

A study of the educational experience, professional development, and self assessed training needs of workers in the Home and Community Care Program in the New England Region of NSW, Australia.

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by

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Abstract

This study aims to develop a training profile of workers in the Home and Community Care (HACC) program in the New England region. The profile will act as a tool for planning the provision of training by New England HACC Development Inc. (NEHDI).

The study is based on information collected through a questionnaire that was distributed and collated by NEHDI in July/August 2003. The questionnaire is similar to that distributed by the organisation in 1998. The results of the two surveys will be compared.

The developed profile contains information on workers' educational qualifications, experience in the field, work status (i.e. full or part time), current involvement in education and training, constraints on participation in training and workers' own opinions on the areas in which they require more training or education.

Most workers in the HACC program in the New England region are women and most are employed on a part-time basis.

Acknowledgements

This study was conducted using the resources of NEHDI. I am grateful for the support of management and staff who have assisted me through this process.

An overview of the findings will be presented to the New England Regional HACC Forum in October 2003 and the report will be available on the NEHDI web-page for perusal by workers in the sector.

Introduction

The HACC program is jointly funded by Commonwealth and State Governments. The program aims to provide basic support services to frail aged people and younger people with a disability, and their carers, to enable them to remain living in the community. The services are provided in the clients' homes or in a community setting. The main service types are transport, food services, day/recreational activities, allied health services, community nursing and case management. In the New England region there are sixty-five projects receiving support and training from NEHDI.¹ These projects are operated by community based management committees, local government, or to a lesser extent, New England Area Health Service. A large proportion of the service delivered by the HACC program is generated by the work of volunteers.

The New England region covers 98, 606.13 square kilometres (Australian Bureau of Statistics, 1995: 35). The geographic location of HACC funded projects in the New England region ranges from tiny isolated villages, such as Mungindi and Tambar Springs, to larger rural centres such as Tamworth and Armidale.

New England HACC Development receives funding to provide training for the HACC community in the New England. Training is provided to individuals, to small groups by

¹ This does not include Home Care outlets or HACC funded community nurses. These projects receive training and development support from other sources.

sub-region or service type, or offered to workers across the region. None of this training is compulsory. Fees for training are kept to a minimum and are usually paid by the worker's organisation. If workers need to travel long distances for training, accommodation and sustenance is provided.

Recently all workers in the HACC program in the region were asked to complete a questionnaire regarding their level of qualification, recent participation in educational and training activities, and their own view of their training needs. The questionnaire also asked about specific training sessions that have been run by NEHDI in the past two years and about the constraints on participation in training. NEHDI received 81 responses to the questionnaire.

This study analyses the data collected by NEHDI and compares the findings with a similar study conducted in 1998 (Pugh, unpub.). Chart 3 shows that there has been a substantial change in the HACC workforce with 41 of the 81 respondents having been recruited since 1998.

This study will assist in the planning and delivery of training. As work status, length of employment and gender have been seen, in other studies, as factors that influence the individual worker's participation in training, data has been analysed to assess their influence in this workforce.

As training is, at times, offered to groups based on service type or sub-region, data has also been analysed so as to assess the influence of these factors on participation in training and development.

The report will outline the methods employed in the study, provide detailed findings of the study and make recommendations based on these findings. Appendices contain a copy of the questionnaire and the full diagrammatical representation of the self assessed training needs of the workers.

Methods

The sample

The study attempted to utilise a complete census of workers in the HACC program in the New England region. As the program in the region consists of sixty five funded projects and as the auspicing organisation may gain funding from other related sources it is virtually impossible to calculate the exact number of HACC workers in the region.

Each funded project received a copy of the questionnaire. The project managers were asked to distribute the questionnaire to all of their staff. In all, responses were received from 81 workers. Where NEHDI staff identified gaps in the responses follow up correspondence was sent out.

The Questionnaire.

The instrument used for the collection of data was a written questionnaire. The questionnaire was distributed by mail and included a stamped return envelope. A reminder was sent out by email.

The questionnaire was modelled on a similar questionnaire from 1998. The major changes to the questionnaire were:

- ❖ the addition of a question on current undertakings in education;
- ❖ an added section listing training conducted by NEHDI in the past two years asking respondents to rate the training in terms of relevance, interest and enjoyment;
- ❖ the deletion of an attitudinal question; and
- ❖ increased use of tick boxes.

The Database

An Access Database has been created using all of the information collected by the questionnaire.

Report

Respondents

The questionnaire was returned by 81 workers across the New England region. Respondents came from a wide range of backgrounds, geographic locations, service types, and roles within organisations. Most of the respondents are in the thirty to fifty five age group.

Training and Professional Development

Respondents were asked if they had participated in any training or professional development in the past two years. The actual amount of training was not included in the questionnaire. Training and professional development were categorised by provider. Responses were sought on training provided by:

- ❖ A University
- ❖ A college of Technical and Further Education (TAFE)
- ❖ NEHDI
- ❖ The Rural Health Education Unit
- ❖ Any other training provider

Twenty seven respondents received training from 'other providers'. Twelve respondents received training from more than one 'other provider'.

Over 96% (n=78) of respondents received some form of formal training in the past two years.

Gender

Only seven of the 81 respondents were male. Male respondents work in five of the six service types:

- ❖ Day or Activities Services (1);

- ❖ Food Services (2);
- ❖ Community Options (1);
- ❖ Community Transport (2); and
- ❖ Multi - Service Outlet (MSO) (1).

Four of the seven male respondents (57%) are part-time workers compared to 51 of the 74 female respondents (69%).

All of the male respondents reported participation in some form of training in the past two years. Three female respondents reported no participation in training.

Male respondents reported participation in training from 4 of the five listed providers. No males participated in training provided by Rural Health.

Six of the seven male respondents reported participating in training provided by NEHDI. The seventh male respondent had only been employed for a little over one month.

Table 1: Participation in training in the past 2 years by gender and service type

	Training Provider									
	University		TAFE		NEHDI		Rural Health		Other	
Male respondents	2	29%	3	43%	6	86%	0	0%	1	14%
Female respondents	10	14%	26	35%	62	84%	22	30%	26	35%
All respondents	12	15%	29	36%	68	84%	22	27%	27	33%

All of the male respondents reported having a post school qualification. Sixty six percent (n=49) of female workers reported having a post school qualification. Five

of the males reported having a VETAB qualification while two reported post-graduate qualifications.

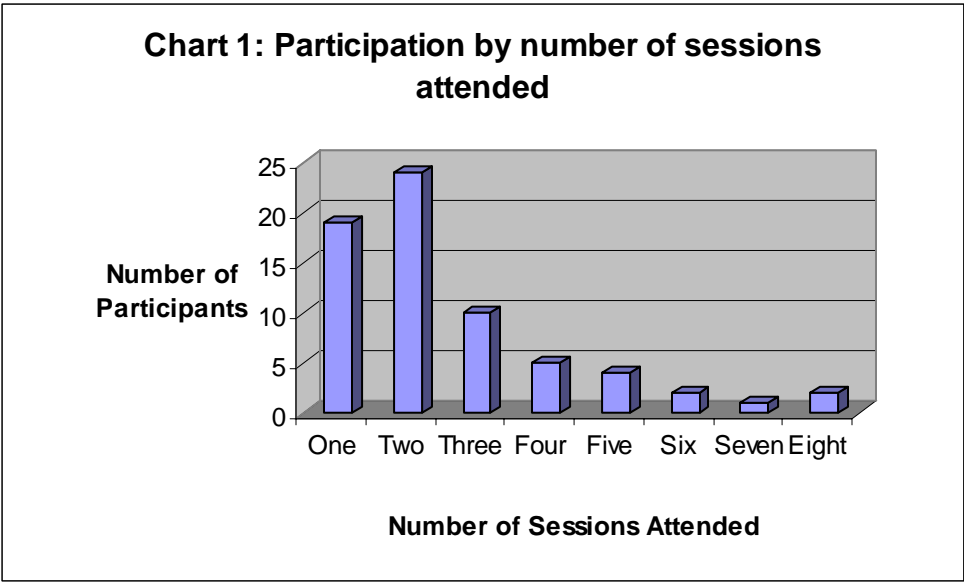
The female dominance of the HACC workforce in the New England is in line with Australian Bureau of Statistics data which shows women in the Australian workforce as being polarised into work which encompasses the traditional female roles of nurturing and caring. Thus women outnumber men in the health and community services sector (Year Book Australia 2003: 164).

