator, Loddon Mallee Region, approach a RTO with the view of delivering accredited units of competency that were perceived as a training need and not part of the HACC Regional Training Calendar. This may include:

- Group Work and Facilitation Skills including how to involve and motivate all participants.
- Dealing with Challenging Behaviours
- Mental Health
- Program Planning and Evaluation
- Promoting Health and Wellbeing in Older Persons
- Documentation, assessment and client files/case plans

Training will be based on the delivery of accredited units of competency and the delivery model would incorporate the following key elements:

- Content will be based on a strength focused, holistic centred and health promotion approach
- Face to face delivery complemented by flexible learning guides
- Support for participants to build their skills and confidence to use flexible delivery guides
- Strong practical focus
- Inclusion of strategies for integrating learning into participants' current work practice

Currently there are a vast range of training providers that are being accessed by PAG staff to complete or upgrade their First Aid and CPR competencies. There does not appear to be a gap in training provision. In relation to ABI, a diverse range of training opportunities are currently delivered by Bendigo Health. It may be appropriate to facilitate the distribution of these training events to PAG staff. Currently there is no nationally accredited unit of competency that solely focuses on ABI. The skills and knowledge relevant to working with people with ABI is often one of many skill and knowledge areas that underpin a specific unit of competency.

The location of training should be based on ensuring participants are only required to travel a maximum of one hour within the Bendigo Loddon catchment area, while encouraging a mixture of attendees from different PAG programs to support networking opportunities. Training and dates need to be negotiated in light of those on the HACC Regional Training Program for 2009. The RTO will be required to undertake an evaluation of the training program that includes feedback on the successful integration of learning into participants' work practice.

REFERENCES

Speech by Jeannine Jacobson, Manager HACC and Assessment, Department of Human Services Victoria, at the Ministerial launch of Priorities and Future Direction for the HACC Program in Victoria, 11th April 2006

www.health.vic.gov.au/hacc/downloads/pdf/jacobson_speech_2006haccpriorities.pdf

28/10/2008

APPENDICES

Appendix 1 - PAG Managers' Training Needs Survey

A General Background Information

1. Name:
2. Organisation:
3. Position/Title:
4. Details of current PAG programs including:
 - Number of paid staff and volunteers
 - Minimum qualifications required of staff and team leaders

B Identifying Your Training Needs

5. This section contains a series of skills and knowledge that may be relevant to PAG workers.

	Is this skill relevant to PAG work?	Is training required in this area?	PRIORITY			DELIVERY MODE	
			High	Medium	Low	External	Internal
Group Work and Facilitation skills							
Dealing with challenging behaviour							
Dementia							
Mental health issues							
Acquired Brain Injury							
Program planning and evaluation							
Working with older people							
Promoting health and well being in older people							
Cultural awareness							
Occupational health and safety							
Manual handling							
First Aid							
CPR							

Infection control							
Submission writing							
Other skills and knowledge relevant to your work?							

6. Which areas of training need are provided in-house by your organisation?

.....

.....

.....

.....

C Training Delivery Preferences

7. How important accredited training is to you?

Low priority Medium priority High priority

8. What type of delivery method do you believe would suit staff and volunteers from your organisation:

Please tick one or more of the following boxes:

Attending in a group	
Online training at your own pace	
Written workbook at your own pace	
Work place coaching	
Books	
Other – please specify.....	

Further comments:

.....

.....

.....

.....

9. If a workshop/group forum was organised which days of the week would you prefer? Tick one or more boxes.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

10. If a workshop/group forum was offered what times of the day would you prefer? Tick one or more boxes.

Mornings	
Afternoons	
Evenings	

11. What barriers would there be to you accessing training? (clarify preferred location of training)

Please tick one or more boxes:

Cost of training	<input type="checkbox"/>
Work commitments	<input type="checkbox"/>
Family commitments	<input type="checkbox"/>
Child Care	<input type="checkbox"/>
Availability of back fill	<input type="checkbox"/>
Time	<input type="checkbox"/>
Travel costs	<input type="checkbox"/>
Location of training	<input type="checkbox"/>
Loss of wages	<input type="checkbox"/>
Low literacy	<input type="checkbox"/>
Low confidence / self esteem	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>
.....	<input type="checkbox"/>

12. How does your organisation assist staff and volunteers to access training? E.g. financial, time, transport

.....
.....
.....
.....

13. Are there any other factors that would be important to consider in developing a training program and delivery model?

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.....

Thank you for your time and comments.

Appendix 2 - PAG Staff and Volunteer Training Needs Survey

A General Background Information

1. Name:
2. Organisation:
3. Position/Title:

4. What is your employment status?

Full time Part time casual volunteer

5. How old are you?

15 to 18 years of age

20 to 29 years of age

30 to 39 years of age

40 to 49 years of age

50 to 59 years of age

60 or over

6. How long have you been involved as a worker in PAG?

0 to 2 years >6 to 8 years

>2 to 4 years >8 to 10 years

>4 to 6 years >10 years

7. Current Qualifications:

Name of Qualification	Attained prior to 2006	Attained 2006 - 2008

8. Have you completed any professional development activities in the last 12 months?

.....

B Identifying Your Training Needs

9. This section contains a series of skills and knowledge relevant to PAG worker. Please tick the response that applies best to you.

	Is this skill relevant to PAG work?	Is training required in this area?	PRIORITY			DELIVERY MODE	
			High	Medium	Low	External	Internal
Group Work and Facilitation skills							
Dealing with challenging behaviour							
Dementia							
Mental health issues							
Acquired Brain Injury							
Program planning and evaluation							
Working with older people							
Promoting health and well being in older people							
Cultural awareness							
Occupational health and safety							
Manual handling							
First Aid							
CPR							
Infection control							
Submission writing							
Other skills and knowledge relevant to your work?							

10. Which areas of training need are provided in-house by your organisation?

.....

C Training Delivery Preferences

11. How important accredited training is to you?

Low priority Medium priority High priority

12. What type of delivery method do you believe would suit staff and volunteers from your organisation:

Please tick one or more of the following boxes:

Attending in a group	
Online training at your own pace	
Written workbook at your own pace	
Work place coaching	
Books	
Other – please specify.....	

Further comments:

.....

.....

.....

.....

13. If a workshop/group forum was organised which days of the week would you prefer? Tick one or more boxes.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

14. If a workshop/group forum was offered what times of the day would you prefer? Tick one or more boxes.

Mornings	
Afternoons	
Evenings	

15. What barriers would there be to you accessing training? (preferred location of training)?

Please tick one or more boxes:

Cost of training	<input type="checkbox"/>
Work commitments	<input type="checkbox"/>
Family commitments	<input type="checkbox"/>
Child Care	<input type="checkbox"/>
Availability of back fill	<input type="checkbox"/>
Time	<input type="checkbox"/>
Travel costs	<input type="checkbox"/>
Location of training	<input type="checkbox"/>
Loss of wages	<input type="checkbox"/>
Low literacy	<input type="checkbox"/>
Low confidence / self esteem	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>
.....	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

16. How does your organisation assist staff and volunteers to access training? E.g. financial, time, transport

.....
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.....

17. Are there any other factors that would be important to consider in developing a training program and delivery model?

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.....

Thank you for your time and comments.

Appendix 3 - PAG Training Needs Survey Information Sheet

“Accredited Training for Planned Activity Group Staff”

1. Background:

The Bendigo Loddon Ageing Framework Reference Group (of the Bendigo Loddon PCP) has adopted an Action Plan for 2007-2009. One component of this Action Plan is to resource a Registered Training Organisation (RTO) to provide workforce development in partnership with organisations delivering Planned Activity Group programs in the City of Greater Bendigo and the Loddon Shire. This is to be achieved through the identification of the key training needs of PAG staff and volunteers and the development of a suite of accredited training units. Bendigo Regional Institute of TAFE (BRIT) is currently undertaking the first phase of this initiative.

2. Objectives:

The general aim of this phase of the project is to validate with industry the proposed suite of accredited units and develop a flexible delivery model based on industry feedback. This involves both a consideration of the skills and knowledge individuals already have developed and identification of strategies for addressing the barriers that may prevent individuals from participating in training programs. Ultimately the aim of the initiative is to provide training that will enable PAG staff to provide innovative and diverse activities for social support groups.