There has been a decrease in the number of male respondents. The 1998 survey report shows nine of the seventy one respondents as male. Male respondents' participation in training has increased since the 1998 survey. This is particularly true for participation in training provided by NEHDI. In the 1998 study only 67% of male workers had attended NEHDI training. On the current study six of the seven respondents (86%) reported participation in NEHDI training. The one male respondent who had not attended NEHDI training had only been employed for one month when he completed the questionnaire and hence had had little opportunity to participate.

Participation in training provided by NEHDI

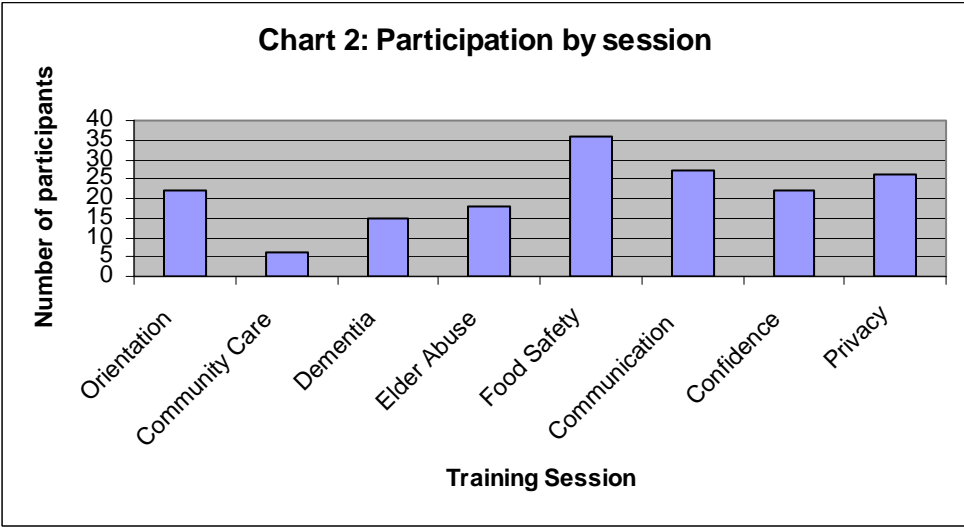
In the past 2 years, over 84% (n=68) of respondents received training provided by NEHDI. Of the thirteen respondents who did not receive training provided by NEHDI five had been employed in the program for less than six months.

Chart 1 shows participation in NEHDI training by the number of sessions attended. Seventy two percent of respondents who had participated in training provided by NEHDI had attended two or more sessions. Twenty one percent of respondents who had participated in training provided by NEHDI had attended four or more sessions. Two respondents reported attending all eight sessions.



Satisfaction with training provided by NEHDI

Respondents were asked to rate eight training sessions that were offered over the past two years. Chart 2 below shows the number of respondents reporting participation in individual sessions.



Respondents reported a high degree of satisfaction with the training sessions that they had attended which had been provided by NEHDI. Respondents were asked to rate their level of agreement across three domains: relevant, interesting and enjoyable. All but one participant reported that they either strongly agreed or agreed that every training session they had attended were relevant and interesting. A small number reported that they did not find the sessions on Privacy and on Elder Abuse enjoyable (See Table 2 below).

Table 2: NEHDI Training Sessions were relevant, interesting and enjoyable

	Strongly Agree	Agree	Disagree
Orientation (n=22)			
Relevant	16	6	0
Interesting	14	8	0
Enjoyable	14	8	0
Community Care Orientation (n=6)			
Relevant	3	3	0
Interesting	3	3	0
Enjoyable	3	3	0
Dementia: The Basics (n=15)			
Relevant	10	5	0
Interesting	9	6	0
Enjoyable	10	5	0
Elder Abuse (n=16)			
Relevant	7	9	0
Interesting	7	9	0
Enjoyable	7	8	1
Food Safety (n=36)			
Relevant	14	21	1
Interesting	12	24	0
Enjoyable	11	24	1
How to be a better communicator (n=27)			
Relevant	16	11	0
Interesting	18	9	0
Enjoyable	18	9	0
The essentials of credibility, composure and confidence (n=22)			
Relevant	12	10	0
Interesting	14	8	0
Enjoyable	14	8	0
The Privacy Act (n=26)			
Relevant	17	8	1
Interesting	10	15	1
Enjoyable	8	13	5

Service Types

For the purposes of this study the organisations that receive support and training from NEHDI have been broken down into sub-groups based on service types.

Service types meet regularly in network meetings which may incorporate a training component. The service types are:

- ❖ Community Options
- ❖ Community Transport
- ❖ Coordination Services
- ❖ Day or Activity services
- ❖ Food Services
- ❖ Multi-service outlets (MSO)

Table 3 : Respondents' highest level of education by service type

	School Certificate	Higher School Certificate	VETAB Qualification	Bachelor Degree	Post Graduate
Community Options	1	1	6	1	0
Community Transport	3	0	3	2	2
Coordination	0	0	1	2	1
Day/Activity	2	1	11	5	1
Food	8	0	6	0	0
MSO	7	2	11	3	1
Total	21	4	38	13	5

Table 3 shows the respondents' highest level of qualification by service type. Food services is the only service type in which less than 50% of respondents reported having post school qualification. Six of the fourteen respondents in this group reported having VETAB qualifications and the remaining eight had a School Certificate or equivalent.

The small group of coordination workers was the only group with 100% post school qualifications.

Table 4 shows the distribution of workers across service types, work status and participation in training by provider. Workers from all service types were more likely to have participated in NEHDI training than training from any other provider. The workers from the MSO service type reported the highest level of participation in NEHDI training with 88% of respondents giving a positive response to this question. The small group of coordination workers (n=4) reported the highest level of participation in training provided by TAFE (75%), University (50%) and Other providers (75%). This group reported no participation in training provided by Rural Health. No Food Service workers reported participation in University studies. Community Options workers gave the highest response for participation in Rural Health training (44%).

Subregions

In order to facilitate planning of service delivery the New England region is broken down into eight sub-regions. As training may be offered on a sub-regional basis participation in training is analysed accordingly.

While some workers provide services across more than one sub-region, for the purposes of this study, these workers will be assumed to be located in the sub-region in which their office is located.

Chart 3 shows the geographic location and the highest qualifications of respondents by subregion. In the Narrabri and Glen Innes sub-regions all respondents had a post school qualification. Tenterfield showed the lowest level of post school qualification.

Table 4: Distribution of respondents by service type, work status and participation in training by provider

	Work status	Training provider				
		NEHDI	TAFE	University	Rural Health	Other
Community Options	Full time (7)	5	2	3	3	3
	Part time (2)	2	0	0	1	0
	Total (9)	7	2	3	4	3
Community Transport	Full time (5)	5	0	1	0	2
	Part time (5)	3	1	0	1	0
	Total (10)	8	1	1	1	2
Coordination	Full time (3)	2	2	1	0	2
	Part time (1)	1	1	1	0	1
	Total (4)	3	3	2	0	3
Day/Activity	Full time (1)	1	0	3	0	1
	Part time (19)	16	6	1	5	7
	Total (20)	17	6	4	5	8
Food	Full time (4)	4	2	0	1	1
	Part time (10)	8	3	0	3	1
	Total (14)	12	5	0	4	2
MSO	Full time (6)	5	2	1	3	2
	Part time (18)	16	10	1	5	8
	Total (24)	21	12	2	8	10
Total	Full time (26)	22	9	7	7	10
	Part time (55)	46	20	5	15	17
	Total (81)	68	29	12	22	27

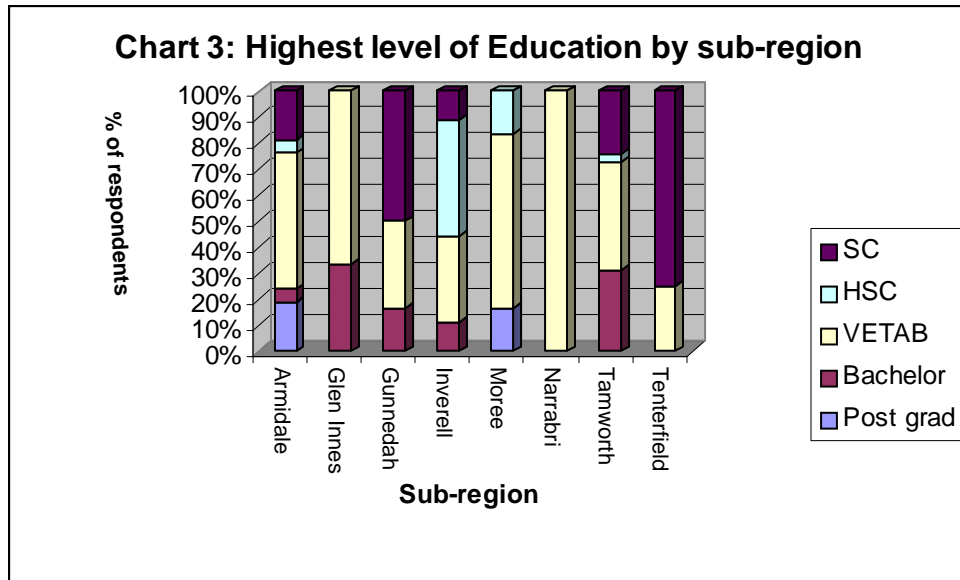


Table 5 below shows the participation in training by work status and sub-region. All sub-regions were represented in the response to the questionnaire. Compared to the 1998 study the response from Glen Innes was disappointing: only 3 in 2003 compared to 9 in 1998. On the other hand there was a marked increase in the response from Tamworth: 14 in 1998 and 29 in 2003.

The Glen Innes, Inverell, Moree, Narrabri and Tenterfield sub-regions all showed that 100% of respondents participated in NEHDI training during the past 2 years. The sub-region least represented in NEHDI training is Armidale (71%).

Sixty six percent of respondents from both Moree and Glen Innes reported participation in TAFE training. The sub-region least represented in TAFE training is Tamworth (17%).

No respondents from Glen Innes, Inverell, Narrabri and Tenterfield reported participation in training or education provided by a University. The sub-region most represented in University education is Gunnedah (50%). All full time respondents from Gunnedah reported participation in University education.

Table 5: Participation in training in past 2 years by work status and sub-region

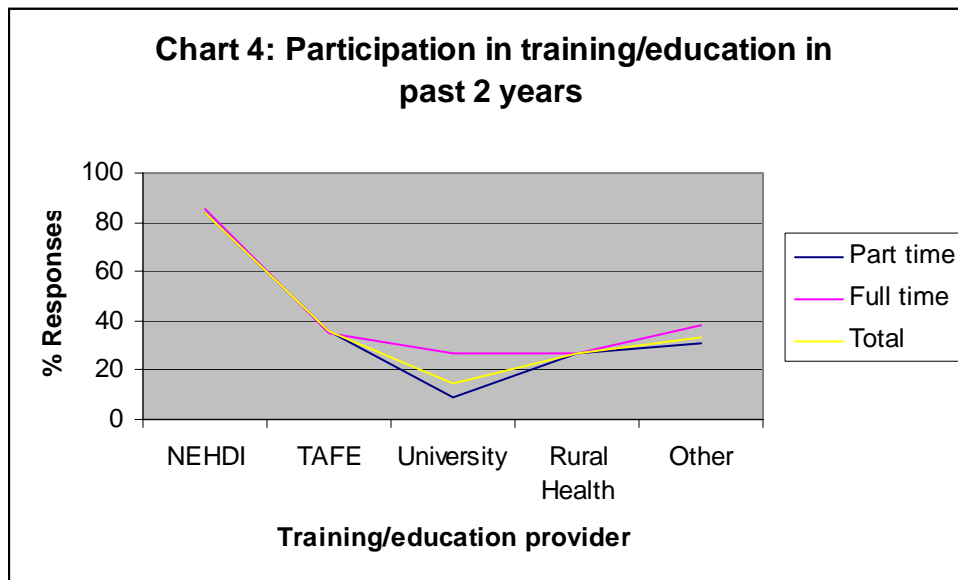
Sub-region	Work status	Training provider				
		NEHDI	TAFE	University	Rural Health	Other
Armidale	Full time (10)	8	3	3	4	5
	Part time (11)	7	5	3	3	3
	Total (21)	15	8	6	7	8
Glen Innes	Full time (1)	1	1	0	0	0
	Part time (2)	2	1	0	2	1
	Total (3)	3	2	0	2	1
Gunnedah	Full time (3)	2	2	3	1	1
	Part time (3)	3	1	0	0	2
	Total (6)	5	3	3	1	3
Inverell	Full time (1)	1	0	0	0	1
	Part time (8)	8	5	0	2	3
	Total (9)	9	5	0	2	4
Moree	Full time (0)	0	0	0	0	0
	Part time (6)	6	4	2	3	0
	Total (6)	6	4	2	3	0
Narrabri	Full time (1)	1	1	0	1	0
	Part time (2)	2	0	0	2	1
	Total (3)	3	1	0	3	1
Tamworth	Full time (8)	7	2	1	1	3
	Part time (21)	16	3	0	3	7
	Total (29)	23	5	1	4	10
Tenterfield	Full time (2)	2	0	0	0	0
	Part time (2)	2	1	0	0	0
	Total (4)	4	1	0	0	0
Total	Full time (26)	22	9	7	7	10
	Part time (55)	46	20	5	15	17
	Total (81)	68	29	12	22	27

No respondents from Tenterfield or Moree reported participation in 'Other' training. The sub-region reporting highest participation in 'Other' training is Gunnedah with 50% of respondents reporting participation.

Work Status

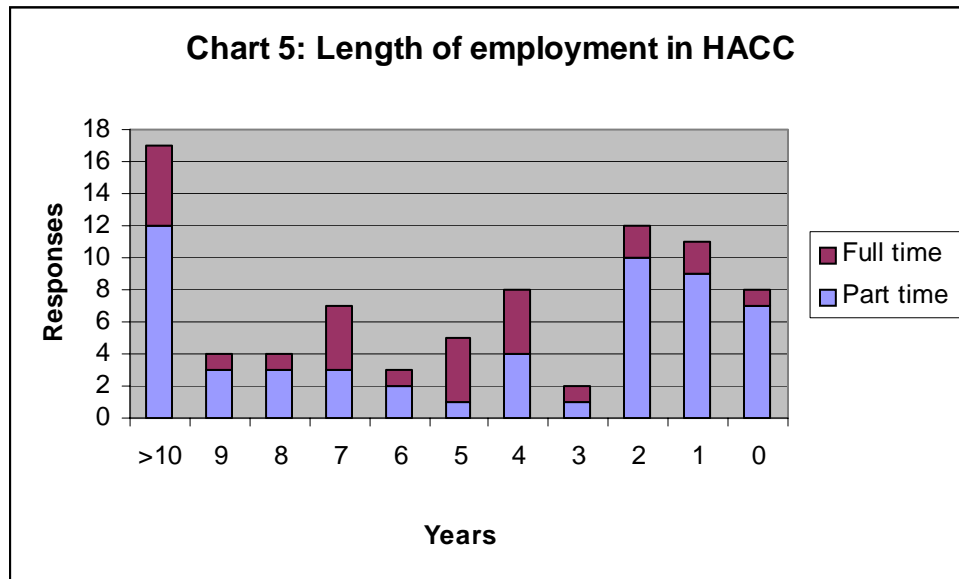
Completed surveys were returned by 81 respondents, 55 part time workers and 26 full time workers. Other studies (Miller & Volker, 1987; Baker & Wooden, 1992) have shown that part time workers experience lower levels of training than their full time counterparts. This was not found to be the case in this study.

Chart 4 below shows the reported participation in training or education by provider and by work status. The reported percentage of participation in Rural Health training was the same for full and part time workers and only varied by 1% for both NEHDI and TAFE training. Full time workers (38%) were more highly represented than part time (31%) in 'Other' training. Full time workers (27%) reported a much higher participation in University studies than part time workers (9%).



Length of employment in HACC in the New England region

Chart 5 below shows the length of time each respondent has been working in the HACC program in the New England region. The chart shows that there is a variability of experience in the workers in the HACC in the region. This highlights the need to repeat some training to ensure that all workers have had access to a particular session.



Literature suggests that there is often a substantial decline in 'firm based' training after a worker has been employed for more than three years (McKenzie & Long). This was not the case for the New England HACC workers where 82% of workers employed for over 10 years participated in NEHDI training.