“In order for this initiative to be effective it is imperative that team leaders, paid staff and volunteers of PAG programs in the Bendigo and Loddon areas have input into designing the training program.”

Individual interviews will be undertaken with managers, coordinators, paid staff and volunteers of PAG programs in the Bendigo Loddon catchment area. In addition a focus group will be held in Bendigo to validate themes and recommended delivery model arising from individual interviews. The draft content and delivery model for training will also be distributed in hard copy to organisations for feedback and validation.

All participation in this project is voluntary and will remain confidential. Anonymity will be assured. In any publication, information will be provided in such a way that you can not be identified. A report containing recommendations will be forwarded to the Bendigo Loddon Primary Care Partnership for their consideration.

Cheryle Barker

Education Research Officer

Teaching, Learning and Quality Unit

Bendigo Regional Institute of TAFE

P.O. Box 170, Bendigo, Vic., 3552

T (03) 5434 1496 M 0417 591 751 F (03) 5434 1662

E cbarker@britafe.vic.edu.au W www.britafe.vic.edu.au

Appendix 4 - Skills Cluster – Preliminary Mapping to Nationally Accredited Units

Planned Activity Group Training

The following provides a draft sample of the accredited units that may be used to form the skill cluster delivered to Planned Activity Group staff. For those units in the Community Services Training Package (CHC08) nominal hours have yet to be determined by each State.

Content Focus – Group work and facilitation skills

Unit Code	Unit Title	Nominal Hours
CHCGROUP302D	Support group activities	*
CHCGROUP403D	Plan and conduct group activities	*
CHCICS405C	Facilitate groups for individual outcomes	*

Content Focus – Occupational health and safety issues

Unit Code	Unit Title	Nominal Hours
CHCOHS312A	Follow safety procedures for direct care work	*
HLTOHS400A	Maintain OHS processes	40

Note: Risk assessment/management is currently delivered as part of the OH&S units.

Content Focus – Infection control

Unit Code	Unit Title	Nominal Hours
HLTIN301A	Comply with infection control policies and procedures in health work	20

Content Focus – Manual handling

Unit Code	Unit Title	Nominal Hours
HLTCSD305B	Assist with client movement	20
HLTHSE204B	Follow safe manual handling practices	20

Content Focus – First aid

Unit Code	Unit Title	Nominal Hours
HLTFA201A	Provide basic emergency life support ³	8
HLTFA301B	Apply first aid ⁴	18
HLTFA402B	Apply advanced first aid	30

³ Content is commonly referred to as Level 1 first aid.

⁴ Content is commonly referred to as Level 2 first aid.

Content Focus – Responding to challenging behaviours, dementia, mental illness and ABI

Unit Code	Unit Title	Nominal Hours
CHCCS401B	Facilitate responsible behaviour	*
CHCAC319A	Provide support to people living with dementia	*
CHCAC416A	Facilitate support responsive to the specific nature of dementia	*
CHCMH301A	Work effectively in mental health	*
CHCMH402A	Apply understanding of mental health issues and recovery process	*

Note: There currently does not appear to be a stand alone accredited unit on ABI.

Content Focus – Program planning, implementation and evaluation

Unit Code	Unit Title	Nominal Hours
CHCRH402A	Undertake leisure and health programming	*
SRFCFP001A	Deliver an approved community fitness program to promote wellbeing	40

Content Focus – Working with older people and promoting health and well being in older people

Unit Code	Unit Title	Nominal Hours
CHCICS303A	Support individual health and emotional well being	*
SRCCRO009A	Conduct a recreation program for older persons	30
HLTPOP301B	Work effectively in the population health sector	30

Content Focus – Cultural Awareness

Unit Code	Unit Title	Nominal Hours
HLTHIR403B	Work effectively with culturally diverse clients and co-workers	20
HLTHIR404B	Work effectively with Aboriginal and/or Torres Strait Islander people	20

Content Focus – Submission Writing

Unit Code	Unit Title	Nominal Hours
PSPGOV603A	Develop a tender submission	20

Content Focus – Documentation, assessment and client case notes/case plans

Unit Code	Unit Title	Nominal Hours
CHCAC317A	Support older people to maintain their independence	20

Note: A range of other units in the new Community Services Training Package (CHC08) may also be relevant and appropriate.