Table 6: Participation in training by workers employed in the New HACC program for more than 10 years

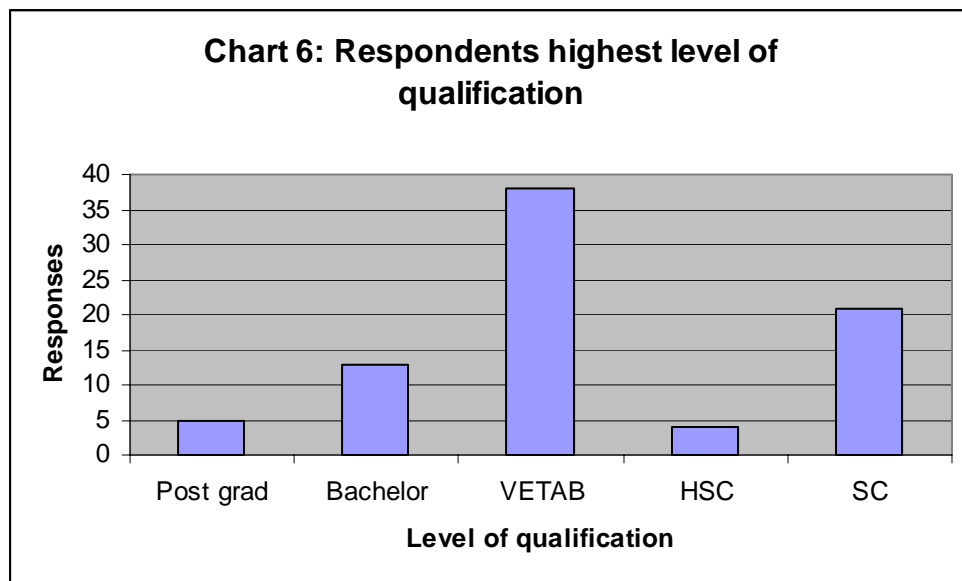
	NEHDI	TAFE	University	Rural Health	Other
Full time (12)	9	2	0	2	5
Part time (5)	5	2	0	1	1
Total (17)	14	4	0	3	6

Table 6 above shows the reported participation in training by workers employed for more than 10 years. There has been a substantial increase in response in this group of workers since the 1998 study. In 1998 only 21 respondents reported being employed for 5 or more years. In 2003, 27 respondents reported being employed for more than 10 years and a further 17 for between 5 and 10 years.

Reported participation in TAFE and Rural Health training by workers employed for more than 10 years was slightly lower than for the group as a whole. No respondent employed for more than 10 years reported participating in University studies.

Highest level of qualification

Chart 6 shows the highest level of education reached by the respondents. The group of 21 reporting a School Certificate is made up of 16 part time and 5 full time workers.



Only 4 respondents reported the Higher School Certificate as their highest level of qualification. Two of these respondents were part time workers.

The largest group of respondents (47%) report VETAB qualifications. Over 22% of respondents reported university qualifications. Thirteen respondents reported Bachelor Degrees including nursing and 5 respondents reported post graduate qualifications. In all, 56 or 69% of the respondents report post school

qualifications. This shows a substantial increase since the 1998 study where only 59% reported post school qualifications. This also compares favourably with the ABS data which shows that in May 2001 47% of the Australian population aged between 15-64 years had a post school qualification (Australian Year Book 2003: 329).

Table 3 shows the respondents' highest level of qualification by service type.

Chart 3 shows respondents' highest level of qualification by sub-region.

Tables 7, 8 and 9 compare participation in training according to the respondents' post school qualification and work status. The results show the participation in NEHDI training is substantially lower for workers with no post school qualification and particularly low for part time workers with no post school qualification (58%).

Table 7: Total participation in training in past 2 years by post school qualification

	NEHDI	TAFE	University	Rural Health	Other
No post school qualifications (25)	15	9	4	6	6
Post school qualifications (56)	53	20	8	16	21
Total	68	29	12	22	27

Table 8: Full time workers' participation in training in past 2 years by post school qualification

	NEHDI	TAFE	University	Rural Health	Other
No post school qualifications (6)	4	2	1	1	2
Post school qualifications (20)	18	7	6	6	8
Total (26)	22	9	7	7	10

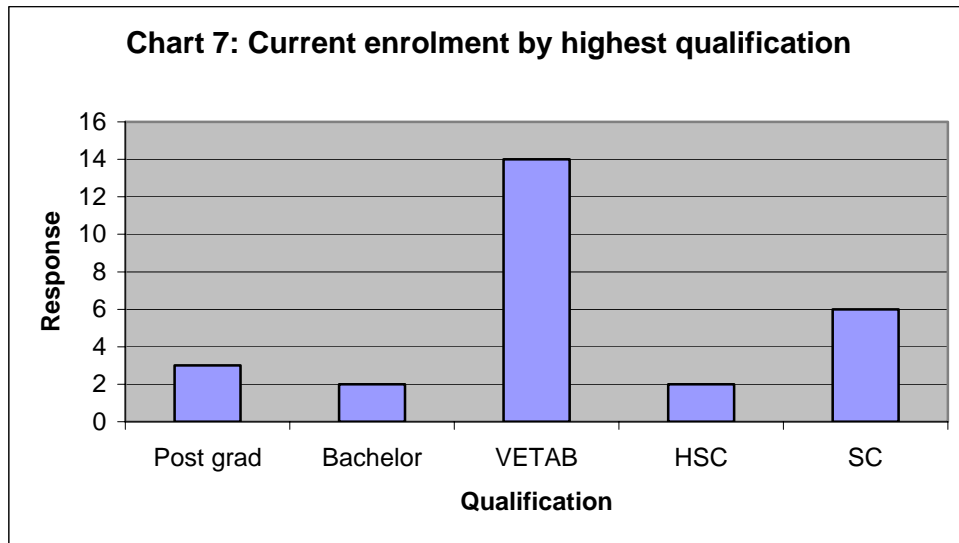
Table 9: Part time workers' participation in training in past 2 years by post school qualification

	NEHDI	TAFE	University	Rural Health	Other
No post school qualifications (19)	11	7	3	5	4
Post school qualifications (36)	35	13	2	10	13
Total (55)	46	20	5	15	17

Current enrolment in further education

In all 33% (n= 27) of respondents are currently enrolled in further education. Of these 10 are full time workers and 17 are part time workers. Chart 7 below shows the highest qualification of workers currently enrolled in further education.

The extent of enrolments reported by respondents compares extremely favourably with the ABS data which shows that only 6.1% of the post school population was enrolled in part time study (Australian Year Book 2003: 328).



Three of the five (60%) of the respondents with Post Graduate qualifications are currently enrolled in further study. Two of the 13 respondents (15%) with Bachelor level qualifications are currently enrolled. Fourteen of the 38 respondents (37%) are currently enrolled, as are 2 of the 4 (50%) of respondents with a Higher School Certificate. Six of the 21 respondents with a School Certificate (28%) report current enrolment.

Chart 8 below shows current enrolment by sub-region. No respondent from Tenterfield reported a current enrolment in further study. Two of the three respondents from Glen Innes reported current enrolment, as did 10 of the 21 respondents from Armidale.

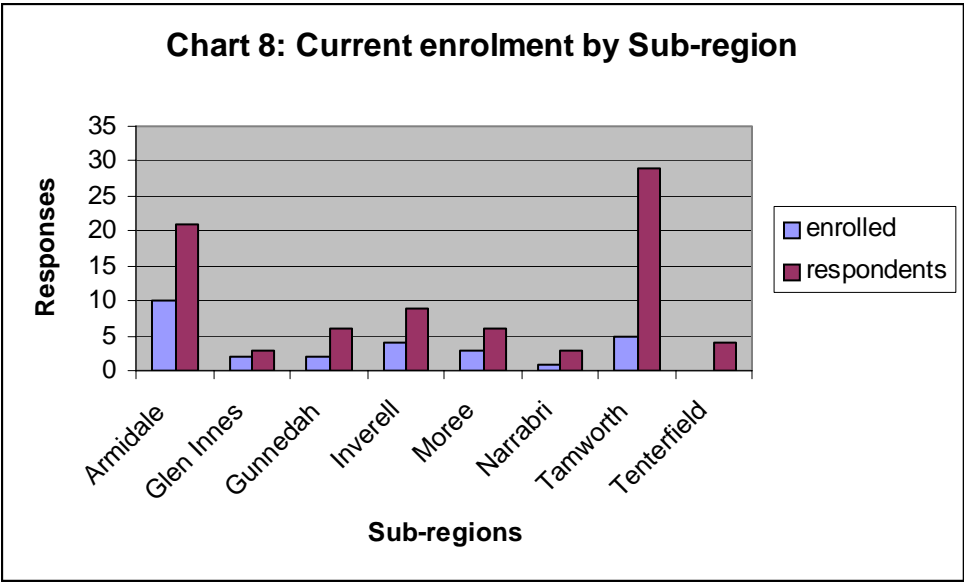
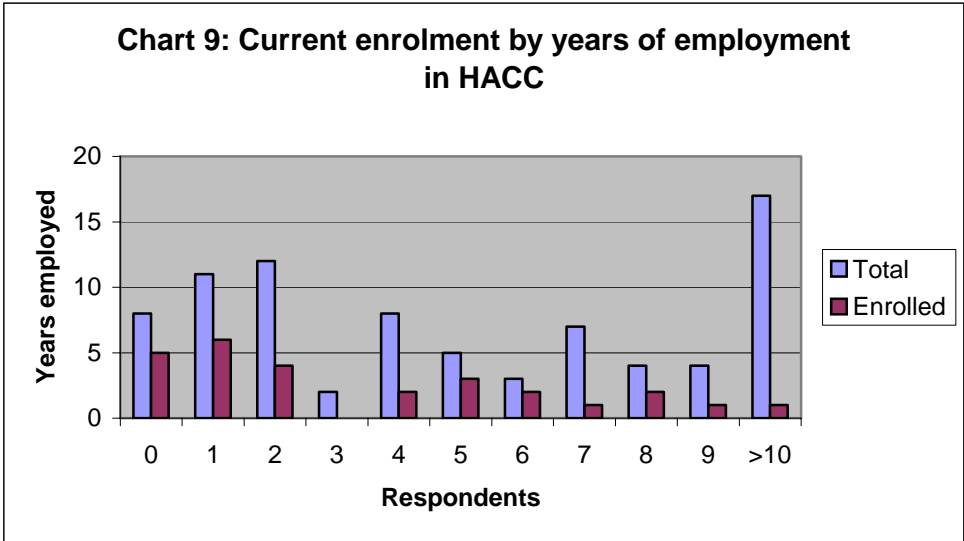


Chart 9 shows the current enrolment in further study by years of employment. Five of the currently enrolled respondents have been employed in the program for less than one year and a further 6 for less than 2 years. Only 2 of the total respondents had been employed for 3 years and neither is currently enrolled.

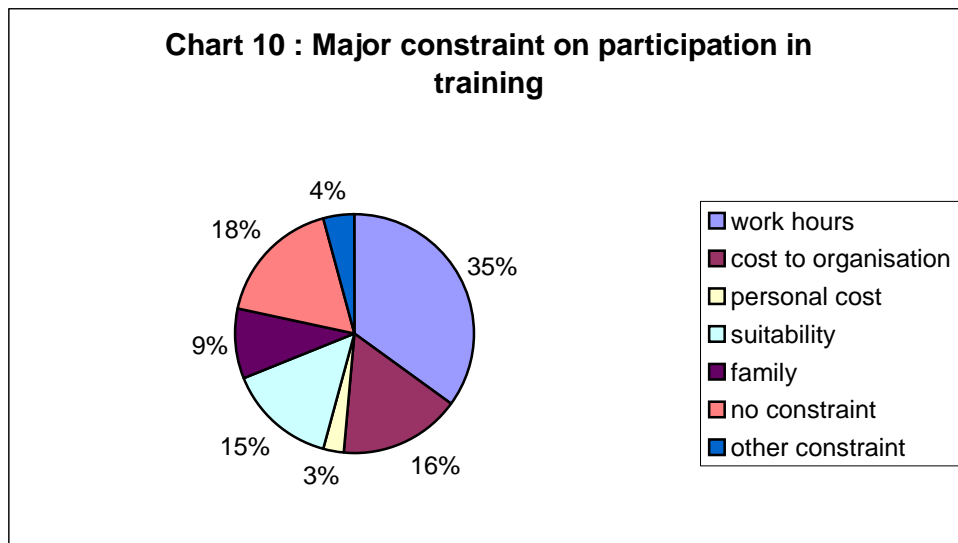
Significantly, while there is a concentration of enrolments in the first year or two of employment 59% of the currently enrolled respondents have been employed for more than 2 years.



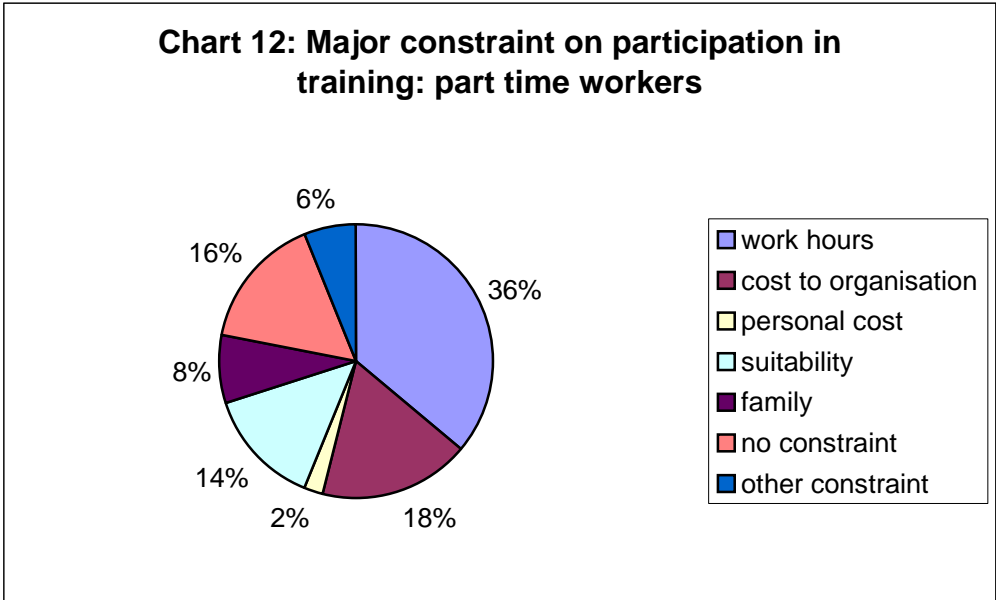
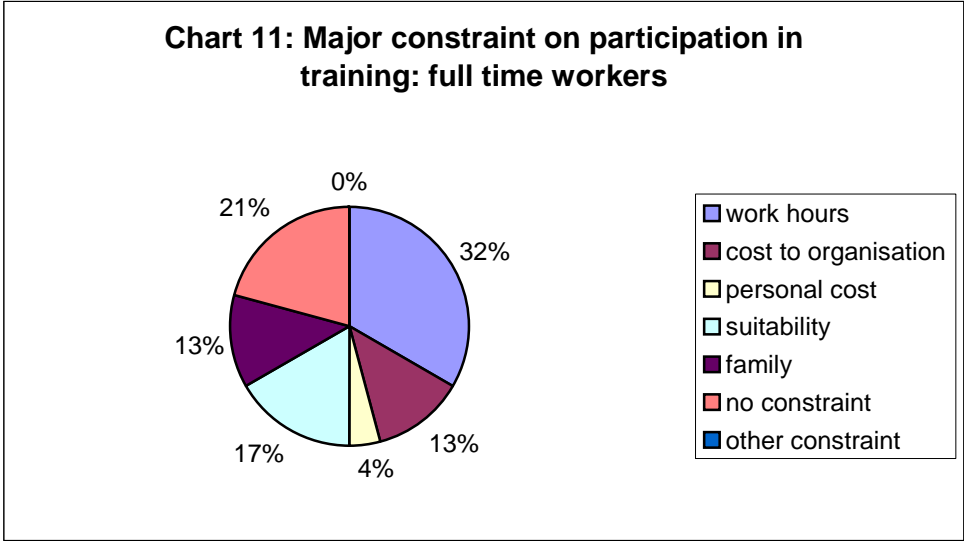
Major constraint on participation in training

Chart 10 summarises the reported major constraints on participation in training. The most commonly recorded major constraint was insufficient work hours. This response was recorded by 35% of respondents.

It is interesting that despite the high percentage of women in this workforce that family commitment was seen as the major constraint on participation by only 9% of respondents.



Charts 11 and 12 shows that the major constraints felt by full and part time workers are fairly similar. Insufficient work hours was felt to be the major constraint felt by both groups and not surprisingly, particularly by the part time respondents.



Three part time respondents reported that the major constraint on participation was 'other' than those listed. No full time respondent gave this response. Interestingly, family commitments were felt to be a major constraint by a greater proportion of full time workers than their part time counterparts.

Workers' self assessment of the need for training and development

In this section of the questionnaire workers were asked to assess their level of need for training or development in a list of competency areas. Not all of the areas were applicable to the roles of all workers and if the individual worker felt this to be the case they were asked to leave this area blank

The collated responses to this section are reproduced in chart form in Appendix 2. This section of the report will discuss the five areas in which most workers felt the strongest need for training. Priority will be given to areas where most workers have rated them at 3 or over on the sliding scale.

Challenging Behaviours

Seventy seven percent of respondents expressed a need for training in this area. Twenty two percent of respondents expressed a high need (5 rating), and a further 17% gave a 4 rating. Only 13% of respondents gave a 'no need' response for this area.

Assertiveness

Seventy five percent of respondents expressed a need for training in this area. Seventeen percent of respondents expressed a high need (5 rating), and a further 13% gave a 4 rating. Only 11% of respondents gave a 'no need' response for this area.

Complaints and Grievances

Seventy five percent of respondents expressed a need for training in this area. Eleven percent of respondents expressed a high need (5 rating), and a further 11% gave a 4 rating. Only 11% of respondents gave a 'no need' response for this area.

Case Management

Seventy four percent of respondents expressed a need for training in this area. Twenty four percent of respondents expressed a high need (5 rating), and a further 15% gave a 4 rating. Only 15% of respondents gave a 'no need' response for this area.

Occupational Health and Safety

Seventy one percent of respondents expressed a need for training in this area. Fifteen percent of respondents expressed a high need (5 rating), and a further 20% gave a 4 rating. Only 9% of respondents gave a 'no need' response for this area.

Other comments

The questionnaire also asked respondents to provide any comments that they felt might assist in the provision of appropriate training. Fifteen of the respondents included comments. Three of these congratulated NEHDI staff on the training that has been offered. Four gave details of current enrolments. The others gave suggestions for future training. These were:

- ❖ stress management;
- ❖ risk management and OHS - management;
- ❖ computer training x3;
- ❖ Social And Community Services Award;
- ❖ research methods;
- ❖ Minimum Data Set;
- ❖ menu planning/nutrition;
- ❖ activities for the aged;
- ❖ supervision and support;
- ❖ management training;
- ❖ case management;
- ❖ advanced training in dementia;
- ❖ administration & financial;
- ❖ the Privacy Act; and
- ❖ Dementia awareness for volunteers

Conclusions and Recommendations

The study has developed a valuable profile of workers in the HACC program in the New England region. The profile will assist in the planning of training provided by NEHDI.

Comparisons with the 1998 study have provided useful feedback on several training initiatives undertaken by NEHDI in the past 5 years. Since 2000 NEHDI has funded workers enrolment costs to participate in VETAB Certificate 4 or Diploma in Community Work. At the same time NEHDI has gained regional agreement from auspicing organisations to include these qualifications as essential or desirable when recruiting new staff. The success of these initiatives can be quantified in the 10% increase in workers with post school qualifications and in the number of workers currently enrolled in further study. Comparisons between the findings of this study and ABS data shows that the workers in the HACC program in the New England region exceed the National averages in both of these areas.

Several recommendations arise from the findings of this study. These are:

- that NEHDI continues to fund enrolments in Certificate IV and Diploma in Community Work;
- that NEHDI lobby Department of Ageing Disability and Home Care to develop a State-wide Training Initiative to facilitate affordable access to Certificate IV and Diploma in Community Work;
- that similar studies be conducted on a two yearly basis and that the next questionnaire incorporate suggested alternative training areas;
- that strategies be developed to encourage participation in training by workers without post school qualifications;
- that respondents who made training suggestions be provided with information on where these training needs may be met;
- that NEHDI continue to lobby for paid relief time for workers attending training; and

- That the NEHDI training calendar for the next two years incorporate training in the areas in which respondents expressed the greatest need.

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Australian Bureau of Statistics, 1995, *Regional Statistics*, Commonwealth of Australia.

Australian Bureau of Statistics, 2003, *2003 Year Book of Australia*, Commonwealth of Australia.

Baker, M & Wooden, M. 1992, 'Training in the Australian labour market: Evidence from "How workers get their training survey' *Australian Bulletin of Labour*, vol.18, no. 1.

McKenzie, P. & Long, M. 1995, 'Educational Attainment and Participation in Training', Working Paper No.4, Monash University.

Pugh, D. unpub. *A study of the educational experience, professional development and self assessed training needs of workers in the Home and Community Care program in the New England Region of NSW, Australia.*

Appendix 1: HACC Training Survey

Name: _____

Position: _____

Organisation: _____

1. Are you employed:
 - Full time
 - Part time

2. How many paid hours/week do you work? _____

3. When did you start working in the HACC programme in New England?
_____ month _____ year

4. Please indicate your *highest* level of education attained to date:
 - School Certificate or equivalent
 - Higher School Certificate
 - VETAB certificate/diploma
 - Bachelor Degree
 - Post graduate qualifications
 - Other _____

5. Are you currently undertaking any further education?
 - Yes (please state) _____
 - No

6. Please tick EACH category within which you have received training or professional development assistance in the past TWO years:
 - University
 - TAFE
 - New England Hacc Development
 - Rural Health
 - Other (please state) _____

7. Please rank the constraints below in order of their impact on preventing your participation in training or professional development in the past two years (i.e., 1 = greatest impact):

- _____ insufficient work hours
- _____ cost to organisation
- _____ personal costs
- _____ available training not suited to your needs
- _____ family commitments
- _____ no real constraints
- _____ other (please state) _____

8. Have you attended regional HACC training in the past two years?

- Yes
- No

If yes, which training sessions did you attend (please indicate if you found training relevant, interesting and enjoyable):

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Don't Know/NA</i>
Hacc Orientation:					
Relevant:					
Interesting:					
Enjoyable:					
Community Care Orientation:					
Relevant:					
Interesting:					
Enjoyable:					
Dementia: The Basics:					
Relevant:					
Interesting:					
Enjoyable:					
Elder Abuse:					
Relevant:					
Interesting:					
Enjoyable:					
Food Safety					
Relevant:					
Interesting:					
Enjoyable:					
How to be a better Communicator:					
Relevant:					
Interesting:					
Enjoyable:					
The Essentials of Credibility, Composure & Confidence:					

Relevant:					
Interesting:					
Enjoyable:					
Privacy Act:					
Relevant:					
Interesting:					
Enjoyable:					

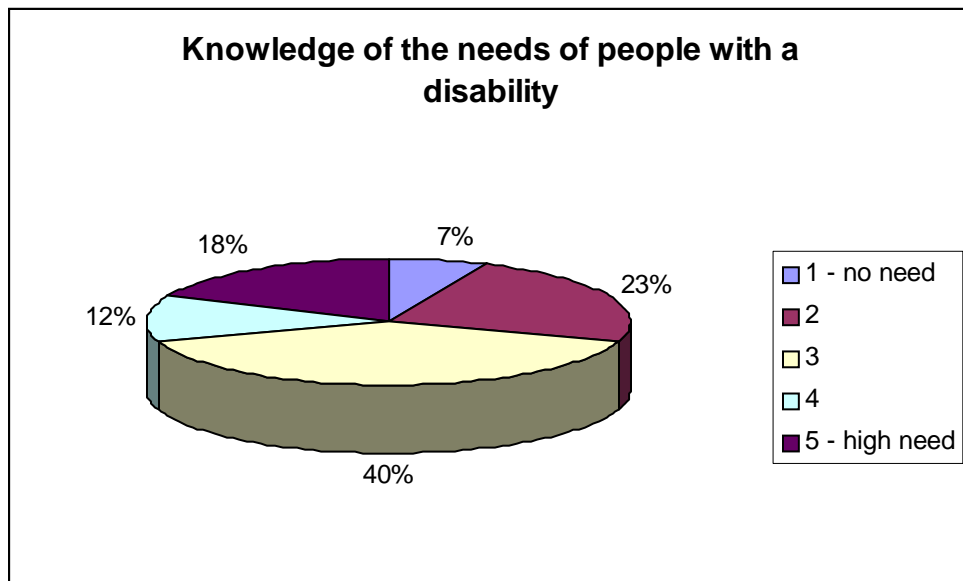
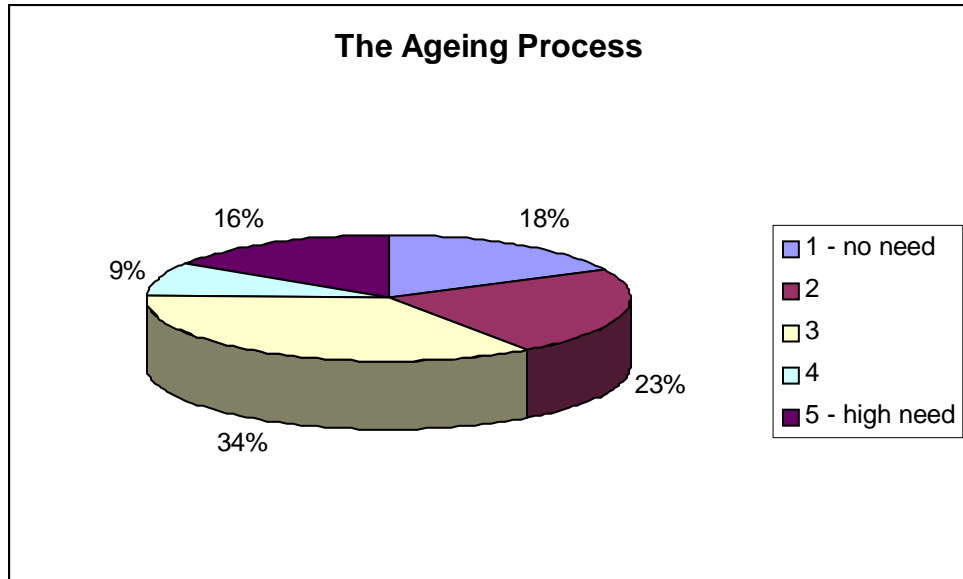
9. Please indicate your level of need for additional training or development in each of the competencies listed below. Tick the box that best corresponds to your level of need.

	<i>No need</i> 1	2	3	4	<i>High need</i> 5	N/A
The Ageing Process						
Knowledge of the needs of people with a disability						
Awareness of Aboriginal culture						
Awareness of other cultures						
Awareness of CALD issues						
Challenging Behaviours						
Complaints and Grievances						
Negotiation						
Client Assessment						
Financial Management						
Volunteer Management						
Equal Employment Opportunities						
Occupational Health & Safety						
Co-operative Work Practices						
Time Management						
Assertiveness						
Duty of Care						
Care Planning						
Case Management						
Strategic Planning						

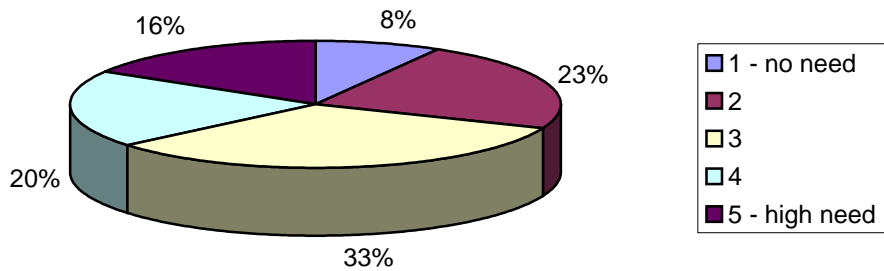
Other suggestions:

General Comments:

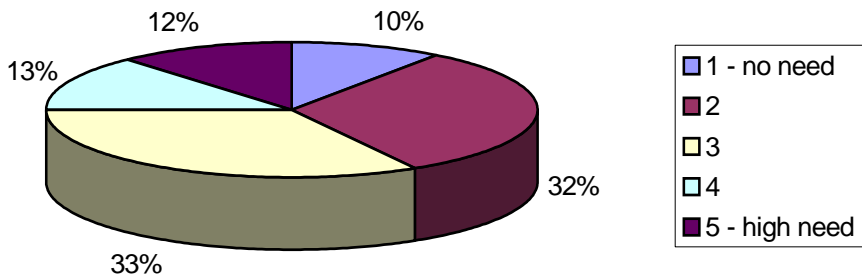
Appendix 2: Respondents Self Assessed Training Needs



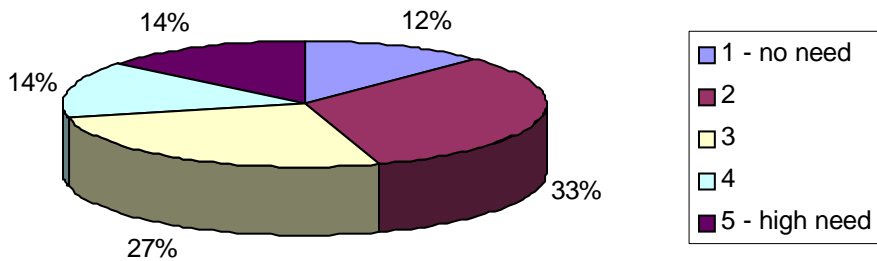
Awareness of Aboriginal Culture



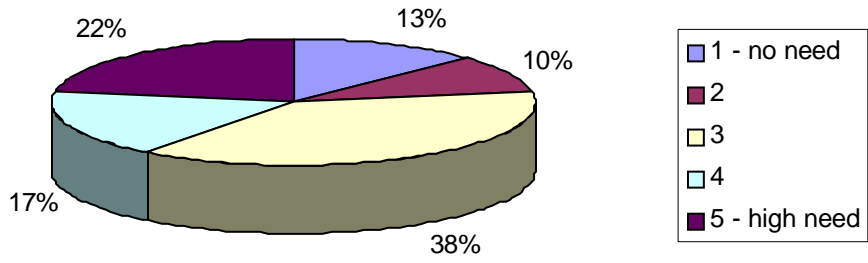
Awareness of Other Cultures



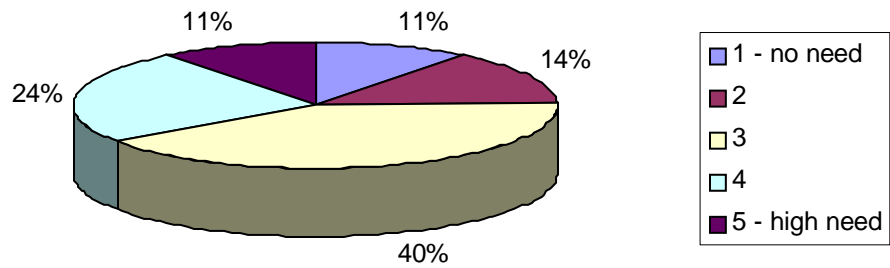
Awareness of CALD issues



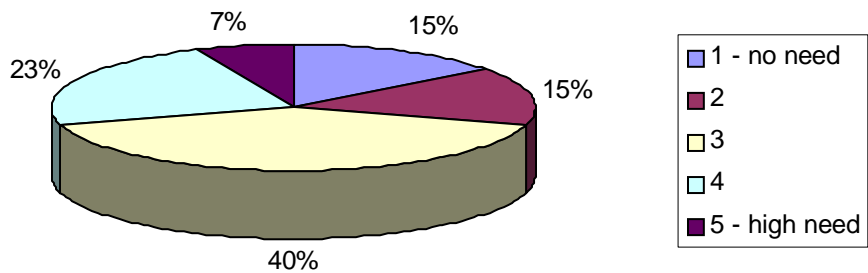
Challenging Behaviours



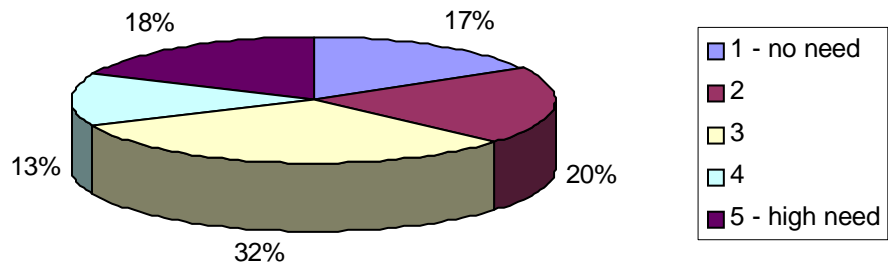
Complaints and Grievances



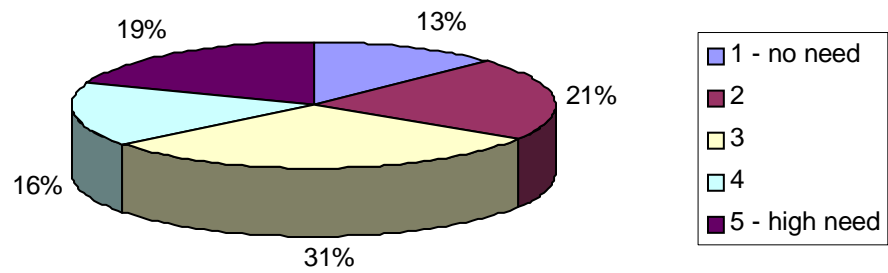
Negotiation



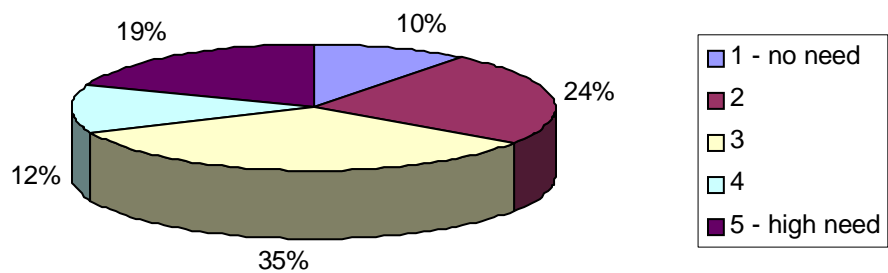
Client Assessment



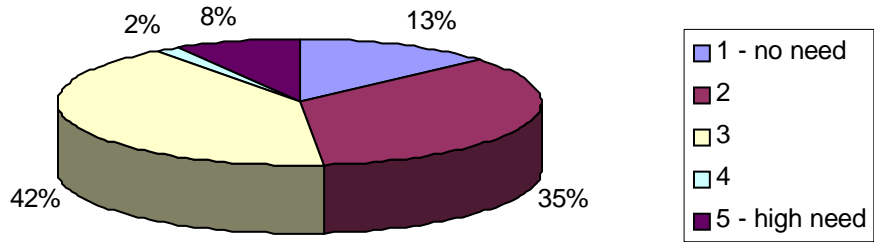
Finacial Management



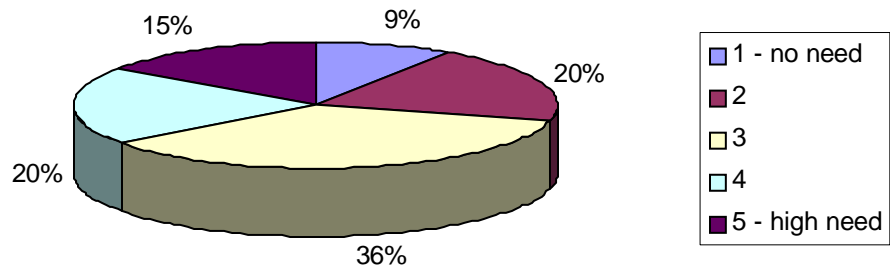
Volunteer Management



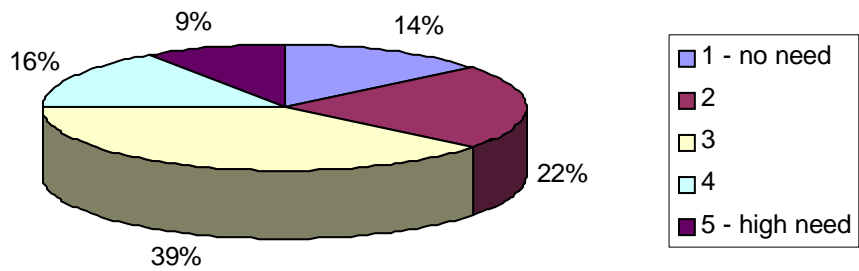
Equal Employment Opportunity



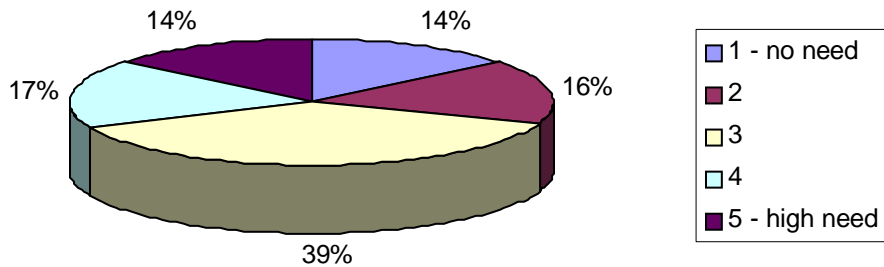
OH&S



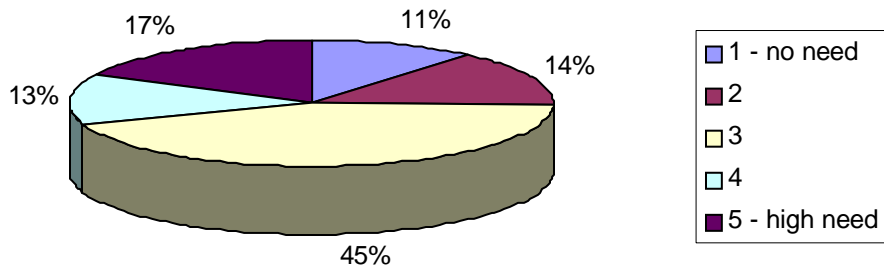
Cooperative Work Practices



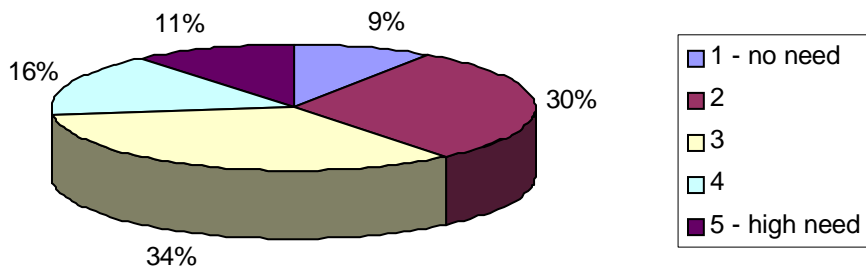
Time Management



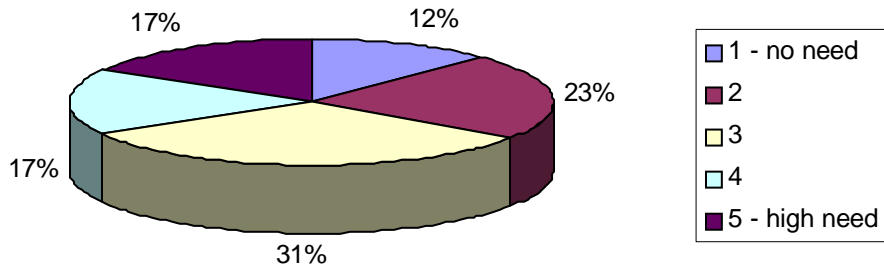
Assertiveness



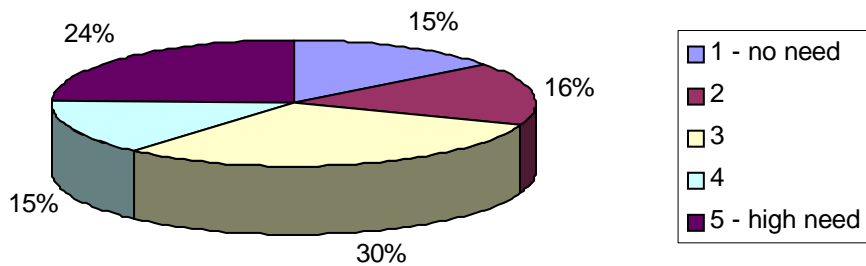
Duty of Care



Care Planning



Case Management



Strategic Planning

